

# Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Bartlett, Clarissa (2015) An autoethnographic study into mindfulness meditation and the impact on psychotherapy training. Other thesis, Middlesex University / Metanoia Institute.

Final accepted version (with author's formatting)

This version is available at: <http://eprints.mdx.ac.uk/15145/>

## Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

[eprints@mdx.ac.uk](mailto:eprints@mdx.ac.uk)

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

An autoethnographic study into  
mindfulness meditation and the impact on  
psychotherapy training

Clarissa Bartlett

A Joint Programme between Middlesex  
University and Metanoia Institute

This project is submitted in partial fulfillment of  
its requirements for the degree of

Doctorate in Counselling Psychology and  
Psychotherapy by Professional Studies  
(DCPsych)

May 2014

## Contents

Title	Page
<b>Introduction</b> .....	1
<b>Chapter 1: Buddhism and Psychotherapy</b>	
What is mindfulness meditation.....	7
The practice of mindfulness meditation.....	8
My personal interest in mindfulness.....	9
Story of the Buddha.....	11
Integration of Buddhism and psychotherapy.....	12
Concepts in Buddhist teachings.....	16
<b>Chapter 2: Literature Review</b>	
Mindfulness and the psychological therapist.....	21
Qualitative research approaches into mindfulness.....	24
Personal narratives and mindfulness.....	25
Research aims and questions.....	29
My research contribution.....	30
<b>Chapter 3: Research Design</b>	
Rationale for Autoethnography.....	32
Transpersonal approaches within autoethnography and psychotherapy.....	38
Critiquing and evaluating autoethnography.....	40
Reliability, validity and generalisability.....	42
Ethical considerations.....	47
Individuals and sampling.....	52
Data collection.....	53
Procedure.....	55
Analysis.....	57
<b>Chapter 4: Findings – The stories</b>	
My journey into mindfulness meditation.....	59
Jasmine’s story.....	73
Aarif’s story.....	88
Laila’s story.....	103
<b>Chapter 5: Discussion</b>	
Encounter with mindfulness.....	116
Suffering, trauma and healing.....	123
Cultural and individual differences.....	139
Impact on training and psychotherapy.....	144
Difficulties in practising mindfulness meditation.....	150
Issues of narcissism within mindfulness meditation and autoethnography....	157
Limitations and reflections.....	162
Further explorations and implications.....	167
The use of mindfulness meditation and autoethnography in psychotherapy training and continuing professional development.....	170
<b>Conclusion</b> .....	173

**Appendices..... 177**

**References..... 181**

## **Abstract**

This study uses the method of autoethnography to investigate the journeys and experiences of trainee psychological therapists in their discovery of mindfulness meditation and how it impacts on their psychotherapy training. Autoethnography is a narrative form of inquiry that seeks to tell the personal stories about people's lives, their 'lived experience' within relative contexts, in a meaningful and creative way. It connects the personal to the wider cultural and social, and its meanings and understandings. My aim in this research is to convey a personal and candid piece of writing, which enhances and increases cultural and psychological understanding of self and others within the context of mindfulness meditation practice and psychotherapy training. I offer narratives that consist of embodied, vulnerable and evocative stories, which convey the challenges, vicissitude and revelations of the trainees on their significant life journeys. Semi-structured in-depth interviews were conducted with four therapists who are regular practitioners of mindfulness meditation (*Vipassana*). Narrative analysis of the stories, common themes and recurring patterns across the transcripts and stories were performed. Some of the reasons for undertaking mindfulness meditation included a desire or a curiosity to discover their self, to connect at a deeper level and to gain better insight into their whole being. The roots of interest and desire could be traced back to the trainees' cultural values and personal context where there were elements of disconnection and isolation from a community they belonged to, and a search for meaning and identity. This research may help in contributing narrative knowledge that can enhance the teaching, training and practice of counselling and psychotherapy. The creation of opportunities for public and professional dialogue around the experience of mindfulness meditation and cultivating compassion could serve to promote therapist wellbeing, training and clinical practice.

## **Introduction**

Within the past 20 years, there has been a surge of interest and growing body of research into mindfulness meditation within the fields of behavioural medicine, psychology and psychotherapy. The working definition of mindfulness meditation for this research is “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment” (Kabat-Zinn, 2003, p.145). Mindfulness is not just a formal method of meditation but a general self-improvement skill, where an individual trains his or herself to be aware of his/her body and all that occurs: bodily actions, feelings, sensations, thoughts and ideas, as they happen in the present moment (De Silva, 1990).

The role played by mindfulness in counselling psychology is becoming broader and varied. A mass of research has established the potentially positive therapeutic effects of fostering mindfulness in clients presenting with various issues, from depression and anxiety (Baer, 2003; Kabat-Zinn, 2003) to psychological disorders, which were previously viewed as treatment resistant or untreatable, such as chronic depression, borderline personality disorder and eating disorders (Brown, Ryan, & Creswell, 2007; Grossman et al., 2004). More recently attention has turned to look at the potential influence of mindfulness on the psychologist (e.g. Crane & Elias, 2006, Dimidjian & Lineham, 2003, Germer et al., 2005).

Mindfulness in the psychologist may itself be considered from several perspectives such as undertaking mindfulness practice in personal life, to evoking

mindfulness in-session. Though still in its infancy, this area is beginning to emerge as a hugely fruitful avenue of research. While researchers have just begun to look at the relationship between therapist meditation and therapy outcomes, there has hardly been any published research on what brought about trainee psychological therapists' to undertake mindfulness meditation, and its impact and implications on psychotherapy training. This research aims to explore the possible gap in our understanding. Thus, the purpose is to develop a methodology, which will capture the lived experience and detail the journey of the trainees through their practice of mindfulness meditation and how this impacts on their psychotherapy training.

I also aim to highlight the hidden dimensions that sit in the heart of authentic Buddhist meditative experience. I feel that there is simply no substitute for using one's own body, mind and life as the ultimate laboratory for investigating and refining oneself through the practice of mindfulness. It is my hope that this research will deepen our understanding of our own minds and bodies and its capacity for building and strengthening our inner resources.

The cultivation of mindfulness in a rigorous way comes from a tradition with ancient roots and I believe that these origins are important to understand so that contemporary clinicians do not inadvertently miss its profound potential for psychological transformation. Incorporating this into psychological theory and clinical practice can serve to broaden counselling psychology and psychotherapy, and help it be more effective for trainee therapists and in serving diverse backgrounds of clients.

In this research, I offer stories that show psychological, bodily and spiritual

experiences, how people construct personal meanings and show their intentions, whilst expressing the uniqueness of each individual. I want to contribute to research that will add to the literature on spirituality of mindfulness meditation *and* psychotherapy so that I am not writing the story solely for myself, but also for others going through the process of self-exploration and psychotherapy training. It was, therefore, important to develop a research design that drew on diverse resources and had the potential to explore and convey, the richness, complexity, messiness and multiplicity of the trainees' lived experience.

### Autoethnography

As researchers, part of our academic interests have an autobiographical dimension, 'working through the story of our own life' (Bochner, 2001, p.138). Writers from various disciplines such as anthropology, (Becker, 1999; Behar, 1996); counselling and psychotherapy (Etherington, 2003, 2004); education (Clough, 2002; Leitch, 2003), and sociology (Ellis, 1995; Ellis & Bochner, 2000; Sparkes, 1996, 2002), similarly acknowledge the links between life experience of researchers and their interests.

However, autoethnography is different from autobiography in that it connects the personal to the social by combining inquiry into a cultural phenomenon with personal experience and reflection on its socio-cultural context. Thus, it is the study of the awareness of the self (auto) within culture (ethnic). It has developed from ethnography, anthropology, sociology, and cultural studies and serves to challenge traditional historical relations of power and 'paradigmatic mode of thought' (Bruner, 1986). This method of research allows us to examine



and understand subjective experience from creative and analytic first-person accounts of people's lives. It makes use of interviews, dialogues, self-conscious writing, and other creative forms to facilitate an expanded awareness for the author/researcher and audience (Ellis, 2004).

Autoethnographic methods range from journaling, recording of life history (e.g. kinship, education) to being used in performance and documentary films (e.g. Tami Spry and Kip Jones). The intimacy, vulnerability and subjectivity of autoethnography honours the feminist and constructivist post-modern perspectives that the observer influences the observed and that meaning is co-constructed, in multi-dimensional layers of culture, experiences and values (Ellis & Bochner, 2000).

This study is an autoethnographic exploration of a particular group of people within a certain context, with a shared commonality of experience; in this case, those who are from an Asian culture, practising mindfulness meditation and training to become psychological therapists (a term which I have used to denote both psychotherapists and counselling psychologists\*). Since it is a community to which I also belong, there is an 'auto' dimension to my research. I have used methods of concurrent self-observation, reflexivity, diary and journal writing and interviews with trainees who are going through the same journey as myself. I intend to co-create narratives that are transparent and authentic; and thus enable the reader to understand the experience and detailed journeys of the trainees into mindfulness meditation and how it impacts on their psychotherapy training. In turn, I hope that this study will inspire and help therapists build on their own sphere of psychotherapy practice and make meaningful connections with their

lives. The next chapter clarifies some of the main concepts in Buddhist teaching and mindfulness meditation, and its relevance and links between psychotherapy.

\*My definition of a counselling psychologist is taken from the British Psychological Society's Professional Practice guidelines within counselling psychology. Hence, a counselling psychologist has had training and practice that is strongly influenced by human science research as well as the principal psychotherapeutic traditions. He or she draw upon and seek to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology. Counselling psychologists continue to develop models of practice and research, which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the psychotherapeutic relationship.

A psychotherapist is a professional who works with clients to help them overcome a range of emotional, behavioural, interpersonal, social and mental health issues through personal therapy. Psychotherapists draw on a variety of approaches according to the theoretical models they adopt and the therapy they practice. Individuals have undertaken a high level of in-depth training, usually 3 or more years, to qualify as psychotherapists.

As both a counselling psychologist and an integrative psychotherapist, I believe that no single therapeutic approach is suitable for all clients or presenting difficulties. At the same time, what is offered to clients needs to be based on a coherent philosophy, psychological knowledge and a well integrated set of skills. Therefore, my practice is based on a relational philosophy and incorporates a range of insights from current research. I draw on leading areas in the field, addressing such issues as current developmental perspectives, implicit and explicit levels of relationship, and the important contribution of neuro-scientific research to my understanding and practice. Most importantly, emphasis is on the therapeutic relationship with my client, which underpins

the process of change, psychological growth and insight. I also take into consideration, the impact of the external world upon the internal world of the client, to explore the significance of social, cultural and political realms, of experience.

## **Chapter 1**

### **Buddhism and Psychotherapy**

The definition and meaning of 'mindfulness' varies greatly in Western society and culture today. As mindfulness is adopted by Western psychotherapy and migrates away from its ancient roots, the meaning has expanded to a certain extent and adapted to suit the context. It has been used as a means to facilitate introducing, what Nyanaponika Thera (1962), a German Buddhist monk and author, referred to as 'the heart of Buddhist meditation' into the mainstream of medicine and mental health care in way that is wholly universal without religious or mystical connotations. However, leaving out the traditional roots and concepts of meditation can lose the intrinsic meaning and essence around the original practice and may limit a complete understanding of its potential (Kabat-Zinn, 1990).

#### What is mindfulness meditation?

For me, 'mindfulness' involves awareness and meta-awareness; encompassing knowing from an experiential level, direct first-person introspective examination of the mind and body; and one that includes a capacity to embody the full potential of the human repertoire. It is a way of seeing, knowing, and being that is continually deepening and changing. I believe it is also a way of relating to our entire experience, be it positive, negative or neutral. The operational term offered by Jon Kabat-Zinn (2003), and one that is most often quoted is 'the awareness that emerges through paying attention, on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment' (Kabat-Zinn,

2003, p. 145). Mindfulness, as used in ancient Buddhist texts, is an English translation of the Pali word '*sati*', which has connotations of remembering, recalling, reminding and presence of mind. The first dictionary translation of *sati* into mindfulness dates back to 1921 (Davids & Stede, 1921/2001). The word 'meditation' has been suggested to be a poor translation of the original Pali (language used in the time of Buddha) term '*bhavana*' meaning mental culture or development, which aims at producing a state of perfect mental health, balance and tranquility. In this study, I will use the term 'mindfulness meditation' to refer to the type of meditation I am researching for the sake of consistency and clarity for my readers.

### The practice of mindfulness

The practice of mindfulness meditation involves sitting or being seated by oneself (or with a group of others), with eyes closed, in a quiet environment and paying alert attention to ongoing subjective experiences within mind and body. This is combined with an attitude of equanimity and openness to whatever experiences may arise in the present moment, be it pleasant, unpleasant or neutral. It might, for example, involve being aware and attending to the sounds around oneself, the pins and needle sensations in the body or thoughts about something or someone.

In Buddhist practice, two forms of meditation are prescribed. One is the development of mental concentration ('*samatha*' or '*samadhi*'). This technique was well known long before the time of the Buddha in India and is an essential tool in developing mindfulness. The other form known as *Vipassana*, commonly translated as 'mindfulness meditation', is unique to Buddhism. This practice has been used to develop insight into the true nature of things - essentially their

impermanent nature. These two forms of meditation should not be regarded as two distinct practices, but as the two sides of the same coin, and both should be practised (Gunaratana, 2002). Buddhist meditation, therefore, can be regarded as the practice of *samatha-vipassana*. In this meditation the most essential thing is awareness of what is taking place, observing what happens; how things appear and disappear. One observes things dispassionately, objectively with an attitude similar in many ways to that of a good scientist in his or her work (Gunaratana, 2002).

Mindfulness meditation can sometimes be mistaken as a relaxation technique, although a physiological side effect may be a state of relaxation within the body. However, the practice is an active and intentional state of awareness where one pays attenuated, prolonged reactivity to various stimuli, whereas relaxation techniques usually encourage different forms of distraction, and sleep may not be considered as an unwelcomed outcome during practice (Edenfield & Saaed, 2012).

#### My personal interest in mindfulness

My personal practice of mindfulness meditation has always been a work in progress and I have been humbled by the enormity of the undertaking. I feel it is important to take into consideration the basic concepts of this ancient practice and its derivation, and how this has led to developing mindfulness-based interventions today. Although Buddhism has always been in the background of my family and culture, I never took it seriously until I started meditating properly in my late teens, after being taught by a Buddhist monk. It was during the summer of my second year at University that I attended my first ten-day intensive

meditation retreat. It had a profound affect and resounding impact on my whole outlook of life, including how I wanted to be as a person and what I wanted to do with my life. I was keen to integrate the philosophy and practice in whatever I chose to do personally and professionally. In becoming an integrative psychological therapist, it was also important for me to be a therapist who is fully embodied and makes use of a mind, spirit and body perspective of experiences that inform how I practice and apply myself. Here, I am defining an embodied practitioner as one with compassion, empathy, openness and a peaceful state of mind. These qualities are hard to quantify because they are an “embodied presence”; however, I believe we can extrapolate this way of being from how a person conveys his or herself and their way of relating and expressing with another. These facets can be captured in detailed and meaningful ways through telling and writing personal stories. Hence my interest in autoethnography because it illuminates and emphasises the insider voice in a way that other methodologies do not, and also places the social, cultural and political frame as critical to our understanding of the world.

As a very young child I remember my mother telling my brother and me various stories that captured our imagination. We especially enjoyed listening to stories of adventure, exploration and survival which were exciting, captivating and sometimes heartfelt. There was always a lesson to be learned or a deeper meaning with a moral undertone to them. One of the stories I remember first hearing was about the life of the Buddha. Later on, reading this story in its full entirety, his spiritual journey to enlightenment, was inspiring to me because of its meaning, cultural and social implications, as well as its historical context. I have

therefore introduced the story here as a guide for the reader to have a sense of both the complexity of the ideas presented but also the simplicity of its unfolding, that this is truly understood experientially. In a way, one could view the story of Buddha's journey from an autoethnographic lens and see it as one of real transformation. There are many versions, perspectives, interpretations and meanings attributed to this story. We may never know the whole story or the truth, but the essence of it: the Buddha's journey and teachings – the journey into oneself, to find real peace and happiness, to be liberated from all kinds of suffering - has inspired many people around the world, and me personally, to help others to do the same and practice and apply mindfulness in daily life.

### Story of the Buddha

Siddhartha Gautama, also known as the Buddha, lived about 2,500 years ago in what is now modern Nepal. His father, King Shuddodana was a ruler and Siddhartha grew up living the extravagant life of a young prince. It was a luxurious but a shielded existence and he was prevented from experiencing much of what ordinary folk might consider quite commonplace. As Siddhartha continued living in his palace, he grew increasingly agitated and curious about the world beyond the palace walls. One day he ventured outside and was confronted with the reality and saw the inevitable suffering of life: the old, the sick and the dead. At the age of 29, Siddhartha came to realise that he could not be happy living as he had been. After much deep thought and contemplation, he decided to renounce his princely life and started out on a spiritual quest and in search of true happiness and peace. For six years, he submitted himself to rigorous ascetic



practices, studying and following different methods of yoga and meditation with various renowned teachers at the time. As strenuously and sincerely as he practised, the answers to his questions were not forthcoming. Siddhartha was now fully convinced, through personal experience, that extreme practices of austerity and self-mortification were not the means to achieve liberation. He therefore decided to follow a path of balance, avoiding the two extremes of self-indulgence and self-mortification and called this the Middle Way. That night Siddhartha sat under a Bodhi tree determined to meditate and not move until he found the answers to the problem of suffering. Then on a full moon day, at 35 years of age, he gained clarity and purity of mind and attained enlightenment; thus earning him the title, the Buddha, which means 'he who is awake'. For the remainder of his 45 years he shared his knowledge and taught the Dhamma (Buddha's teachings) and the practice of Vipassana meditation in an effort to free other sentient beings suffering. The last words he uttered before he passed away were... *Impermanent are all created things: strive on with awareness.*

### Integration of Buddhism and Psychotherapy

I find that the process and journey of training to become a psychological therapist has many parallels to the Buddhist experience and practice of mindfulness meditation. The goal of Buddhism and psychotherapy are similar to an extent that they both attempt to understand the nature and functions of our inner state of being and find ways to transform the human consciousness and behaviours, and thus alleviate human suffering. The two systems of philosophy also inevitably bear many differences. Understanding those similarities and differences in the

Eastern and Western systems, and the integration of concepts, is likely to help us expand our understanding of humanity and enhance overall wellbeing.

I am in agreement with Milukas (2007) who posits that the basic principles of Buddhism are universal and omnipresent and so applicable to everyone, no matter how the principles are conceptualised. I view the teachings and practice of Buddhism as more concerned with how to live one's life peacefully and harmoniously with others and find that it is closer to a system of psychology than religion, insofar as it does not require belief in a higher power to reap the benefits. Relative to religion, the Buddha did not claim to be other than a human being; he did not suggest he was a god or a god manifested in human form; he did not claim inspiration from any god or external power (Rahula, 1974); and he discouraged veneration of himself (Thera, 1986). It has been suggested that Buddha's community was educational, not religious; the members were prohibited from involvement in religious practices and were not to compete with the Brahmin priests at the time.

However, the vast majority of Buddhists in the world approach Buddhism as a religion and is taught as a religious subject in many countries, organisations and academic institutions. Hence, academic psychologists often perceive Buddhism as being irrelevant, inappropriate or even mystical, and thus miss out on what I see as a powerful psychology. I believe that the heart of the Buddhist teachings and practices can be very helpful, and easily integrated and applied in Western psychology. Exclusion of certain aspects of the teachings deemed as religious or mystical could distract people from their fundamental meanings and use. De Silva (2000) suggests that more attention is given to human psychology

in Buddhism than in any other major spiritual discipline.

Buddhist psychology has been written and used increasingly in a more mainstream way in psychological therapy and medicine. There are a number of common aspects between Buddhism and Western psychology. Levine (2000) suggests that both see humans as caught in a matrix of forces, including cravings and drives, based in biology and beliefs. Both teach the appropriateness of compassion, concern, and unconditional positive regard toward all beings. Both acknowledge that the mind functions at a conscious and unconscious level. Both cultivate clear perceiving, knowing reality, and insight into human nature, in ways that transforms one's being. And both encourage personal development and freedom from oppressive forces.

There are, however, important differences between psychotherapeutic inquiry and mindfulness meditation: in psychotherapy, the therapist is more actively engaged with the client during inquiry; whereas in the practice of mindfulness meditation the meditator usually works alone, based on instructions and feedback from an experienced meditation teacher (between sessions or whilst on a retreat). Mindfulness meditation is more concerned with the processes of the mind and body and how they interact with each other and also with the immediate environment, whereas traditional schools of psychotherapy are often concerned with content and impact of our past history on our present. In traditional psychotherapy, the client is often encouraged to engage and work through contents, rather than simply notice them as they arise as in most mindfulness practices (Epstein, 1995). Insight into oneself in traditional psychotherapy is usually more verbal and rational, while insight (*prajna*) in

Buddhism is more non-verbal and non-conceptual (Mikulas, 2007).

A major issue in the integration of psychotherapy and Buddhism is related to the nature of the 'self' (Engler, 2003). The Buddhist perspective holds that the self is not an entity, but an illusory concept as it is a dynamic process, which is in a constant flux and therefore has no existence outside of shifting contexts (Galin, 2001). In modern Western society and conventional psychological practice, the constructions of self have been built upon the influence and ideas of late nineteenth century social theorists George Herbert Mead and William James (Franzoi, 1996). This has meant we generally take for granted the idea that self is unitary, stable and individualistic, unique and autonomous, and is imbued with independent agency (Frewin, 2002). We commonly forget that what we accept as given is an empirically constructed self, produced through a positivist standpoint and that there may be other ways of understanding and talking about self.

The concept of the 'real' core self or the view of the person as an individual, autonomous self (Martin, 2010) have been challenged by post-structural thinkers such as Foucault (1980), Derrida (1976, 1978) and Freedman and Coombs (1996). Other post-structuralists like O'Connor and Hallam (2000) believe that the self is impermanent, which has affinity with the Buddhist thinking in the illusory concept of the self. O'Connor and Hallam (2000) borrow from Heidegger's ideas and suggest that our constructed 'experiences' are in fact 'projected' as we are continually 'in the process of becoming, or doing something' (O'Connor and Hallam 2000, p.253). Our 'being' in the world is themed through metaphorical projects, and the only possible way of knowing the world as we do, is through the self as an illusory reference point (Frewin, 2002). The construction

of 'illusive' self has similarities with constructionism's *narrative self*.

Bruner (1990) views narrative, not just as meaning making but also as constitutive of self. For example, in my autoethnographic account, I was not only putting my experience into words, but, through the medium of language, I was representing a *perspective* which symbolised the self I was telling, as well as enabling the evolution and change of that self through the telling process. In my experience as a psychotherapist, listening to and engaging with clients' stories was often one of witnessing and participating in their transformative and constitutive power. There is literature from many therapeutic approaches to validate the ways in which narrating is not only healing but also constitutive of self (Bruner, 1990; Freedman and Coombs, 1996; White and Epston, 1990). In *Trauma, the Body and Transformation*, Etherington (2003) clearly demonstrates how the telling of stories enables the evolution and creation of new ways of being. Additionally, Arthur Frank's (1995) work powerfully shows the role of narrative as a way of reclaiming, transforming, and refashioning the self (Martin, 2010).

### Concepts in Buddhist Teachings

I would like to bring to attention some key concepts in Buddhist thought, particularly those, which I think, are related to the nature and understanding of this study and which will acquaint the reader with some of the traditional Buddhist terms that are used throughout this research and in the stories told.

One of the central principles is the concept of dependent origination, which views all beings as interconnected with one another – that we are not separate from other beings and objects in the world that we inhabit. As Zen master Thich Nhat Hanh states: we are 'inter-be' and in psychotherapy, Sills

(2009) echoes that we are never truly out of relationship with anything. I believe that our personal journeys interrelate and contribute to a larger healing in the world around us. As mentioned earlier, there is also an emphasis placed on all things being impermanent and subject to the law of change, that is, everything physical or mental is by nature transitory and in a constant state of change (Ratanakul, 2004).

A very broad and central concept in Buddhist psychology is *dukkha*, which is loosely translated as 'suffering'. It is a very difficult concept to translate into Western terms and the word *suffering* does not encompass all the subtleties that *dukkha* should convey. But it has a much deeper and wider meaning that includes ideas such as unsatisfactoriness, dissatisfaction, frustration, separation and emptiness. *Dukkha* permeates our very existence, affecting our mind and body and therefore encompasses both mental *and* physical suffering. The psychotherapeutic journey also digs deeply into the roots of suffering within oneself. At the existential level one faces a kind of *dukkha* from feeling isolated or not being related to the whole (Yalom, 1980), and/or a threat to one's existence as a self (May, 1967).

Buddha's identification of suffering is illustrated by the *Four Noble Truths* (Rahula, 1974), which are: 1) the truth of suffering, 2) the truth of the cause of suffering, 3) the truth of the cessation of suffering and 4) the truth of the path that leads to the end of suffering. These four truths are best understood, not as beliefs, but as categories of experience and they explain the key Buddhist steps in understanding the truth about life, the reasons behind those truths, the possibility of change and lead a way of life that can be free of suffering.

In Buddhist philosophy and practice, compassion is an essential quality to have and cultivate for all beings. Compassion is viewed as a form of empathy in Buddhist meditation systems; and is connected together with loving-kindness, sympathetic joy, and equanimity (i.e. 'the four immeasurables' or *appamanna*). It has been suggested that a compassionate mind is much more closely attuned to our actual human condition (Makransky, 2012). From a Buddhist perspective, compassion with wisdom is the foundation of emotional healing. Related to compassion is *metta bhavana* translated as loving-kindness meditation. Loving-kindness means a genuine and strong wish for the welfare and happiness of others that comes from deep within. Essentially, it is an altruistic attitude of love and friendliness as distinguished from mere amiability based on self-interest. It evokes within a warm-hearted feeling of friendliness, sympathy and love, which grows boundless with practice. This type of meditation involves generating a warm-hearted feeling and reciting specific words and phrases or visualising those you wish well for (including yourself, your loved ones, friends, teachers, strangers, enemies and all sentient beings), and radiating this feeling outward from deep within. As clinical scientists and psychotherapists begin to systematically explore the concept of compassion (Neff et al., 2007; Gilbert & Procter, 2006; Fredrickson et al., 2008), it may be helpful to consider the nuances in understanding that have emerged within these traditions in different parts of the world (Makransky, 2012).

## **Chapter 2**

### **Literature Review on Mindfulness Meditation and Autoethnography**

The millenary practice of mindfulness meditation has been translated into Western lay programmes by Jon Kabat-Zinn (1982), a scientist, a meditator and a researcher in molecular biology, who 30 years ago began applying mindfulness training to help patients with chronic health conditions and researching the effects. He recognised that cultivating awareness through mindfulness could be therapeutic and developed an eight-week group intervention, mindfulness-based stress reduction (MBSR) programme, and trained people in mindfulness through practice of meditation, yoga and the body scan. Mindfulness-based stress reduction has been found to be effective in treating a wide variety of different populations and groups, both clinical and non-clinical, including psychological disorders which were previously viewed as treatment resistant or untreatable such as chronic depression, borderline personality disorder and eating disorders (Brown, Ryan, & Creswell, 2007; Grossman, et al., 2004; Kabat-Zinn, 1982).

Most of the research on mindfulness in psychotherapy has been on programmes in which mindfulness is taught to patients in order to reduce psychological symptoms, increase their ability to tolerate difficult emotions, and increase their ability to pay attention to and accept whatever they are experiencing in the present moment (Siegel, 2007). Aside from teaching meditation to clients, there are other ways that mindfulness may have an impact on therapy (Germer, Siegel & Fulton, 2005).

Currently, mindfulness is of interest to practitioners from almost all theoretical orientations of psychotherapy from psychoanalysis to cognitive



behavioural therapy, and is central to such approaches as mindfulness-based cognitive therapy (MBCT) (Segal, Williams & Teasdale, 2002), dialectical behavioural therapy (Linehan, 1993), acceptance and commitment therapy (Hayes, Follette & Linehan, 2004), and self-compassion training (Germer, 2009). The revolutionary treatment approach of MBCT has been endorsed by the U.K.'s National Institute of Clinical Excellence (NICE) in the NHS as an effective treatment for prevention of relapse from clinical depression. The researchers Segal, Williams & Teasdale (2002) adapted the MBSR programme so it could be used specifically for people who had suffered repeated bouts of depression in their lives. It was found that for patients with three or more episodes (77% of sample), MBCT significantly reduced risk of relapse/recurrence, but not for those with only two previous episodes. So why is it that individuals with three or more previous episodes benefit from participation in MBCT, whereas those with two previous episodes do not? The present research literature does not give a clear answer to this question. The developers of MBCT suggest that perhaps the mechanisms contributing to relapse in patients with more than two depressive episodes are different than the mechanisms contributing to relapse in patients with two episodes or less (Teasdale et al., 2000). Also, we lack knowledge of when this therapy works better than other therapies, and for whom.

#### Mindfulness and the Psychological Therapist

The first study to investigate the effect of mindfulness training on psychologists was Shapiro et al.'s (2005) research into the impact of an eight-week MBSR programme on 38 healthcare professionals, including psychologists. Utilising self-report measures, the authors concluded that the intervention effectively reduced

stress and increased quality of life and self-compassion in this sample. Although all participants were actively engaged in clinical practice, the impact of the intervention was only assessed in terms of global wellbeing, and the influence, if any, on professional work was not sought.

A more recent four-year longitudinal study conducted by Schure et al. (2008), examined the influence of a 15-week course of mindfulness practices on both the life and therapeutic work of 33 graduate counselling students. The participants were questioned on the influence of the course, which included mindfulness practice sessions, yoga and home practice on their personal and professional functioning. Emergent themes in this grounded theory study included students' increased ability to deal with negative emotions, increased clarity of thought and capacity for meaningful self-reflection, better self understanding and feeling more whole as an individual (Schure et al., 2008). In relation to students' therapeutic work, they reported an increased capacity for empathy and compassion, less need to control the situation, being more present, more attentive and responsive to the therapeutic process at hand. Students also reported intentions to continue with personal practice and integrate mindfulness in their future work. Despite issues around generalisability stemming from the selective nature of the course, a qualitative exploration such as this is highly valuable in identifying areas of focus for future work, with results being particularly meaningful given the consistency of positive outcomes over time and class cohorts.

In a related research, Shapiro, Brown & Biegel (2007) investigated the impact of teaching MBSR to *trainees* in counselling and psychotherapy. They

found that, compared to two cohort control groups (or courses), counselling students taking a MBSR course reported a significant decrease in stress, negative affect, rumination, state and trait anxiety and significant increases in positive affect and self-compassion. Moreover, the study suggested that the degree to which the students practiced was correlated with increases in mindfulness. However, although the study was cohort-controlled it did not allow the researchers to control for potential motivational differences that may have affected which course the students volunteered to take part in and their subsequent experience. Perhaps the students participating had more interest in the MBSR course (labelled as 'Stress and Stress Management' course) compared to the control group courses. Furthermore, the MBSR and control groups were conducted by two different instructors, which could have affected the internal consistency of the research design.

Perhaps the most remarkable study related to meditation and clinical training was a randomised, controlled, doubled-blind study by Grepmaier et al. (2007). They explored the impact of mindfulness meditation instruction for 18 trainee psychotherapists upon 124 inpatients at a German institution for depth-psychotherapy. Trainees were randomly divided into a Zen meditation group, under the direction of a Japanese Zen master, and practiced meditation for an hour each morning before seeing clients, or a control group that did not meditate. All other aspects of the clinical training, supervision and types of interventions were the same between the two groups. Using self-report psychometric tools, they found that clients treated by trainees in the meditation group reported significantly more positive changes in experience and behaviour, and lower

scores on subjectively perceived symptoms (Grepmaier et al., 2007). These clients were also found to be more secure about socialising, to have less obsessiveness, anger, anxiety and fewer phobias. They also better understood the goals of therapy and their own development, and were more optimistic about their own progress. Although the study is limited by a mainly female sample, it boasts a strong focus on rigorous empirical reliability adding to the strength of the findings. However, the researchers did not mention other variables in the trainees' or clients' lives, which could have impacted the results of the study, such as previous experience or knowledge about meditation. Also, the trainees received Zen training for only a short period of time and we do not know if the effects experienced by them increases or decreases with time. In addition, the Zen training was not tested against a placebo intervention.

#### Qualitative research approaches into mindfulness

Owing to its relative youth, the literature on mindfulness suffers from a number of methodological limitations, which is also a charge also levelled at autoethnography, and has been highlighted in several previous reviews (see Baer, 2003; Kabat-Zinn, 2003). Christopher and Maris (2010) suggest that qualitative inquiry needs to be added to existing research on MBSR and mindfulness meditation. This would allow exploration of participants' experience in their own terms, perhaps revealing aspects of change that have been ignored or are not able to be captured by pre-existing measures. Narrative inquiry methods such as autoethnography can offer a distinct avenue of research that can help to reveal and qualify an individual's or a group's experience (Patton, 2001).

Autoethnography is a flexible methodology that has potential to generate

distinctive insights that are relevant to the practice and understanding of counselling psychology and psychotherapy. An example of a classic piece of work in autoethnography is by Carolyn Ellis (1995) called *Final Negotiations: A Story of Love, Loss and Chronic Illness*. It is a moving narrative and analysis of the changes in Ellis's relationship with her husband, a sociologist and co-author, as he became increasingly ill from emphysema. She reports her account as both participant and observer. Her detailed work is full of raw details and emotions, becomes an intimate conversation about the complexities of being in a relationship and living with someone who has progressive illness, and the how she coped with eventual loss of her husband through his subsequent death. This work fundamentally conveys love and ambivalence, conflicting and messy feelings in the face of loss.

#### Personal narratives and mindfulness

In relation to personal narratives in psychotherapy research, first-person autobiographical accounts of the experience of being in psychotherapy (although different from autoethnography), have been written by contemporary psychotherapists, such as Windy Dryden (2005), Jesse Geller (2005) and William Pinsof (2005), as well as a previously published account by the psychoanalyst Harry Guntrip (2005) of his experiences as an analysand of Donald Fairbairn and D. W. Winnicott in the book *The Psychotherapist's own Psychotherapy: Patient and Clinician Perspective* (Geller et al., 2005). More recently, the British CBT therapist Alec Grant (2010) has used an autoethnographic framework to write about his experiences of battling with alcoholism and the impact of therapy culture. He wrote a fictionalised account based on real life events and people

over a period of time. The layered narrative captured a fragmented 'messy' self (Grant, 2010) and complexity of his relationship with alcohol and people around him. However, I found his short story lacked flow as he wrote in paragraphs dated either in past or current times where he experienced changes, alternating back and forth between them (e.g. 2004, 1980, 2006, 1982 and so on), as well as in the first and third person, which sometimes caused confusion. It would have been also interesting to find out how he dealt with being stigmatised and treated within the therapy culture, and managed his problems. A further discussion and critique of autoethnographic research is carried out in the next chapter.

A gap exists in mindfulness research about the personal experience of psychotherapists' practice of mindfulness meditation. Only a handful of studies have been conducted on this, primarily using qualitative research. For instance, Nanda (2005) carried out a phenomenological study examining the effects of meditation on therapeutic practice and involved interviewing eight meditating psychotherapists from different theoretical orientations. From the data presented, therapists reported that their practice of meditation led to transformational and relational changes in all aspects of their life, including work with clients. Mindfulness was reported to have a positive impact of openness, acceptance, empathy and modelling for clients the importance of accepting themselves. A focus on 'being with what is' was highlighted, as was letting go of a desire to control the outcome of therapy, freeing themselves from theory, which led to staying calm and grounded and actively exploring with the client (ibid, 2005). Although the study possesses some limitations in terms of lack of a clear definition of mindfulness meditation, the wide variety of theoretical orientations

does provide support for the commonality of such mindfulness qualities across these. On the other hand, there was a lack of consistency for the type of meditation practiced by the participants, which were mindfulness and 'theistic-relational' meditation, as well as an 'inter-penetration' of the two types of meditation (ibid, 2005).

In a more recent and particularly relevant study, Maris (2009) wrote a first person narrative to explore the impact of mindfulness training on development of clinical skills on her Master's counselling programme. She took a course on Mind/Body Medicine and the Art of Self-Care, which included mindfulness meditation, practising contemplative movements such as yoga, tai chi or qigong. At the same time she continued working with her clients and monitoring the impact the training had on her self and her therapeutic work, writing this regularly in a journal. Maris (2009) found that mindfulness helped her to be more fully present in sessions and to tolerate both her own internal distress and distress of her clients. She found that she was able to focus more of her energy and attention on her clients and increased her capacity for attending to what was actually occurring. Although the training was a great challenge for her, it led her to feel a greater sense of integration, grounding and wholeness. However, her first-person narrative research was intended as realistic descriptions of her experiences, which allows the reader to understand intimately the researcher's point of view and may encourage them to empathise with her experiences. The draw back is that it is only from a single perspective and we do not know how other people on her course would have experienced and interpreted it.

A study conducted by Stelter (2009) focused on clients' experience of mindfulness meditation from a *narrative perspective*<sup>1</sup>. This in-depth study involved three participants who suffered from stress/sleeplessness, depression or agoraphobia. They took part in four six-to-eight weeks of mindfulness training courses led by psychologists. The participants wrote diaries on a weekly basis, and were interviewed at the beginning, middle and end of the course. In-depth analyses of three individual cases were presented in the form of narratives constructed from their own words. The narratives demonstrated the unique and embodied changes of each participant's experiences during the training course. The researcher stated that the purpose of the study was to illustrate what happens and how changes happen during the weeks of mindfulness training. It was, however, not to give evidence of the effectiveness of mindfulness meditation in general, but to present the 'whats' and 'hows' of cases where mindfulness meditation appears to be a "success" (Stetler, 2009).

Autoethnography is an important and emerging method of inquiry in counselling psychology and psychotherapy. It is highly relevant to the field as it also has a long tradition of self-observation, self-analysis, and introspection (Polkinghorne, 2005) and can offer many insights and prospects in its practice and research. For example, the works of Denzin and Lincoln (1994, 2000, 2005) have consistently sought to provide a synthesis of the cutting edge thinking and 'historical moments' of paradigmatic shifts in qualitative research. Their interdisciplinary perspective provides a foundation for counselling psychology and

---

1

There are distinct differences between narrative inquiry and autoethnography as well as some obvious overlap. Narrative inquiry focuses on the ways in which a story is constructed, for whom and why, as well as the cultural discourses that it draws upon, and uses specific dimensions of inquiry to serve as a conceptual framework (Clandinin & Huber, in press).



psychotherapy in which researchers can examine their self in the broader context of the qualitative genre. Authoethnography can contribute to the expansion of counselling psychology and psychotherapy's multicultural and social justice agendas, explore the depth and complexity of the human experience, increase paradigmatic flexibility and give voice to people who have been traditionally marginalised, made invisible, or silenced. It also challenges the legitimacy of Western forms of positivist research as the only real 'science'.

### Research aims and questions

This study aims to explore the subjective experiences of trainee psychological therapists in all its immediacy, particularity and partiality. I am interested in how mindfulness meditation affects trainees and their personal understandings and meanings, and how their experiences shift and change; any disruptions and transformations, influences on their sense of self/identity; who they become over time; and the impact on their personal and professional identities.

I also aim to highlight the hidden dimensions that sit in the heart of authentic Buddhist meditative experience. The cultivation of mindfulness comes from a tradition and culture with ancient roots and I believe that these origins are important to understand so that contemporary clinicians do not inadvertently miss its profound potential for psychological transformation.

My research questions included:

- What drew the trainees to mindfulness meditation?
- What were the key change moments in their lives, training and meditation practice?

- What were the influences in their decision to practice mindfulness?
- What kind of personal life experiences affected their undertaking and practice of mindfulness?
- What kind of impact did culture and family background have on their practice of mindfulness, if any?
- What impact did their experience in mindfulness have on psychotherapy training and practice?

These questions are important to bear in mind as they are closely related to my main topic of investigation. I will be considering them throughout my research process to help me focus on the main aim of the study.

#### My research contribution

To date, very little autoethnographic research perspectives on mindfulness meditation have been explored in the literature. Past and current research on mindfulness interventions has focused almost exclusively on the beneficial effects gained by patients and clients. I hope to contribute research that will add to the literature on spirituality of mindfulness meditation *and* psychotherapy, so that I am not writing the narratives solely for myself, but also for others going through the process of self-exploration and psychotherapy training. I hope this research will deepen our understanding of our own minds and bodies and its capacity for building and strengthening our inner resources. I also hope that the stories and experiences of individuals in this research will inspire and help other therapists in the field build on their own sphere of psychotherapy practice, make meaningful connections with their lives and enhance their wellbeing in positive ways. This

research may serve to broaden counselling psychology and psychotherapy training, and help trainees in serving clients from different backgrounds and cultures more effectively.

In the next chapter, I delve further into the field of autoethnography, position myself within the field, and discuss further related research and theorists that have influenced and motivated my study.

## **Chapter 3**

### **Research Design**

This chapter will discuss the methodological design of the study, rationale for using autoethnography and the outline of individual criteria, data collection procedures, data analysis, validity, reliability, generalisability and limitations in this type of research.

#### Rationale for Autoethnography

My original research idea was to use a qualitative methodology that enabled me to facilitate the showing or telling of the trainee's stories and experiences. The goal was to extend personally discovered truths and meanings about them to the reader, including my own journey into mindfulness meditation, and connecting these to the field of counselling psychology and psychotherapy. I was interested in people's stories because they can move us emotionally, resonate with others, and are created and embedded in every moment of our experience and reality. Stories are also located within an interconnected social community involving others (family, friends and mental health practitioners, for example). In Buddhism, the Buddha often taught his disciples using short stories or parables. These were used to demonstrate the teachings: to convey concepts or ideas, to teach ethical lessons, as well as to inspire. The stories told were not necessarily to be taken as fact or even historical truths, but to be used as a practical tool leading towards insight into the human condition, and provide connections into stories that have yet to be told. It has been suggested that as humans, our lives are shaped by the stories woven through our experiences; we make sense of our world and our lives through our stories (Ellis, 2004). These are stories of whom we are, how others

interpret us, how we interpret others, and how our stories evolve as we grow and change throughout our lives. I believe that the process of showing, telling, recording, and interpreting personal life stories can be a poignant vehicle in understanding how we create meaning of our existence and is well-suited to professional research practices (Hoshmand, 2005), such as counselling psychology and psychotherapy.

After reading and enquiring about various narrative approaches in qualitative methodology, I came across autoethnography and in particular, the work of scholars such as Carolyn Ellis, Arthur Bochner, Norman Denzin and Yvonna Lincoln. It captured my attention and inspired me because it fitted well with my research aims and interests, and resonated with my values and beliefs, as well as the practice of integrative psychotherapy. I was drawn to autoethnography because it opened up possibilities for evocative and innovative ways in which researchers may represent realities, themselves and their research contributors in their texts. This genre of qualitative methodology included intimate reflections, personal narratives about the relationship of self, others and cultures, and blurred the traditional lines between social science and literature, subject and object, and also subjectivities. It boldly called for alternative, more expansive ways, creative forms and textual spaces in which researchers construct research texts, position themselves and others (Ellis, 2004).

Autoethnography is an autobiographical genre of writing and research that has been described as a "blend of ethnography and autobiographical writing that incorporates elements of one's own life experience when writing about others" (Scott-Hoy, 2002, p.276). It is informed by anthropology, which encourages the

researcher to journey alongside the individuals being researched and to make meaning of complex experiences and symbolic systems in their lives (Siddique, 2011). Autoethnography is a form of narrative that places the self within a social context (Reed-Danahay, 1997) and can be also a politically contextual way of seeing the world. It places an emphasis on exploring the nature of particular social phenomena, and increasingly in more recent times, working primarily with unstructured data, investigating small numbers of cases (maybe even a single case), in depth and detail. This may be followed by interpretation of the meanings of the data and critical reflections upon the purposes and motivations of social actions (Atkinson & Hammersley, 1998). These studies might be represented in a variety of creative ways including art, photography and other audio and visual means, or performed through poems, stories, theatrical and dramatic presentations, (Ellis, 1995; Bochner & Ellis, 2002).

Autoethnography emerged from postmodern era, in which the dominance of traditional science and research was questioned and what constitutes knowing was challenged. The scholars at the time believed that many ways of knowing and inquiring were legitimate and that no one way should be privileged. Several researchers have highlighted the presence of the researcher's rhetoric, prejudice, and experience in the interpretation of observations and numbers and the way in which they simply construct one interpretation from among many that could be consistent with their numerical data analysis (Wall, 2006). They also revealed how data can be socially constructed (see, for example, Bloor, Goldberg & Emslie, 1991). This has been important in dispelling the notion of objectivity and unbiased representations in the dominant positivist paradigm, lending support for

research methods that rely more on subjectivity, such as qualitative methods as a whole. In turn, it has made it possible for critical theories to emerge and to open up the possible range of research strategies. For example, feminist theory and feminist research using multiple research techniques, has grown in reaction to the male-dominated perspectives in traditional and empirical science. This has given a voice to those whose experiences have been silenced or hidden in society (the insider's voice), and to forms of representation that deepen our capacity to empathise with people who are different from us (Ellis & Bochner, 2000). Many feminist writers now advocate for research that starts with one's own experience (Ellis, 2004). In this study, I reveal the hidden inner world of individuals who are trainee psychological therapists as well as mindfulness meditators.

The style of autoethnography in this study is mostly *evocative* rather than *expressive*. It is created through balancing aesthetic concerns with the sharing of experience, the fragmenting effects of dialogues based on identity, and the need to connect local action to larger social and global (cultural) contexts (Marechal, 2009). My view of autoethnography is based upon social constructionist and post-modern thinking, as well as Buddhist philosophy (outlined in the previous chapter). In my research I acknowledge the importance of accessing and understanding the trainees' different social constructions of reality (Berger & Luckmann, 1967), examining issues in depth through exploratory, relationality, open-ended conversations, prioritising holistic understanding situated in lived experience. Since I aim to contribute research that embodies personal meanings and intentions, which expresses the uniqueness of each trainee and the particularities of their experiences, I believe that autoethnography as a method

had the potential to explore, and also to convey, the richness and complexity of the trainees' lived experience. It also brings alive these experiences, in ways that allows the reader to access the social, cultural and also the political world. A phenomenological methodology, such as Interpretative Phenomenological Analysis (IPA), would not enable me to do this; nor would discourse analysis because its emphasis is more on power relations between individuals and the role of power in language construction (Foucault, 2003).

Autoethnography as a method of inquiry encourages in-depth description of personal experience with a pronounced weaving of reflexivity throughout the process and content of writing (Ellis, Adams & Bochner, 2010) and research. As a practitioner-researcher, it encourages me to be aware of my role in, and relationship to, the research by situating my responses in the moment of interactions with the trainees, and generates critical consciousness. Additionally, this may generate a state of 'in-between-ness' (Siddique, 2011) where a researcher (usually in the context of ethnographic research) experiences being in-between two states or roles, which can cause some tension but also a valuable source for learning, reflection and making meaning of the whole. Autoethnography invites readers to witness happenings at different levels and reflexively listen out for their own responses to the events, experiences and dialogues in the stories. The reader then is potentially altered and transformed in this process, perhaps in conscious or unconscious ways, which highlights the impact and value of this methodological approach. As autoethnography is an embodied experience by the nature of the study, it shares personal information of "who we are, what we have been, and what we may become" (Haynes, 2011, p.



144), thus it is very much suited to the philosophy of mindfulness meditation. Like mindfulness, its process of understanding who we are leads to the path of self-reflection, self-discovery, and transformation for the researcher, participant, and reader.

I turned to autoethnography because I was 'persuaded that social science texts needed to construct a different relationship between researchers and participants and between authors and readers' (Ellis & Bochner, 2000, p.744-745). It was important for me to enter into relationship with the trainees' stories and to evolve a way of working which would be congruent with my values, and build on my existing skills and experience. Autoethnography is founded on the theory that humans as researchers are not separate from that which we study. In addition, many autoethnographers assert that we cannot study something personally relevant without being fully steeped in every aspect of the research process (Ellis, 2004; Ellis & Bochner, 2000). One of the main features of autoethnography is that it is relational; when we tell stories, others respond with their stories. It allows researchers to focus on and evocatively tell the lives of others in shared storytelling and conversation. This ties in with my background as an integrative psychotherapist, where my training and experience is rooted in the principles of connection, authenticity and relationality. I believe that knowledge, meaning and experience is not 'found' but co-created between my clients (and trainees in this research) and me. Therefore, the research process in autoethnography provides a dialogic and intersubjective exchange between the teller and the audience. Each comes to the exchange with a set of characteristics (e.g. race, age, gender, class), a set of preconceived expectations regarding the

interviewing process itself, and, of course, conceptions of the other. This is similar to the many of the values, qualities and processes in therapy where we are seeking to elicit personal stories and experiences: to explore the world of an individual in all its complexity and ambiguity (McLeod, 2001); and to examine how our own culture and family systems impact on our life stories and relationships with others. In my experience as a psychotherapist, actively listening to and engaging with clients' stories was one of witnessing and participating in their transformation and healing. There is literature from many therapeutic approaches to substantiate the ways in which narrating is not only healing but also constitutive of self (e.g. Bruner, 1990; Freedman and Coombs, 1996).

#### Transpersonal approaches within autoethnography and psychotherapy

The subjects of encounter, awareness and transcendence are fundamental to humanistic approaches in psychotherapy (for example, Rogers, 1951; Buber, 1970), especially the existential and transpersonal (Yalom, 1980; Wilber, 1980), with their emphasis on personal responsibility and our existential journey of self-transcendence. Transpersonal approaches and autoethnography are relevant and closely linked as both encompass the idea of fostering self-awareness and self-discovery, which may lead to transformation. They attempt to dissolve a dualistic approach and dissipate self-other boundaries. Whilst autoethnography embodies an approach that explores the interface of self-other boundaries in attempt to highlight and illuminate discourses or experiences that we may struggle to name more explicitly. Autoethnographic texts show all the sutures, fractures, and seams of the interaction the researcher has with others who have had similar lived experiences (Spry, 2001). From a transpersonal perspective, in

order to render the process a cathartic one, it is important for the participant to transform and consequently heal through sharing his or her story with another.

Sharing and telling of stories, a key feature of autoethnography, is a relational process; when we tell stories, others respond with their stories. It is into the intersubjective space between self and other, which Martin Buber (1970) terms the 'I-Thou' of relationship, that stories are heard and told, and from which identity emerges. And within psychotherapy, psychological growth and development occurs through a genuine therapist-client relationship of 'I-Thou', not as a subject to an object in the 'I-It' encounter. This kind of healing, through the meeting with the other, is characterised by the ability to be present and confirming of oneself, at the same time being open to and confirming of another (Friedman, 1985). The freedom and limits of such a relationship then become transferred to the limits experienced within oneself, and the trust developed to risk affirmation of the self. Although a perfect I-Thou encounter is impossible within our human capacity, attempts to do so can reduce incorrect judgments of others and enhance rich understanding of people who are different from us (Chang, 2014).

When we 'listen with' (Frank 1995) stories and allow resonance and connection as well as awareness of difference and uniqueness, then we may enable the telling of stories which may not otherwise be told: alternative stories, parallel stories, new stories, surprising stories and paradoxical stories. If narrative is constitutive of self, it is in relation to others that identity emerges. Listening, reading and telling stories is thus an interpersonal and social 'transaction' where we draw on the social and political discourses in which we are embedded as well as personally embodied.

### Critiquing and Evaluating Autoethnography

As with any research paradigm, autoethnography has attracted its fair share of criticism. A common criticism is that autoethnography is self-indulgent, narcissistic, introspective, and individualised (Atkinson, 1997; Sparkes, 2000). It is a concern for some because of the focus on the self and personal experiences which are separated from other discourses in their contexts (Wall, 2006). However, those in support argue that autoethnography is more authentic than traditional research approaches, precisely because of the researcher's use of self, the voice of the insider being truer than that of the outsider (Reed-Danahay, 1997). Similarly, Laslett (1999) writes: "Life stories are likely to present fuller pictures [thick description], ones in which the meanings of events and relationships are more likely to be told than inferred" (ibid, p. 391). Furthermore, Walker and Unterhalter (2004) reminds us that "in excavating our own subjectivity, the point is not to produce research as therapy or stories for their own sake, but a disciplined and reflexive understanding of the known and the knower" (ibid, p.290). However, Bochner (2001) objected to the assertion that a focus on self is de-contextualised. Those who complain that personal narratives emphasise a single, speaking subject fail to realise that no individual voice speaks apart from a societal framework of co-constructed meaning. There is a direct and complex link between the personal and the cultural. Thus, rich meaning, culturally relevant personal experience, and an intense motivation to know are what typify and strengthen autoethnography (Wall, 2006).

Critics who argue against autoethnography as a methodology have dismissed it as being insufficiently rigorous, too aesthetic, emotional or not

scientific. The divisions stem from various camps where one side believe that “objective” methods and procedures can be applied to determine the choices we make, whereas the other side believe these choices are ultimately tied to our values and our subjectivities (Bochner, 2000, p. 266). There are also those who want to hold autoethnography accountable to criteria normally applied to traditional ethnographies or to autobiographical standards of writing (Ellis, 2010). Even for researchers open to qualitative inquiry, traditional criteria such as credibility, dependability and trustworthiness can be important, although not always easily applied to autoethnography (Holt, 2003). This is because different epistemological and ontological assumptions inform autoethnographic inquiry, and it makes no sense to impose traditional criteria in judging the value of a personal text (Sparkes, 2000). It is suggested that rigorous methodology and generalisability are not necessarily that which we should attain in autoethnographic research. Frank (2000) noted that those who criticise the rigour of personal narrative are missing the point: ‘Maybe the point is not to engage [narrative] systematically but to engage it personally’ (Frank, 2000, p.355). In judging narratives or stories, we should ‘seek to meet literary criteria of coherence, verisimilitude, and interest’ (Richardson, 2000, p. 11). In other words, ‘Does this account work for us? Do we find it to be believable and evocative on the basis of our own experiences?’ (Garratt & Hodkinson, cited in Sparkes, 2000, p. 29). Ellis (2010) states that the questions most important to autoethnographers are: who reads our work, how are they affected by it, and how does it keep a conversation going? However, autoethnographers also realise and acknowledge that ‘we have to take precautions in interpreting, generalising, and eliminating bias here the same as we do with any data we collect’ (Ellis, 1991, p. 30).

Although we take a different perspective towards the subject matter of social science, Rorty (1982) suggests that these are 'not issue(s) to be resolved', only instead they are 'difference(s) to be lived with' (Rorty, 1982, p.197). The goal in autoethnography is to produce analytical *and* emotional, therapeutic, and inclusive of personal and social phenomena (Ellis, 2010). It promotes a relational commitment to studying the ordinary practices of human life, which involves engaged self-participation, makes sense in the context of lived experience and contributes to social criticism (Marechal, 2009), which I believe chimes with the practice of counselling psychology and psychotherapy.

#### Reliability, validity and generalisability

The principles of reliability, validity and generalisation are treated very differently within autoethnography (Ellis & Bochner, 2000) in comparison to traditional and empirical methodology. An autoethnographic account seeks to illuminate the experience of history through a story narrative. Autoethnographers value narrative truth based on what a story of experience does - how it is used, understood and responded to by us and others as writers, contributors and audiences (Bochner, 1994; Denzin, 1994). Storied evidence is gathered, not to determine if events actually happened, but to show the contributors' lived experiences. Examining autoethnography along a continuum of science, looking at facts at one end, and art as the exploration of the meaning behind the experience at the other end, the story can be positioned in the middle; building out from detailed personal accounts towards a co-constructed narrative.

Bochner (2001) argues that reliability is anchored through the narrative being interconnected with life. Through the process of writing a narrative, authenticity of

the account becomes meaning and self-understanding for the autoethnographer (Bochner, 2001, p.153). Reliability is thus seen as a process of internal triangulation. Reliability in autoethnography is local and based on specific interactions with others in the research field and process. The researcher takes the stories back to the contributors to assess truth claims and attention is paid to the ethical dilemmas and contingencies faced in this process. A reliable and truthful record of the stories as told by individuals is the cornerstone of autoethnographic research. In relation to my own story, Ellis & Bochner (2000) recommends that it is within the researcher's capacity to conduct 'reliability checks' on her own stories with someone, such as a supervisor or mentor, who knows the researcher and her study well. I utilised this idea and chose my research supervisor whom I trust, who understand the aims of my study and was able to comment on its progress, process and reliability accordingly. I carried out careful and systematic procedures to ensure the closest possible representation from the data collected (e.g. audio recordings, note taking, email and phone contact with trainees) through to the construction and analyses of the stories.

Closely related to reliability are issues of validity. For autoethnographers, 'validity means that a work seeks verisimilitude; it evokes in readers a feeling that the experience described is life-like, believable, and possible' (Ellis & Bochner, 2004, p.124). The story must also be coherent; it connects readers to the writer and enables them to enter their subjective world - to see the world from her or his point of view (Plummer, 2001). Validity means examining the narratives and asking questions: does it resonate or speak to the reader about lives of the known and unknown? How is the work relational and collaborative? How is it

useful and impactful in the wider context? As a consequence, issues of reliability and validity must resonate with the reader. Bochner (2001) suggests judging autoethnographic writings on the usefulness of the story rather than only on accuracy. In this research, I strove to explore personal truths of trainee psychological therapists practicing mindfulness meditation and its impact on their psychotherapy training. I have offered the following stories with an intention to engage, provoke and interest with the hope that you, the reader, will be able to extend it to the context of your own life in a way that is personally meaningful. My goal was to honour the trainees' stories and to allow the reader to enter into relationship with them as part of the validation process.

To manage the issues of validity, reliability and truth in my research, I have represented the stories in such a way that it preserves each trainee's integrity, uniqueness and experience. I wanted to communicate a sense of personal understanding and meaning that represent the immediacy and particularities of each trainee's discovery and experience of mindfulness meditation. In the process of writing this research, I struggled to find an approach and style that suited my way of being and one that also fitted the methodology. It was only after many long attempts of writing and re-writing, revisiting original notes and ideas, back and forth consulting with the trainees as well as my supervisor, I came to a point where I found my voice as a researcher and a congruent way of writing this research project. Most importantly, I ensured that those involved felt that the work represented an accurate, reliable and truthful account. While I can never fully *know* the subjective experience of the trainees, my responsibility *and* accountability to them is to be true to the spirit of their stories in the



representations I create.

According to Ellingson and Ellis (2008), autoethnographers recently began to make distinction between two types of autoethnography: analytic and evocative. Analytic autoethnographers focus on developing theoretical explanations of broader social phenomena. On the other hand, evocative autoethnographers draw upon postmodern sensibilities and focus on 'narrative presentations that open up conversations and evoke emotional responses' (Ellingson & Ellis, 2008, p.445). In this research, I am carrying out an evocative autoethnography in a *confessional* style as I am trying to engage readers at a more emotional and personal level. According to Goodall (2000), confessional stories are 'first-person narratives that establish intimacy with the reader' (Goodall, 2000, p. 72), and persuade the reader about human qualities. In doing so, the stories are candid accounts of each trainee's experiences and presented as true to each character with flaws, range of emotions and even bad habits. I have mainly used original quotes and actual words spoken in the interviews, transcripts, notes taken in our follow-up meetings and conversations. The narratives also contain my own words, responses and reflections in order to be transparent about the relational nature of our research conversations, as well as to provide a reflexive layer of understanding. Since I am creating and shaping each story as well as providing comment, I am also acting as narrator.

With regard to the term of 'generalisability', Ellis (2004) argues that 'autoethnographic research is tested - not in the traditional way through random samples of respondents, but by readers as they determine if a story speaks to them about their experience or about the lives of others they know' (Ellis &

Bochner, 2000, p.751). Some stories inform readers about unfamiliar people or lives (Ellis, 2004). Similarly, Stake (1994) argues for 'naturalistic generalisation' as felt news from one world to another that provides a vicarious experience for the reader. This generalisability through the resonance of readers' lives and 'lived experience' (Richardson, 1997) in autoethnographic work intends to open up rather than close down conversation (Ellis, 2004). The in-depth qualitative nature of this research is such that the number of participants is small and restricted; my intention has been to work in depth and detail with individuals' stories and to do justice to this complexity in my representation. Therefore, I am clearly not aiming for generalisability but transferability. While the personal meanings and experiences expressed throughout the narratives should not be applied to others as a generalisable truth about what it means to be a trainee psychological therapist practising mindfulness meditation, but the co-created meanings provide an opportunity to generate meaning and discourse on the topic of meditation and psychotherapy for further thought and analysis.

### Ethical Considerations

A fairly recent and influential article written by Tolich (2010) offers a clear set of guidelines for researchers conducting autoethnography, which directly address ethical concerns in this type of research method. The ten foundational ethical considerations (see table below) were developed in an attempt to take autoethnographers beyond 'box ticking' procedural ethics and provide tools for their research ethics in practice. These ten guidelines come together around three core ethical considerations: consent, consultation and vulnerability.

**Table 1:** Ten guidelines for ethics in autoethnography (Tolich, 2010)

Consent	1.	Respect contributors' autonomy and the voluntary nature of participation, and document the informed consent processes that are foundational to qualitative inquiry (Congress of Qualitative Inquiry, 2007).
	2.	Practice "process consent," checking at each stage to make sure contributors still want to be part of the project (Ellis, 2007).
	3.	Recognize the conflict of interest or coercive influence when seeking informed consent after writing the manuscript (Jago, 2002; Rambo, 2007).
Consultation	4.	Consult with others, like an IRB (Chang, 2008; Congress of Qualitative Inquiry).
	5.	Autoethnographers should not publish anything they would not show the persons mentioned in the text (Medford, 2006).
Vulnerability	6.	Beware of internal confidentiality: the relationship at risk is not with the researcher exposing confidences to outsiders, but confidences exposed among the contributors or family members themselves (Tolich, 2004).
	7.	Treat any autoethnography as an inked tattoo by anticipating the author's future vulnerability.
	8.	Photo-voice anticipatory ethics claims that no photo is worth harming others. In a similar way, no story should harm others, and if harm is unavoidable, take steps to minimise harm.
	9.	Those unable to minimize risk to self or others should use a <i>nom de plume</i> (Morse, 2002) as the default.
	10.	Assume that all people mentioned in the text will read it one day (see Ellis, 1995a).

I utilised and applied these guidelines in practical and considered ways, which I have addressed in the paragraph below. I made sure to remain vigilant and uphold these ethics by frequently referring to the list throughout the research process and consulting with my supervisors.

McLeod (1994) reminds us that this kind of in-depth research can be experienced as intrusive and demanding. I did not personally experience this myself, and the feedback from the trainees was that this had not been the case with them either. Although there is the potential for further healing as part of the research process (Etherington, 2004), the possible risks in the study are: the potential for distress in recounting personal experiences, embarrassment at the request to disclose personal information, the potential social risk of being exposed and the impact of the stories being in public eye. I have therefore, taken a number of steps and actions to reduce these risks posed to the trainees. Firstly, I ensured that informed consent was provided prior to participation and continued throughout the research process to make sure the trainees still wished to take part, as the project evolved (Ellis, 2007; Tolich, 2010: guideline numbers 1, 2). I have regularly consulted with my supervisors at Metanoia Institute and the Metanoia Research Ethics Committee has also reviewed this study (Tolich, 2010, guideline 3, 4). The trainees were given information about the study prior to taking part (Tolich, 2010: guideline numbers 5, 6, 7). Secondly, I have protected their confidentiality by altering any identifying details to prevent them from being identified in any account of the research project. I had asked for their permission and approval before doing so, and invited them to choose their pseudonyms if they wished to have their names changed (Tolich, 2010: guideline numbers 6, 9).

It was also important that the trainees were able to see and respond to representations of their material before any of it was released or printed (Tolich, 2010: guideline numbers 5, 7, 10). I also transcribed the interviews myself and have not divulged anything I had heard or transcribed. All the trainees (including myself) were required to be fully supported by therapists and clinical supervisors throughout the research process (Tolich, 2010: guideline number 8). They had the choice to discontinue or withdraw if feeling particularly distressed during the interview or the course of research, without giving a reason. The data collected was kept in strict confidence and locked storage, and will be destroyed after completion of the project. The trainees were told of this and they were in agreement with this decision.

Ellis (2007) has added another dimension of ethics which she calls 'relational ethics' when conducting autoethnographic research. She writes: 'Relational ethics requires researchers to act from our hearts and minds, acknowledge our interpersonal bonds to others, and take responsibility for actions and their consequences' (Ellis, 2007, p.3). Relational ethics recognises and values mutual respect, dignity, and connectedness between researcher and the researched, and between researchers and the communities in which they live and work (Lincoln, 1995, p. 287; Tierney, 1993). Central to relational ethics is asking yourself 'what you should do now' instead of 'this is what you should do now' (Bergum, 1998). As researchers, Ellis (2007) believes that 'we constantly have to consider which questions to ask, which secrets to keep, and which truths are worth telling' (Ellis, 2007, p.26). As such research can be potentially wounding and induce vulnerability when the researcher misunderstands or misinterprets

what is communicated in the narrative account. Sometimes this arrives in the form of surprise when contributors see their account in print. Hence there is a need for collaborative dialogue where the trainees/contributors have ownership of their voices through developing trusting and open contact.

As these relational ethics are a crucial dimension of autoethnography, I have been mindful and aware of the implications of this research for myself and for the trainees, as well as how my work could be interpreted and understood. In accordance with my values and commitment to relating as transparently as possible, the research relationships in this study have been carefully and continually negotiated. I kept an open and honest dialogue with the trainees from the outset, and if there were any uncertainties or problems I was sure to address it in an appropriate way and work together with them to resolve it. I see myself as being accountable to each trainee whose story is represented here and ethical decisions have been made on an individual basis.

There are several benefits of using autoethnography for the reader/audience and Chang (2008) offers three main advantages. Firstly, autoethnography is both researcher and reader friendly: it allows researchers to access easily the primary data source from the beginning and obtain in-depth data, and readers can engage in a more personal style of writing than the usual conventional scholarly writings. Secondly, it enhances and increases cultural understanding of self and others; it 'allows students to reflect on the forces that have shaped their character and informed their sense of self' (Kennett, 1999, p.131, cited in Chang, 2008). Thirdly, doing, sharing, and reading autoethnography can help transform researchers and readers in the process.

Transformation can be manifested in different ways; for example, some may become more self-reflective in their daily praxis (Obidah & Teel, 2001). Self-transformation may also take place as others seek to reach out to unfamiliar others and experiences, and pursue a new learning of unfamiliar cultures. As their understanding of others increases, unfamiliarity diminishes and perspectives on others change. My aim in conducting and producing this research is to convey a personal and candid piece of writing, which enhances and increases cultural and psychological understanding of self and others within the context of mindfulness meditation practice and psychotherapy training. I hope that it can transform readers and other researchers' appreciation and understanding of this area as it has done for the trainees in this study and for me.

### Individuals and Sampling

The nature of the study meant that I would be sampling only a small number of individuals. I had originally planned to work with 6-8 trainees but the richness and complexity of the stories meant that it would be better to work with fewer people to achieve depth and detail. Therefore, I selected three trainees in total. This purposeful selection was based on trainees being under a certain criteria, namely: 1) being a member of BPS and undergoing an accredited psychotherapy and counselling psychology training (BPS, BACP or UKCP); 2) in therapy and supervision for support; 3) at least in the second year of their course; and 4) have been practicing mindfulness meditation (Vipassana) on a regular basis (everyday for at least 20mins), and for at least two years. This was to ensure that the trainees' mindfulness practice was stable, regular and well established so they could provide significant accounts of experience that I was investigating. I chose

Vipassana meditation practice to ensure that we all had a baseline sense of knowledge and understanding, and to reduce the chance of them potentially mixing their descriptions of the experience of mindfulness meditation with other similar practices. This type of selection had the added advantage of contributing to the credibility (internal validity) of the study by ensuring that the trainees selected were likely to possess and able to share in their understanding of the research topic. The disadvantages of this may be that I am biased towards Vipassana and not open to other types of meditation. I realise that the trainees and I have all tried alternative styles of meditation at different times in our life before settling on one that works for us. I have acknowledged this and made it transparent in the stories. Due to the pervasiveness of other 'meditative' practices now prevalent around the world and in the U.K., it was not possible to find trainee psychological therapists who had *only* practiced mindfulness meditation exclusively.

With regards to the trainees' characteristics, it was important to select those who were close to my own experience in terms of culture, which is of Asian ethnicity and background (born or brought up in the U.K. for majority of their life) and also psychological therapists in training to ensure reliability and validity. Individuals who did not meet the inclusion criteria set forth, were excluded from the study.

The trainees were recruited by advertising (see Appendix A) on the British Psychological Society website, in my psychotherapy training institute and various counselling and psychotherapy institutions throughout England. The trainees who replied (and those selected for this study) mainly came from an integrative



theoretical position. Those who met the inclusion criteria were contacted either by email or telephone, briefed about the study and then appropriate arrangements were made for an interview.

### Data Collection

Autoethnographers collect data (or 'field texts' as Clandinin & Connelly, 2000, refers to it) using various techniques, and as mentioned previously, this may range from personal journals, drawings, poems, familial and societal values and proverbs, metaphors, field notes, letters to conversations, interviews and life experiences (Clandinin & Connelly, 2000). The main method of data collection in this research has been through face-to-face interviews, which are 'reflexive' and 'dyadic' (Ellis, 2010). This means that it focused on co-created meanings produced between the researcher and researched, and the emotional dynamics of the interview itself. Even though the researcher's experience is not the main focus, personal reflection adds context and layers to the story being told about the individuals (Ellis, 2004). The interviews provide not only outsider perspectives, but also external data to confirm, complement, or dispute internal data generated from recollection and reflection.

I conducted all the interviews in this study by myself using an audio tape recorder. A semi-structured interview was carried out and at least 1.5 hours of time set aside to gain in-depth material. The interviews were semi-structured because part of this study focuses on investigating specific aspects of experience in relation to mindfulness meditation. Therefore, in some parts of the interview I have adopted a more specific stance in questioning which would open up areas of conversation. My training in integrative psychotherapy had made me very

careful about the use of questions which might be viewed as interrogatory and attune to the relational dynamics that occur between the researcher and researched. The semi-structured interview format consisted of open-ended questions (see Appendix B) and follow-up questions will be only asked if the main questions need clarifying. Prior to conducting the interviews, I ensured that all the trainees read and signed a consent form with an attached information sheet explaining the purpose of study. I also included a self-interview, answering the same questions myself. This was carried out by one of my colleagues at my training institute. In addition to my own interview, I kept a diary over a period of six months, entering reflections of my mindfulness meditation experience: thoughts, emotions and sensations that arose during the sessions and further reflections about my practice. I also wrote a personal learning journal as part of my training course, detailing my experience of every aspect of my training and studies over a period of four years. I used some of this material as reflexive data about my own journey and in my story. Rodriguez and Ryave (2002) argue that self-observation as a data collection technique is useful because it gives access to 'covert, elusive, and/or personal experiences like cognitive processes, emotions, motives, concealed actions, omitted actions, and socially restricted activities' (Rodriguez & Ryave, 2002, p.3) and brings to the surface what is 'taken-for-granted, habituated, and/or unconscious manner that [they]...are unavailable for recall' (ibid, p 4). The recorded interviews were protected at all times in a securely locked cabinet and I was the only person to have access to both the names and identities of the trainees. And, I transcribed the resulting material. The trainees' names do not appear on the transcripts.

## Procedure

1. I contacted each trainee and sent out an information sheet and consent form, giving detailed written information about what the study would involve as far as was known at that time. To ensure confidentiality and protection of data, I have kept contact details completely separate from the transcripts and representations of the trainees' stories.
2. We then arranged a mutually agreed time and location to meet for an interview.
3. Before starting the interview process with each trainee, I ensured that they understood everything on the information sheet; ethical issues and any questions they had were answered. After this, they signed the consent form. They were made clear of the personal impact that this type of research may have on them and resources, such as their therapists and supervisors were made available for support should they need them.
4. After conducting the interviews, I transcribed the recordings and returned the typed transcripts to each trainee for checking and reflection in his/her own time. We then made arrangements to meet again to go through these transcripts and redefine themes together.
5. In the follow-up meetings, I saw each trainee twice for about an hour and emails and phone conversations were had in between to clarify their stories, themes and for any further questions they or I had.
6. After collecting detailed material, I wrote a draft version of each trainee's personal story, which were co-constructed and based around the main themes we found collaboratively, together with the nuances captured in our interviews

and interactions.

7. I then invited the trainees to read their stories and co-edit or add additional detail until we felt it gave an accurate representation of his or her account. Again, my responsibility and accountability to them is to be true to the spirit of their stories in the representations I create. I was inspired by the amount of interest that the trainees took in reading their stories and how actively engaged they were with helping me edit them. All of trainees maintained a certain level of control over their contribution explicitly stating what they want edited or omitted. However, to my surprise, I found that it was not as conflicting as I imagined. In fact, I felt that it was a thoughtful, considerate and collaborative process. As my main motivation was to honour the trainees' experiences and stories, I worked closely and cooperatively with them to produce creative and authentic pieces of work.

### Analysis

The purpose of autoethnographic data analysis and interpretation is to gain cultural understanding of the relationship between self and others (society). Researchers need to bear in mind that the cultural meanings of an individual's thoughts and behaviours - verbal and non-verbal - need to be interpreted in their cultural context (Chang, 2008). Autoethnographic data analysis and interpretation involves moving back and forth between self and others, zooming in and out of the personal and social realm, and submerging in and emerging out of data (Chang, 2007). I have adopted some simple strategies that Chang (2008) has suggested, such as searching for recurring patterns and applying existing theoretical frameworks, as a starter in the process of analysis and interpretation.

Frank (1995) distinguishes between two ways of analysing narratives or

stories; one is when you think *with* a story and the other is when you think *about* a story. Thinking *with* a story means to experience it as affecting your life, to find in that experience a truth about your life (Ellis, 2004) and analysing the different aspects of the narrative, such as the language used. This is called narrative analysis. On the other hand, when thinking *about* a story we look at the story and try to identify common themes or patterns in it. This is called analysis of narratives. In this research, I shall be combining both these approaches as I believe that there is more to be gained by doing narrative analysis *and* analysis of narratives. Hence, I will analyse the trainees' stories, finding themes and patterns, and connecting them back to my story, as well as analysing the different aspects of the narratives, drawing on academic literature and theoretical notions, or generating new ideas (Ellis, 2004).

## **Chapter 4**

### **Findings – The Stories**

#### **My journey into mindfulness meditation**

##### Separation and loss

I left Burma with my family in the late 1980s around the time of the student political protests, when there was instability and unrest in the country. The students were valiantly fighting for freedom and democracy from the oppressive, military dictatorship. Sadly this effort was brutally quashed by the army leading to the imprisonment of thousands of innocent protestors. I was seven years old and my brother was five. We were still too young to understand the extent of what was going on in our country, but sensed the tension in the air. Fortunately, at this time, my mother was granted permission to further her medical career in the U.K. and my brother, father and I later followed her. I felt a mixture of emotions. It was a sad and a confusing time, leaving some of my extended family members behind. The snapshot images of me looking out of the backseat car window as it rolled out of our driveway, seeing the faces of my grandfather and aunts smiling and waving and holding back their emotions, are etched in my memory. I felt numb and did not cry but half-smiled and waved back trying to be brave. As I arrived at the busy airport, I was distracted by the noise and hustle and bustle around me and remember feeling excited, especially seeing the airplanes – it was my first time flying on a plane to another country. Although my immediate family was near me, which made me feel safe and reassured, the separation and disconnection from my extended family members and childhood home could not be erased. It had been deeply imprinted in my mind and body. I swallowed the

pain and loss and tried to move on, focusing instead on my school and studies.

After living in England for nearly 25 years my life, I have become both Burmese *and* British. This has become an implicit way of being through adapting myself and spending time in both countries and cultures. However, I distinctly remember experiencing the feeling of being 'different' at certain moments in my life; the disparity in my appearance to others, how my belief system and culture sometimes clashed with the prevailing British 'way of doing things'. It made me feel anxious, disconnected and excluded from my peers at certain times. I felt that I had to explain or justify why I was the way I was more my peers at school, which made me frustrated and annoyed. I struggled with internal questions: Where did I belong? Who or what things in life did I feel most connected with? How could I better understand others and myself?

I managed these questions and conflicts by retreating into the world of books, paintings and drawings. I enjoyed immersing myself into these different worlds. It opened my mind to a fresh way of seeing the things in life and, in turn, myself. Through books I found a sense of connectedness through projecting myself into the writer's imagination. Through drawing and painting, I found I could express myself in new and creative ways with a sense of freedom.

### Culture and curiosity

Burmese culture is steeped in Buddhist influence; from the arts, festivals, literature to speech and conduct in society. Although Buddhism has always been in the background of my family and culture, I never took it seriously until I started meditating in my late teens. My parents were laid back in their attitude towards religion and spirituality and did not meditate themselves. However, I do remember

being involved in Buddhist ceremonies and rituals when I was younger; praying to various statues of Buddha at the golden pagoda (a religious site in Burma) and offering incense and flowers, as well as attending my brother's and cousins' ordination as novice monks (a customary ritual for young Burmese boys). I found it fascinating to participate in these activities most probably because it was different from everyday ordinary ones! Looking back now, I see these rites and rituals as part of Burmese culture and tradition more than anything else: an opportunity for friends and families to unite on a spiritual and social level and come together as a community.

My mother has been a role model for me and I believe that my relationship with her has been the most significant in shaping the person I am today. She was full of interesting stories and tales to tell my brother and me when we were children. One of these stories was about the Buddha and his life (Chapter 2, p.8). It was a story that vividly captured my imagination and appealed to my young and curious mind. It made me want to explore life outside the sheltered, shielded and carefree existence we lived in amidst the adversity of military rule in Burma. Little did I know that later, the most exciting, yet challenging and rewarding exploration and journey would be into the mysterious depths of my mind and body.

I was on a path of questioning and seeking knowledge and understanding about the world and the people in it. However, at this time, I had not planned to seek out mindfulness meditation, and when I did find it along my journey, it made me appreciate an unexpected encounter in the next chapter of my life.

### An encounter

In 1999, I happened to meet a young, aspiring Buddhist monk in London. I must



have been around 18 or 19 years old. It was almost by chance that my brother, some cousins and I bumped into him at a small monastery, where we went to visit and pay our respects to the monks there. And it opened our eyes to a whole new different world and affected our lives to this day.

Reflecting back, I remember clearly sitting cross-legged on the floor in a bare and fairly cold room in the small monastery together with my brother and cousins, being taught breathing meditation for five minutes:

“Keep your eyes closed and focus on your breath - perhaps making a mental note in your mind: breathing in, breathing out... And if your mind happens to wander off to noises outside this room or think about other things, just make a note of where it’s wandered off to and gently bring it back to the breath...” said the young monk with a gentle and calm tone of voice, unperturbed by his surroundings. He then explained:

“This is the simple practice of *anapana* [breathing meditation]. The breath is the bridge into to our inner world and it can tell us how we are thinking, feeling and sensing.”

My attention and focus was held unwaveringly - I was completely fascinated. I followed his instructions carefully and experienced a feeling of peace and calm. This was my first taste of mindful breathing meditation. I left thinking: “That was great! I must try it again at home...”

During that period of time I was engrossed with reading literature on philosophy and spirituality. The books that inspired me and influenced my thinking and behaviour were: *Gems of Buddhist Wisdom* by Ven. Dr. K. Sri Dhammanada and

other Buddhist scholars, *Snow in the Summer* by Sayadaw U. Jotika and *Buddhist Scriptures* compiled and translated by Edward Conze. They were not only teachings about Buddhism but also stories and personal anecdotes of monks and ordinary people and their experiences of practising meditation. However, as much as I tried to engage in the actual practice at home by myself, I kept stumbling along like a distracted horse, as I could not focus or concentrate properly. Thoughts about preparing to go to University, making new friends, moving out of home was milling around in my mind and I only experienced fleeting moments of peace and calm during meditation. Never mind, I thought to myself, I would set aside some time for practice when I am at University.

As I settled into the first two years at University, I felt happy because I had made great friends, was doing well academically and most importantly, I gained more confidence to express my individuality. It was a captivating experience for me because I had never felt the kind freedom to do as I pleased, and so, I indulged myself - to the point of excess at times. The world was my oyster! I felt extremely confident, unabashed and filled with an abundance of energy as if I was a bird that had suddenly found its wings and took to flight. My social life and activities had gone into overdrive. Meditation? What meditation? I had barely time for practice at the height of my excesses. Soon, things started to take a toll on me.

### Search for a wholeness

It started with a sense of isolation and disconnection. I thought to myself 'Why do I feel like I don't belong here?' Even though things seemed captivating and enjoyable on the surface of my sphere, I felt extremely restless, agitated and

anxious underneath. At its worst, these feelings manifested themselves in my gaining excess weight and having severe skin problems. I now believe that my contentment and happiness were hindered by abandoned and unconscious parts of myself, hidden under a veneer of a colourful social life and behind excesses of food and drink. I felt like I was almost living in a fantasy world and began to separate in my mind and body, obviously avoiding my deepest and truest feelings. There was a sense of fragmentation; that something was missing. I had lost the wholeness and grounded-ness that I once felt. It reminded me of Sayadaw U. Jotika's writings and words:

*Every aspect of your life is related to every other aspect of your life;*

*The economic, sexual, emotional, intellectual, social and spiritual...are all related*

*You cannot keep them separate*

*If you try to keep them separate your life will be unfulfilling and unharmonious*

*There will be conflict, a schism, paralysis.*

Was I really separating and causing conflict within myself? All I knew was that I needed a break from the social whirlwind of University life and my excesses, and to find answers to my troubles on my own. I was *suffering*.

### Mindfulness meditation and inspiration

At the end of my second year at University, I heard about a ten-day mindfulness meditation retreat through my mother and jumped at the opportunity to join. I longed to reconnect with the moments of peace and calm I experienced whilst meditating with the young Buddhist monk, and also for a chance to reflect within on this silent meditation retreat.

To my surprise, the retreat was one of the most challenging things I had done in my life! I remember feeling apprehensive at the beginning, not knowing what to expect or what the customs of the centre were. I realised I held certain assumptions about Buddhist centres and monasteries: How come there are no Buddha statues and iconography? Or Buddhist monks performing their rituals? What about the smell of incense burning and presence of flower offerings? None of these things were present at the retreat centre. The meditation hall was a large and airy building, neutral in decoration and situated in a peaceful and lush countryside, surrounded by what looked like farm buildings. How odd, I thought to myself. It left me slightly bemused and unsettled; I felt like a lost child and began to wonder if I should have even signed up for it in the first place! Then, I heard the voice of my teacher S. N. Goenka saying to all of us in the first of our gatherings, something along the lines of:

“You are here now, so give this technique a fair try for 10-days, putting aside your judgments, preconceptions, beliefs as best you can and if you find that after 10-days it doesn’t fit with you, then there are no obligations. Continue your search...”

Hearing this allayed my anxiety and from that point I was determined to see it through to the end. The course certainly lived up to its name: intensive. It started from 4.30am and ended at 9.30pm (with breaks for meals and rest, of course). The accommodation and food was free – ‘That’s a bonus’ I thought cheekily!

My first observations contradicted my assumptions: 1) There were no robed Buddhist monks in sight; 2) the meditation teachers were not all of Asian origin, and 3) the students were mainly Caucasian in appearance. I actually found myself in the minority there - how interesting.

In entering solitude I found that I did not immediately find silence. Solitude can be noisy with the mind full of running thoughts, commentary and conflicts of the body. Only after a few days I found that there was a gradual quieting of the mind and genuine stillness within me. From day to day, I earnestly and diligently followed my teacher's instructions in Vipassana meditation. I sat with whatever arose in my mind and body: observing, watching and experiencing. Sometimes I felt uncomfortable physical sensations – numbness, aches or pins and needles - from sitting in a cross-legged position on a cushion for many hours a day, and other times I felt pleasurable tingling sensations moving through my whole body like waves of subtle vibrations. My teacher reminded me that the characteristics of the pleasant sensations are the same as unpleasant ones: they will arise and pass away; therefore there is no sense in grasping or clinging onto them. One experience arose after another – thoughts about myself, images and plans, loves and fears, feelings towards or against something, changing sensations of sights, smells and sounds – each was to be seen for what it was: transient, limited, ephemeral and impermanent. I let go of these thoughts, feelings and emotions as best I could until I rested in peace and equanimity. I had to look beyond my body and thoughts to find what I was seeking. I was required to abandon certainty and comfort and to put my trust in the process, the '*dhamma*' – the law of nature.

Everyday that I was there, from the first moment to the last was completely different - I felt changes taking place, emotionally and physically on a profound level. I felt like I was going on a free diving adventure into the dark waters of my mind and body - a real journey of the heart and mind. I started to gain better awareness and insight into myself as a whole being. This awareness expanded to

others around me including my environment. I felt more connected and open with others. I became less caught up in my thoughts and feelings about the past and future and more focused on present reality and moment in time. This gave me a peace of mind and a feeling of contentment.

Listening to my teacher's words was truly enlightening: he brought into his teachings a manifestation of compassion, focus and energy that captured and touched my heart. He was a living force of mindfulness and compassion. I was completely intrigued by what he had to say and felt deeply inspired by the wholeness of his presence and his wisdom. Perhaps it was a case of idolisation or idealisation but it gave me the motivation, courage and strength to continue to delve deeper into myself to find the answers and reach out and connect to others in a kind and compassionate way. After finishing the retreat, I decided that whatever I chose to do with my life, it would involve mindfulness meditation.

### Walking on the present path

It has now been over 10 years since I started practising mindfulness meditation. Throughout the years I discovered that there are always changing cycles – ups and downs, openings and closings, awakenings to love and freedom, often followed by new and subtle entanglements. This was part of the journey. The path of a mindfulness meditator was not linear, but a continuous work in progress. However, the way I deal with strong emotions has dramatically changed and I have found the ability to be with anger, frustration, pain and loss without having to control it or change it. I realise that I can never really fully grasp or control the changing conditions of life – even meditation itself. But I do believe that we can

gradually de-condition ourselves, open, release and stabilise over the years of regular practice. In one of the entries of my meditation diary, I wrote:

*"My wandering mind continues to wonder with no meaningful sequence whatsoever. But after I caught it running around like a mad dog, it ceased to wander... The quality of mind I brought into this was different this time. It was with a gentle smile and acknowledgement of something very familiar like 'Oh hello, it's you again!'" instead of trying to rein in the uncontrollable and becoming frustrated and agitated like before. I didn't judge or criticise myself! Felt so much more equanimous and less tense. The knots are slowly untying..."*

#### A meditator and trainee psychological therapist

There was a strong draw for me in becoming an integrative psychotherapist because I felt I could potentially integrate the practice and philosophy of mindfulness meditation within its framework. I remember feeling excited and happy to be embarking on the training course. One of my tutors endearingly said to me: "We want to see the 'Burmese-ness' in you!" - I felt accepted with all my differences and ways of being. The training allowed me to achieve some balance between holding the Eastern and Western parts of myself. It was OK for me to be quiet and introspective as well as to express my vulnerable feelings in my teaching group. Both practices of psychotherapy and mindfulness meditation have filled me with a sense of connection and mutual responsibility towards others. It has helped me to understand my inner experience and the self-organising nature of life. With this understanding, I can also begin to understand the way out of suffering, and in turn I ask myself: How can I help alleviate the

suffering of others as best as I can?

Being both a meditator *and* a trainee psychological therapist has given me a deeply magnified perspective into my whole being and life in many different ways. I have become more aware of my own limitations, my habitual (and annoying) behavioural patterns, how I react and respond to others in significant relationships, as well as understanding my emotional triggers and how to effectively regulate my emotions. In the June 2009 entry of the fourth year journal of my psychotherapy training, I wrote:

*“The process of [integrative psychotherapy] training itself has encouraged me to better verbalise my deeper more difficult experiences and to realise, hold and essentially, name tensions I have within myself. This has been releasing for me in a different kind of way to a meditative experience. It has made it possible for me to psychologically complement what I philosophically practice and vice versa; strengthening my weaknesses in each part, as well as integrating the academic understanding with the very core of my being. I still struggle with some difficult emotions from time to time, but with the assistance of both meditation and personal therapy, I can acknowledge the deepest levels of fear, anger and anxiety I carried in my body, everything that I had not been able to face alone.”*

Entering into individual psychotherapy was at first intimidating and difficult. It felt like an incredibly intimate interview where I had to reveal and talk about my inner most thoughts, feelings and emotions to a complete stranger for nearly an hour – and then pay them afterwards! I certainly had some second thoughts and felt like there was one foot in and one foot out of the door. It clashed with the Burmese-



Buddhist cultural introspection with which I was more familiar. However, initially pushing me out of my comfort zone, I slowly adjusted to this new way of being in therapy, helped significantly by building a trusting relationship with my therapist. This was very different from the student-teacher relationship in mindfulness meditation. Here, I felt continually challenged and tested in various ways in mind-body processes; being mindful how thoughts, feelings and sensations arise and pass away in the mind and body, continually attending to them. Psychotherapy on the other hand, provided me with a more analytic and cognitive perspective; how our developmental past encroaches into our everyday experiences, how psychological insight can diminish and ameliorate our suffering; and how through the therapeutic relationship we can develop healthier ways of interacting with others.

The straddling of Buddhism and Western psychology and holding both views can create conflict at times because I find myself over analysing things and then becoming frustrated with myself. However, over the years I have learnt to hold these tensions by bringing mindful attention and awareness into my way of being and embracing the many similarities I see between Buddhism and psychotherapy. This has enabled me to flow more easily between the two traditions and seek a path to integration. I also remember that ideas, theories and views are always changing and evolving in life, and therefore try not to cling tightly on to them but to see them for what they are at a particular moment in time. There are of course, other concepts and spiritual practices in Buddhism that I cannot find a way to integrate with, but instead 'bracket' from psychology and psychotherapy. These include monastic practices and beliefs and ideas such as rebirth and nirvana,

which can be regarded as intangible, impalpable or esoteric to Western thought and society.

When I am working with clients, I am very aware of my mind-body processes, how they impact on my client and our therapeutic relationship. I also feel that from practising mindfulness I am better able to attune to their emotions and therefore, cultivate genuine empathy and compassion for them. This makes me feel grounded, confident and effective as a therapist. However, I find that when I am not being mindful and attentive it can sometimes take me to a more anxious and uncertain place. When this happens I sense my breath and focus on practising mindful breathing, even if it's just a few deep breaths, to anchor me again.

Before I began practising meditation properly, being compassionate towards others was more of an intellectual understanding or just 'feeling sorry' for someone whereas now, I can embody compassion deep within myself and feel this for another. My journey into mindfulness meditation and psychotherapy has been a process of self-discovery and exploration, finding peace and nourishment in my mind and body enabling me to have meaningful connections with others. It is no coincidence that I was drawn towards the Buddhist philosophy of self-realisation and liberation and the practice of integrative psychotherapy; both traditions whose aim it is to relieve ourselves and others from suffering, to understand the truth of our nature and to allow us to live in acceptance and harmony with other beings.

## **Jasmine's Story**

### A U-turn in meditation

Jasmine's house was tucked away on a quiet street in an otherwise busy and cosmopolitan part of London. As she opened her front door I was immediately greeted by a warm and friendly smile. She invited me into her immaculate living room, which while neat was also comfortable and cosy. Jasmine spoke softly and had a calm and serene presence - I felt instantly at ease in her company. I found her engaging as she began telling me her story. She was a trainee counselling psychologist in her late 30s working in the field of coaching and she was of East Asian and British descent. Jasmine came across as a very hard-working person, committed to her passions and whatever she put her mind to. She had been practising mindfulness meditation daily and consistently for three years. Jasmine first started telling me how she encountered mindfulness meditation:

"With mindfulness it was through my clinical work actually. I can remember one particular client and taking her to supervision, and she was very depressed and my supervisor suggesting that I use some mindfulness techniques. And so reading 'The Mindful Way Through Depression' was my first theoretical taste. And using some of the exercises with my client and getting really, really... you know, never naming it as mindfulness or anything, but getting some good results and thinking 'Ooh...'"

However, getting these "good results" with her client also made Jasmine think about herself as a practitioner: "I can't be using this with clients if I'm not really experiencing it for myself..."

It was also important for her to feel congruent in her way of being and she thought she needed to try the practice in order to work effectively with her client. A part of her did not want to “disappoint” her client:

“She was very depressed”, said Jasmine, remembering feeling frustrated and drained in therapy, “[I] found her difficult as she was one of my first clients and I was scared of letting her and myself down.”

Another part of her was also looking into experimenting and trying something new:

“I suppose unconsciously I was searching for a different kind of meditation, anyway, [one] that was more holistic than transcendental meditation which I found very useful but very narrow in its focus.”

At this point in our conversation, I discovered and realised two things: one was that Jasmine had practised transcendental meditation before discovering mindfulness meditation; and two, I had assumed she had been just practising mindfulness. This surprised me and I thought to myself 'How did I miss that?' I found myself replaying part of the conversation in my mind and realised that this had taken me out of the present moment in the interview process. I then admitted to Jasmine that I had never tried transcendental meditation myself and was curious to know how she got into it. She explained:

“My pull towards TM originally was that I was just about to start my psychology degree conversion... About three people who I knew very well and had known for a long time – I had this sort of discovery that they’d all done TM at some point,

and I was thinking ‘I’ve known you for about 10 years – how did I never know that?’” she said looking slightly perplexed. She continued:

“I thought ‘Well, I’m going to look into this TM thing’ and then I found a website and one thing the teacher said was ‘The great thing about TM is that it’s about helping you make the most of every 24 hours in the day’, and I thought ‘That is for me!’ and I liked being busy and you know, I could do [TM] with less sleep. I was thinking ‘It looks like a drug! It’s fantastic!’ But that’s was why I was originally drawn to it and I was doing it twice a day, I could sleep less, I was continually alert...I mean it was fantastic!” she said with her face lighting up.

I felt intrigued hearing Jasmine describe her experience of TM and a part of me wished I had also tried it! Transcendental meditation involved focusing attention on a primary object, but instead of using the breath as the object of focus (like in mindfulness), it involves chanting a mantra (a special sound or phrase repeatedly within). This is done to develop concentration or ‘one-pointed’ attention; hence it is also regarded as a type of concentration meditation. Both mindfulness and TM, although different in some practical aspects, could give rise to deep states of calmness and stability of attention.

I was engrossed by what she had to say and wanted to hear more. Jasmine continued saying that during the time when she discovered TM, there was also some upheaval and struggles in her personal life:

“There was a lot going on study wise, and I’d just moved house and I was with a partner, actually not knowing that we were about to split up. So I think there was a lot going on under the surface...and I thought ‘How am I going to get through

this?” she said with a look of bewilderment in her eyes.

“It sounded like it was a bit chaotic...” I replied.

“I sort of escaped to it [transcendental meditation] a little bit actually because I hadn’t started therapy at that point. So I think it gave me - it was like a crutch – it was quite necessary at the time...” she said frankly.

Jasmine admitted that practising TM gave her such a “buzz” that she was attached to the state of mind and the functioning it produced for her. During the height of her practice, Jasmine felt she was able to juggle her coaching work, psychotherapy studies and clinical practice. However, as she continued to reflect on her journey she came to a realisation:

“What I was actually drawn to [TM] was to perpetuate the very thing I wanted to change that I wasn’t aware of... I was trying to get more hours out of the day to be busier - I needed to do the opposite. And so the journey was almost a U-turn really, which brought me to mindfulness and it was like, actually it’s about doing less...”

“So it seemed like you needed to go in the opposite direction in terms of your meditation practice,” I echoed, sensing a change in the tone of voice. Jasmine replied:

“I’ve never thought of it that way, but going sort of from one form of meditation route backwards to a different form to get away from that part of me that I was just making worse actually.”

"I suppose you came to the essence of it when you said you did a U-turn...which was to find a place...a place of stillness" I said.

"Yeah I think it's the way it was packaged. As you say the essence is the same in terms of finding a place of stillness, but the way that I was finding stillness - and I did find moments of stillness in TM, really wonderful ones at times... [it] was through almost the busyness of the mantra. So just sticking with the mantra and always coming back to the mantra and I suppose that, in some respects, was a lot easier than coming back to your breath or coming back to your awareness [in mindfulness] which is a much harder thing to do."

Jasmine acknowledged that practising TM had been an important experience and "stepping stone" in her journey towards mindfulness meditation and noted that she was "not sure if [she] would have jumped straight into mindfulness." It was essential for Jasmine to apply and integrate mindfulness into her daily life and bring a "meditative state into [her] way of being." This resonated with me as I also felt that it was important to embody a mindful way of being in everyday life, not just when sitting in meditation. She recalled a day where she sat with her psychotherapist in one of her sessions and said to him:

"I really notice when I sit with my clients I'm completely present with them, obviously I wasn't *completely* present, but you know, pretty present, I was doing well. And the minute I step out of the room it goes and I want to capture that for myself. I can do it for other people but I can't seem to do it for myself."

To this, her therapist replied: "Well you know, maybe you want to start looking at ways that you can incorporate that into your own life, if that's something you've

noticed.”

It made Jasmine take notice and sit up. Having a supervisor and therapist who had similar interests strongly connected with her and “the two strands came together.” This led her to actively seek out a mindfulness meditation course.

“And what was your first mindfulness meditation retreat like?” I asked, wondering what the experience was like for her and if she had any interesting moments.

“I’d say I edged into it on that course... Then really lapped it up, really enjoyed being on the opposite end of it – it was very different learning to obviously kind of study learning. And the second course for me, really deepened things...I wasn’t incorporating it into my life as much as I did after my second course...”

“Sounds like it was a rich experience for you”, I replied also remembering and relating to her experience as if it was my first time.

“It was really rich, it was really” confirmed Jasmine. After that she found herself absorbing all things that were related to mindfulness: books, courses and talks.

### East versus west

I wondered how much of Jasmine’s background and culture had influenced her as a meditator and a trainee counselling psychologist. I was interested to explore this area in-depth but to my surprise, it was not what I had expected to hear.

“It’s not a Buddhist background that I come from,” said Jasmine, “it’s Christian-Methodist type - my parents haven’t influenced me directly in terms of their practices or beliefs...”



At this point, I realised that I may have held certain assumptions about Jasmine's background. In hindsight, I would have disclosed this to her in our conversation. But she continued what she was saying:

"...I suppose there are bits of them [her parents] that are in me or the patterns that I've picked up from my childhood, I suppose are the ones that led me to meditation because I wanted to change them [personality traits]. The self-critical part of me or the part of me that wants to be a perfectionist and can't necessarily accept things as easily as I'd like to, they're the things that I've picked up from my parents..."

These aspects or 'parts' of her personality made Jasmine feel uncomfortable about herself, especially when she saw them reflected in her parents' behaviour. She believed that the increased self-awareness which mindfulness brought would help her tolerate these "weaknesses." After continuing with the practice, it seemed to have caused a complete change in perspective and Jasmine said: "I no longer saw the [weaknesses] as faults in myself."

There was a sense of empowerment as she said this and I could understand how it was a truly transformational experience for her. Our conversation then turned to talking about Eastern and Western influences. Jasmine said:

"There's something in Eastern cultures per se on a much higher level that has brought something for me... I think I feel more Western in my thinking and a part of me wants to access more of the Eastern that's obviously there somewhere that I think I have been a bit blind to. With a Western education and living here, I think I denied or shut off the half Asian part of me in order to fit in. Plus it wasn't so

nurtured in my family because of the focus on British education” she said frankly.

“Yeah, I can kind of relate to what you’re saying as it sounds similar to some of my experiences...” I replied, recalling past images of my life, growing up and trying to “fit in”. In addition, Jasmine said she specifically wanted to explore her mind-body connection on an experiential level by practising mindfulness:

“I think I was very, very aware of my cognitive patterns and that wasn’t really helping me. And I think that sort of neck down experience rather than neck up experience was something I wanted to do.”

She explained that this was linked to the Buddhist philosophy of gaining “insight” which Jasmine was drawn to. It brought up an image of a “serene sitting brass Buddha statue with eyes closed” for her, which evoked feelings of being grounded, calm and peace within herself. It was a process of “looking [into herself] rather than looking out.” I noticed Jasmine lowering her gaze as she said this as if she was embodying what she had been telling me. It felt as if this had been quite a profound experience for her. I felt respect and appreciation for what Jasmine conveyed to me.

#### Stillness and waves of emotion

Mindfulness meditation has brought more calm and a “sense of balance and stillness” into Jasmine’s way of being. She described a very vivid image to convey this:

“I see a pool of water with a slight ripple in it so it is not completely stagnant. It’s a dark blue-green [colour]. I get the feeling of floating in my head – as if my head is

lighter and there is more space inside – and as if I can breathe more easily in my chest.”

I placed this image in my mind as she described it, and it brought a feeling of coolness and calm. However, Jasmine also highlighted something that did not necessarily chime with this sense of stillness:

“I suppose when I sit in meditation, I’m often aware of my lack of stillness! But somehow it has brought a different quality, very subtle I think, to my being...”

“What kind of quality...and what does it mean to you to be ‘still’?” I replied, delving further into this idea.

“I think the hope that by being still, everything wouldn’t erupt. I think that the reason I just kept moving and kept doing all these things all the time was the total fear that if I sat still...something horrendous was going to arise. And knowing that I could sit with that and bear it, look at it, feel it and accept it – it was quite a big pull. It continues to be I think,” she said candidly.

Although being an experienced and committed meditator, Jasmine still humbly regards herself as “a novice” but believes that she is “becoming more of herself.” At the same time she realises “It’s not always a pleasant thing!” she said with a smile.

“Oh really!” I said smiling back at her. “Can you tell me a bit more about what that self would be like?” I inquired further.

“I think the first word that comes to mind is ‘I’m critical’...so accepting. I don’t

spend a huge amount of time around children but at the weekend I was around some two year olds and looking at them I was thinking 'That's what I'm trying to get back to', well not *really*, but you know, this sort of not particularly self-conscious, completely present, totally accepting and loving of themselves..."

The essence of this felt experience was "like dissolving layers of dark shadows to get to a brighter, shinier and lighter self" for Jasmine, and was associated with sensations of "something between excitement and anxiety" in her stomach. She believed that we all have moments of being in touch with these "shinier" parts of ourselves – not all the time, but just even getting "glimpses" of that was a wonderful feeling for her. I could envision what Jasmine was saying and thought that it was a clever way of describing what I saw as a process of de-conditioning ourselves from various layers of experiences and behaviours that we have accumulated in our lives. However, there were also times when she felt frustrated and confessed:

"There are times in my practice when I feel stuck...and you know, I realise that I may be stuck for a very long time, which is hard to take in, and I wanted these feelings to go away."

I could certainly relate to what this felt like and I admitted to Jasmine that I had also been stuck in my practice, for many weeks at times, not feeling that I have progressed. It seemed like it was a relief for both of us to acknowledge the difficulties in our own meditation practice and share this with each other. Jasmine recalled one time when she happened to listen to Pema Chodron, an influential Buddhist teacher of the West, talking about "stuck-ness" on the radio. Jasmine

expressed relief to hear that a great teacher like Pema also got stuck from time to time in her meditation and openly admit to it. This gave her a sense of reassurance. She continued, saying:

“This feeling I have or these kinds of sticky experiences, patterns and ways of being are not going to go overnight. I think the more I’m learning about mindfulness, the more I’m realising it’s not really about changing that much, but just accepting what’s there.”

“Yeah, absolutely,” I nodded my head in agreement. Jasmine’s struggles brought me closer to her as I was able to spiritually and emotionally identify with them. She also noticed a transformation in how she relates to the emotion of anger:

“I’m a lot more comfortable with anger...I’m actually better at delighting in [feelings of anger] and being curious about them rather than thinking ‘Anger is a really bad thing and I can’t express that’ or ‘Why am I angry and what does that feel like?’ That has been quite new, quite an interesting experience for me and of course, doing it with my clients; and not labelling [anger] as good or bad...just seeing it as part of the spectrum of what I experience and thinking ‘What’s happening now?’ It’s about being OK to ride the waves of emotions. I now see anger as a part of me that needs nourishing and acknowledging.”

There had been “subtle but quite marked” changes in Jasmine’s life as a result of practising mindfulness. In particular, she noticed a shift in the way she relates to her parents, especially her mother, which had been an issue for her in the past:

“I was not being so hooked by her, not reacting in the way I would have done

before, and not even consciously thinking 'I'm not going to react', but just finding myself after seeing her and thinking 'I actually didn't react like I used to' or 'I wasn't as snappy', or I found I could sit with her and not want to be in another room!" said Jasmine with an astonished look.

This way of being had also transferred into other areas of her life and she realised that she "didn't need to be busy, cleaning or tidying, or not needing to have everything just so all the time" but sit with the environment *as it is*.

### To integrate or not to integrate?

Mindfulness meditation has become an integral part of Jasmine's psychotherapy training and clinical practice, and this has had an impact on her client work:

"[Mindfulness meditation] has had a positive experience when coming into contact with clients in that I feel more supported and I feel more grounded and therefore, make them feel safe... they verbalise it because they'll say 'I feel very safe here.' I've actually had a few clients say 'You're really here, I can really tell you're here' and that makes a big difference to people," she said positively.

For Jasmine, a strong contribution that mindfulness meditation has made in therapy was in "helping clients sit with their negative feelings", "managing difficult emotional material, rather than judging their feelings", and helping them start to accept themselves as who they are. Practising both meditation and psychotherapy has brought a different quality and awareness but they have also "complemented each other". She recalled a quote from the famous Zen Buddhist master Thich Nhat Hanh, who had given a talk to psychotherapists at the time,

saying: "If you are a psychotherapist teaching meditation, you also meditate." This, I firmly agreed with as I believe that we should live and set example by the things we advise other people to do.

In addition, Jasmine noticed that she had developed more compassion towards herself:

"I found initially with myself, I could see myself as a child that I couldn't feel compassionate for... I didn't really think about feeling compassion for myself during the first 8-week [meditation course] and then when I went on the course again, for the second time, I was able to look at myself and be compassionate without even thinking about it. I felt like that was quite a big step for me because before I couldn't even think about being compassionate to myself" she reflected.

Jasmine was aware that mindfulness was becoming increasingly important in psychotherapy and psychology. She uses and applies mindfulness meditation in her clinical practice and integrates it into her learning experience in "my own sort of way." It also affected her choice of a personal psychotherapist, selecting one who used a mindfulness-based approach in their work. This solidified her foundation and enabled her to fully integrate mindfulness into her own practice of psychotherapy.

However, mindfulness meditation was not part of the teaching programme at her psychotherapy training centre and Jasmine wished that it had been "taught a little more". Being cautious in how she expressed this, she said:

"I don't want to sound evangelical but I feel that almost as part of a self-care

aspect, it could be brought into [psychotherapy training], even if it was offered as an add-on that people can choose to do.”

Even though mindfulness is now used in the NHS (e.g. NICE Depression Guidelines, 2009), Jasmine knows it is missing from some psychotherapy courses in the U.K. She believes there are still some mixed reactions and misconceptions about mindfulness:

“It’s not something I broadcast very much because I feel like I’m going to open myself up to criticism from people” she said warily, “...it’s one of those words [mindfulness] that can get quite a strong reaction from people... and the belief systems that people have around it are that you have to be a particular way to do it. People feel like they know what it is but they don’t what it is. I feel like I’m still learning... but if there was any way in which to incorporate it [into training], I think it would be really valuable for people.”

I could understand where Jasmine was coming from as I had also experienced mixed or skeptical reactions from various people in the field of psychotherapy. But I felt that I had received a more positive and curious response from others rather than doubt or criticism. I told this to Jasmine to which she replied:

“Yeah [mindfulness meditation] is becoming more popular these days and people are becoming more curious... I’d like to keep an open mind and have flexibility around it. I don’t want it to close me down to other theories and ideas in psychotherapy.” On the other hand, she professed:

“I can see that unconsciously I’m kind of either aligning with them [psychological



theories] or not because of that mindfulness foundation I have...”

Jasmine's final words on mindfulness sounded like she had fully integrated it into her life come what may:

“There’s this thing that sits in life and I know will carry on sitting in my life...not everything is going to sit well with it, but then you have to put your stake in the ground somewhere.”

## Aarif's Story

### Solidity and Sacrifice

Aarif and I sat opposite each other on slightly worn out armchairs in a small consultation room. The room had a dated décor with hues of greens and browns and a musty smell permeating the atmosphere. Despite this, the sun shone brightly through the large windows, illuminated the whole room with light, lending the fading surroundings a warm and cosy feel. The first thing I noticed about Aarif was his jolly face and warm, welcoming smile. He had a natural, laid-back demeanour, which also seemed to suggest a deeper wisdom within. Aarif was a trainee psychotherapist in his late 40s. He was born in Asia but had moved to England with his mother and older brother when he was 10 years old. Aarif explained that he had been practising mindfulness meditation for nearly 20 years. He was very open from the start and particularly easy to engage with and so I was keen to begin our research conversation.

Aarif firmly believes in morality – and sighted '*sīla*' (a Buddhist term usually translated as moral conduct) being one of the main motivational reasons that aroused his interest and practice of mindfulness:

"It's about solidity and sacrifice – doing something that you don't [necessarily] feel comfortable doing, having strength and courage to stand up like a rooted tree or like holding a sword in one hand and an olive branch in the other..." he asserted.

Aarif continued:

"It discourages willful ignorance. There's a quality that's galvanised through meditation: it's just not about me, it's about dealing with our desires which can be

challenging at times...”

*Sila* was the main theme that ran through the whole of his journey in mindfulness meditation. His stories and experiences had been colourful and extensive, and he had endured many vicissitudes in his life with strength and tenacity. When I first enquired about how he initially came into contact with mindfulness meditation, Aarif smiled, gave a chuckle and simply said to me: “Suffering.” I nodded and smiled back. I knew what suffering meant to me but I was curious as to Aarif’s experience of suffering.

“Could you say some more about your experience of suffering?” I asked.

His mood seemed to change a little after hearing this question and he became noticeably more introspective. Initially he felt he wasn't sure why there was so much suffering around him but some memories emerged from his childhood. At the time, he had been living with his mother and older brother in his home country:

“I guess I had a sense of difference. A sense that life wasn’t - I didn’t control life. It was very scary. I moved countries as a child. My father died suddenly, traumatically...” he said poignantly, “...and that left me at 9 or 10 years old with quite big questions ‘How come one day dad could be alive and then nothing, you know?’ I think I that I sort of went on a journey...some sort of process that [I] was trying to make sense [of].”

I was really impacted by what Aarif had said and felt sad imagining him as a child experiencing the death of his father, and yet not being able to truly comprehend

how it must have felt for him. I did not have the words to reply back at that moment. I just listened intently and solemnly witnessed what he was saying.

### Inquiry into Buddhism

The existential struggle to make sense of life and death continued into his teens and twenties. Aarif's older brother had a great influence on him, especially in introducing him to Buddhist literature. They were close with each other, both were creative and proactive individuals who were interested in music, history, philosophy and poetry – which they published. The works of Eric Fromm, the German psychologist and humanistic philosopher, had a particular impact on him:

"I read one of his books 'To Have and To Be' and this notion of 'Do we want to be living in a world which we have, or is it more about being...?' I was interested in ideas, trying to imagine a future that felt more wholesome," said Aarif with a curious and questioning look on his face.

His older brother was also instrumental in introducing Aarif to mindfulness meditation by providing him with a variety of books on the subject. I wanted to investigate what took him from this intellectual understanding of meditation to actively practising it.

"Was there a key time or event in your life that led you to actually start practising meditation?" I asked.

"I remember it was in 1993 in Leeds and I remember seeing a 'Meditation' [poster] and thinking I should go along to the classes. I was nervous about doing so however, and my first experience of a class made me wonder if... I don't know,

it's all sort of spiritual stuff and weirdo's and it's like a cult..." said Aarif with a puzzled expression, "...but at that same time, I think I was suffering and I didn't know what else to do."

This period of time was also significant for another reason – a war had only recently ended in his home country and this stirred up a variety emotions and thoughts for Aarif:

"But here I was in Britain for a long time and I was very Anglicised and suddenly, this country that my father had come from, that I had some affinity with... but sort of not to do with me, I suddenly [felt] very emotionally affected [by the war]."

The cultural disparity, the distant but tangible connection, and the chaos of war had had a huge emotional impact on Aarif:

"It was an absolute shock to my sense of identity, to my sense of home, to my sense of place. I didn't have the social and emotional resources to communicate that to people around me."

"And what was that like for you?" I asked, again feeling sad and affected by Aarif's story, understanding, as I did, what it was like to have lived a country which was conflicted by civil war and ruled by the military.

The atmosphere in the room was tinged with feelings of loss, sadness as well as anger. I felt heavy in my body as I sat in my chair. I could partly relate to what he was saying but the great difference was that Aarif's life was profoundly affected by war and the death of relatives – something I had not directly experienced and could not fully grasp the effects of it.

“I realise when I look back that it really affected me, painfully...it really sort of dug in very deep...So I think it was after that I was really floundering” he replied frankly.

In the end, Aarif never enrolled into that meditation class in 1993 in Leeds. Instead, it took him another year to join an alternative meditation group with a realisation that he needed to venture out of his comfort zone – and this, he related to the experience of seeking counselling for himself:

“You need to go out and beyond, you need to take risks or explore. I guess one of them was counselling which, you know, I forgot how much anxiety I had around that, asking for help. And that sort of mixture of shame and speaking to people about the family outside of the family.”

Seeking meditation and counselling meant seeking help: so while it allowed him to be with others who could understand and accept him, it also caused him anxiety and wariness. As his story and experiences unfolded further, I found myself feeling endeared and amused by him, especially when he described his reaction on his first visit to a meditation class:

“I think I could see there was a sense of community, there were other people and they weren’t as weird as I’d imagine them to be!” he said with a smile.

I realised that Aarif had certain preconceptions about meditation before he had started meditating and initially found Buddhist iconography (particularly in the Tibetan tradition) very strange indeed. He went on to elaborate:

“Well I think for me, Buddhism as a tradition and mind philosophy, being part of it

was very much an alien culture... My father was quite secular I guess, so the dominant environment was my mother's culture and that was English and non-conformist Baptist. So Buddhism was quite alienating."

I wondered about the confusing impact of the paradoxes Aarif faced and how he managed this. He went on to explain:

"...I eventually overcame that, then, what subsequently happened was actually – [Buddhism] is neutral - it's not connected to the traditions I grew up with. It's been a vehicle for me to open up to those traditions. It's actually been like a refuge in which to experience life very differently," he said with a sense of conviction.

When I asked Aarif to elaborate on the difference in traditions in a further conversation, he explained that Buddhism, having no connection with his family traditions "afforded a relatively culturally neutral space" for his interest in spirituality. He felt that the teachings provided him with a sense of "safety", almost like "creating a harbour" around him and a sense of "belonging in a community" – a '*sanga*' – he said, which means Buddhist community. It gave him "enough warmth, sustenance and nourishment" which, in some ways, he lacked in his life previously.

The non-dualistic nature of Buddhism, as opposed to the dualistic nature he experienced in his father's culture and traditions, created peace within himself and it was important for Aarif to "radiate" that peace he felt "to the rest of the world". He looked very moved as he told me about this part of his personal life story:

“Funny, I could feel quite emotional about this because it’s a strange thing...part of my history had been very much about ‘you need to choose sides, you’re with or against us.’” He paused after making this comment and I wondered if, at this point, he was reflecting on the relationship he had had with his parents or the two different cultures he grew up in, or both. I did not need to ask more as Aarif soon said:

“I don’t want to go into details as it’s not very nourishing to re-visit them.”

Perhaps it was still painful for him to recall this part of his history and I acknowledged his reticence by giving a gentle nod and allowed him space to continue with what he felt comfortable saying.

### Interconnection and inter-being

The theme of being interconnected with others appeared to be important to Aarif and I noticed that he used the term “inter-being” quite frequently in his narrative. I wanted to further understand this so I asked him what the term meant to him. Without hesitation, Aarif said:

“It’s a process, a constant interchange, we are not bounded and fixed as we think we are in the world. We are all one – we are made of the same stuff like atoms. I am a manifestation of a whole that’s constantly changing, like you own land – what land? It’s an implicit part of inter-being. We are able to share and experience different emotions together.”

When Aarif spoke about Buddhism he clarified that he encompassed mindfulness meditation in it. He expressed how the teachings “inter-penstrate” him and that



mindfulness was “transformative which goes beyond a technique.” But equally he said that he used mindfulness meditation “as a means to an end: to calm [his] agitated, restless body.” It was to “open up to what is, even [your] imperfections.” Sitting in quiet meditation was like “letting gravity brace your body and be supported by the earth” which brought “solidity” for him.

Having practiced mindfulness meditation for so many years, Aarif came to a realisation that “this practice was about the heart so maybe it should be called ‘heartfulness’”. I asked for further clarification and elaboration about it:

“Can you tell me a bit more about what you mean by this? And what kinds of feelings or images arise when you think of ‘heartfulness’?”

“From what I’ve read about the symbolism of ‘mindful’ it has a quality of the heart. So for me, it’s actually opened up the heart to all that I am because I am a suffering being; that involves grief, involves rage, involves anger, involves desire” said Aarif passionately and animatedly.

He used an interesting metaphor of our heart “like a container – something that’s all encompassing, like an ocean that was warm and big.” Aarif recalled and reflected on his journey in meditation in an amusing manner:

“When I started on this journey I didn’t realise that [opening up to my suffering] was part of the deal...when I first went on a retreat, ... you’re almost like...and I use this term – there’s a lot of ‘snot and tears’. It’s not always comfortable!” he laughed.

Aarif felt that mindfulness meditation was equivalent to exercising to maintain

both a healthy mind *and* body. He believes there is still much to learn: “It’s like a diet and keeping healthy; it’s continuous work!”

Thich Nhat Hanh’s writings and experiences had really resonated with Aarif:

“He’d [Thich Nhat Hanh] come from a country that had been torn by war and his life was about living in exile and it really resonated within me, and I think he was in his 70s and he’s well into his 80s now, and it was very much that suited me. He wasn’t like ‘Oh let’s go and meditate’; it was what I’d call a very roll-up-your-sleeves kind of thing... We bring peace by bringing peace to ourselves and that’s not separate from the world. It *is* the world, you know? And I was just like yeah, it’s nice to remember him because it takes me back to what captured me or inspired me.”

What Aarif said took both of us back to the essence of mindfulness meditation which was: practice, practice and practice! We both agreed about how important this was and how finding peace within ourselves can bring peace around us. It gave me inspiration and also made me want to read more of Thich Nhat Hanh’s work.

### Psychotherapy versus Buddhism

Entering into the world of psychotherapy, Aarif did not expect what he experienced on his training course:

“I think I was a little bit naïve, a bit innocent. I think I’d forgotten that institutions work in a certain way and things that I’d been cultivating didn’t actually sit very well with academia, so I’ve been adjusting to that,” he reflected.

There was, at times, a certain conflict of interests. What was taught and required in psychotherapy training sometimes “jarred” with Aarif’s Buddhist ethics and beliefs:

“A lot of therapy is very intensive and it’s rationed. It’s not rationed on a basis of needs. In a sense it’s rationed on a basis of how much money you’ve got which is true of the world. But mindfulness is about trying to create a world in which historically there’s a notion of ‘*dana*’ which is people making a contribution according to what they can afford and that’s such a rich model of organising life... it’s intrinsically healing.”

This was based around Aarif’s belief about “inter-being” and of being genuinely compassionate and caring, but it sometimes made him feel compromised. He used an analogy to describe giving “rationed care” to others:

“It’s like when children are starving – whom do you give more food to? The more starving or the less starving child?” he said with a sense of frustration.

Aarif noted that as a culture and as “part of a bigger environment”, it seemed that in psychotherapy training “there’s a strong emphasis on productivity in the market”, “ticking boxes”, “rationing counselling and psychotherapy” to the public.

To include or integrate mindfulness meditation in psychotherapy training, he believes that “you’ve got to market it as awareness – it’s almost like a different song being sung that resonates in a different way” to a large audience. I had not thought about ‘marketing’ mindfulness meditation in that way before and felt intrigued by what he had to say. Aarif felt that sometimes he was “almost selling

[himself] short.” He realises there are conflicts between Buddhist philosophy and the practicality and conventions of systems in modern society. Perhaps he was looking to go beyond all these?

Aarif spoke openly about his interest and practice in mindfulness on his psychotherapy training course. However, even though his peers listened to what he had to say, he felt that “at the end of the day the course did not support [him]”. Aarif felt “very let down” and had to “continually navigate and negotiate” to be accepted in his position by his training institution.

Psychotherapy and mindfulness have differing perspectives in what constituted “reality” or the “notion of reality” for Aarif. I wondered what he meant by this and he said:

“All I’m saying is through the practice of mindfulness that feels more real and strong than some other things that are more conventionally understood as real... I think sometimes [psychotherapy] is very theory down, especially the interpretative quality of the psychodynamic model, whereas mindfulness is very much experience up.”

He then questioned rhetorically: “Who has the power to interpret? Psychoanalysis is very circular, whereas Buddhism feels different within the body.” Aarif thought that there were other ways of relating to ourselves.

“Psychology is an idea, a concept” he said, and went onto expand what he meant by this, again, referring to Thich Nhat Hanh’s writings:

“Hanh in particular was saying we begin with practice, we try and enjoy our

breath. You know, present moment or wonderful moment or these sorts of things and in a sense you begin with practice. You don't begin with ideas. And there's this wonderful thing I read: ideas, throw them away, they are just ideas! Or I think that's just one aspect of his voice, but of course they are ideas, no more or less than ideas. They're not bad or good. But they are part of our consciousness, so they are part of what make us whole, but if we identify with the ideas - overly identify - then that can be a source of suffering to us."

Aarif felt conflict and tension as he grappled with holding Eastern philosophical ideas with Western ones. It was like being in "limbo." It even made him question if psychotherapy is the right career for him and he realises that it may not meet his learning needs. Aarif pondered:

"I'm not sure where I am because I guess I would rather go on a training that perhaps doesn't exist...perhaps they do exist. Perhaps it's not counselling psychology and that may be one of my struggles that the institution of counselling psychology isn't at the moment a broad enough church to accommodate my sensibilities."

He let out a deep sigh. There was a sense of disappointment as he said this. Aarif's psychotherapy training has not been as fulfilling as he imagined or expected. I sympathised with him. It seemed as if there were still many questions left to be answered: could the ethics and principles of mindfulness meditation be really integrated with counselling psychology and psychotherapy? Do current mindfulness and psychotherapy programmes do proper justice to mindfulness meditation and maintain the integrity of the traditional practice?

Aarif distinguished between “organic” versus “non-organic” learning. Mindfulness meditation being “much less structured around chronological time whereas psychotherapy was structured around linear time.” Deep down part of him knows that he cannot change the “system” and again, reflects and makes a connection with his past of having to choose sides – ‘you’re with us or not, you’re in or out’:

“I think being in training, I sort of sacrifice things that I should be trusting more.... I think sometimes I feel under pressure...being a trainee...I feel relatively powerless.”

On the other hand, when he is in therapy with clients he felt very present, aware and connected:

“Each encounter [with a client] is truly unique: a profound human meeting. The [same] is supported for me by mindfulness practice and through the cultivation of present moment awareness.”

Being with clients and practising mindfulness has allowed him to understand the meaning of compassion more deeply and experience emotional transformations. In the past he understood the word compassion as “to suffer with”, but as Aarif reflected more deeply he said:

“If we suffer too much with others we can identify with their pain. So with compassion I used to sometimes think I’ve got to over identify. I think I’m learning and understanding more deeply that it’s like equanimity, we can be with someone closely but we’re not overwhelmed in a sense we are *becoming* suffering.”

Embodying compassion was like “a mountain - sitting in a strong position so the

heart's opening but you're creating a solid structure around but also allowing the playful part of myself to emerge" he said assertively. I imagined Aarif sitting solidly in a chair with a calm and relaxed manner as a therapist. I felt sense of reassurance sitting in his presence.

In therapy, Aarif thought the word 'mindfulness' was not in "common currency" with his clients and presumed that they might think it was about "controlling the mind." Therefore, he did not use the word explicitly but just by "skilful means and using whatever people feel connected with".

Aarif thought that it would be a "radical challenge" to have mindfulness as part of psychotherapy training programmes throughout the country. However, he feels that the culture we live in has a "strong emphasis on productivity in the market," therefore mindfulness meditation might not be so popular. As we engaged in our conversation, I felt that we could have had a long debate on this topic. However, I realised that this was not appropriate, at the time, as the interview was drawing to a close. It appeared that there was still a lack of resolution with some of his conflicts. I felt this was a sensitive issue for Aarif and I hoped that he was able to come to some sort of peace with it in the future.

Practising mindfulness meditation for many years has produced changes within him, although it was not what he had expected:

"I am little bit more honest with who I am - that I'm not as nice as I thought I was. Not as peaceful as I thought I was. I'm more envious; I'm more jealous, more cunning, more cruel than I thought I was! Now that sounds really negative, but it's not meant in a negative way. It's actually a recognition to some extent that these

are all part of me.”

It has allowed him to be more “OK” with himself and his shortcomings with a realisation that “it doesn’t become any easier, it becomes more difficult.” Aarif described his journey into mindfulness as being “fitfully evolved” and simply stated:

“It’s very much about when you’re present, that’s all there is to it. There’s nothing clever. There’s nothing special.”

### **Laila’s Story**

#### **Retreating into darkness**

Laila had invited me to interview her in her own home and as she opened her front door I was greeted with a big smile and welcomed in enthusiastically to her front room. The room was cosy and had a rustic feel to it. Vintage ornaments adorned the coffee table and mantelpiece. I was invited to sit next to Laila near the table in the centre of the room. She seemed slightly apprehensive to begin with and admitted that this was the first time she had taken part in a study. I acknowledged her apprehension and said that it was understandable to feel this way. I also reiterated that she did not have to divulge any information she felt uncomfortable with and that she could stop or withdraw at any time during the course of the interview or indeed, the study. I felt like I was a big sister to Laila trying to calm her nerves. This seemed to reassure her and so we began our



research conversation.

Laila was a trainee psychotherapist in her 30s, working in drug addiction. Of British and Indian descent, she was petite in appearance and looked much younger than her actual age. She began telling me her story in an almost confessional manner and admitted that she had had a mixed experience with mindfulness meditation, which was “up and down” and “not always consistent.” However, she persevered with it because it generally brought her “calm” and the feeling of “grounded-ness” in her life. Laila specifically recalled the first meditation retreat she attended a few years ago:

“I had experienced a negative reaction to meditation when I was in a really bad place in my life a few years ago. I kind of had very vivid dreams, almost like nightmares actually while I was on a retreat so it was quite scary...” she said.

The experience elicited “intense and heightened emotional feelings”, such as “anger, shame and guilt” during the process of meditation. I was very curious to find out more and what had occurred in the dreams - what made Laila become so frightened? I had previously heard stories about how some people experienced difficulties whilst practising intensive meditation, as various mind-body phenomena can arise from deep within and manifest in different ways. However, I had not yet directly spoken to anyone about it, until now. I felt that it might be a sensitive subject to delve deeper into at the very beginning of her story; therefore, I did not ask questions about it. It was in our second meeting that I tentatively inquired further into the subject again:

“Could you tell me a little bit more about that experience? What kind of images

come up for you when you recall it?”

“Well I actually drew an image in therapy to represent it... a lot of scary faces - clown-like - all crowded together...I felt small and helpless. They were letting out horrible screaming sounds and I'm saying 'Go away, go away!' from a small helpless place...” Laila replied.

Laila's eyes betrayed how intense a moment this must have been. The vivid images she described sounded powerful and unsettling and I imagined it must have been frightening to have these arising in the mind when sitting in silent meditation. Fortunately, Laila was able to reach out to one of her meditation teachers at the retreat during this distressing period and talk about what she had experienced, which reduced her anxiety and fears.

Furthermore, Laila brought it up in therapy and discussed this issue with her psychotherapist. Afterwards, she was able to understand what she went through from both a Buddhist and psychotherapeutic perspective. She reflected:

“When I meditate I find it very difficult to focus on just my breath and loads of things come into my head, into my attention. And a lot of things came to my attention during that period of time... I think I was just trying to shut off and because they were being brought into my attention, it kind of shook me a little bit. And because it was a particularly difficult time in my life, it had a negative effect. Negative in a sense that it kind of scared me and the fears came out in nightmares where I saw very vivid distressing images. That was a short term result of it and in the long term I don't think it affected me in such a negative way and I was able to come out of it and make sense of it.”

I felt relieved to hear this and glad that Laila was able to resolve it. Listening to her experience, I had an image of a boat, buffeted by stormy weather and dark seas. I wondered what kind of metaphors came to her mind when she recalled this part of her journey into mindfulness meditation. Laila responded:

“Meditating there [retreat centre]... allowed me to just really sit still and feel these feelings but kind of head on! It felt like pouring concrete mixture into a space and setting and occupying that space – heavy, not being able to shift and set in the mould of my body.”

Laila did not realise what she had signed up for. She had only limited experience of meditation at this point. She went on to say:

“I had really no idea what exactly mindfulness meditation was. However, I knew I wanted to experience it. I hoped that by meditating I would feel calmer and grounded and I liked the idea of being with silence and experiencing a much slower pace of routine,” said Laila.

I wanted to know when, in her life, she had turned to mindfulness meditation as I felt that I had still not fully understood the situation and context. Laila thought for a moment, then responded:

“I was in a relationship which was good... It was a very loving relationship but there was also a lot of distress and sadness in it...”

I stop here in quoting Laila even though she went on to tell me in more detail about what happened in the relationship. In a subsequent meeting, after reading what I had quoted originally in the above dialogue, she felt that it was far too

personal for her to see in print. So I abridged the conversation to something she was more comfortable with, still using her own words:

“I was feeling lonely...very sad and lost and overwhelmed. I was flooded with a lot of emotion and not able to make sense of what was going on at that time.”

This had been a time filled with pain, loss and sadness; she described it as being “charged” and “intense.” I felt concern for her and wondered if she had sought help from any friends or relatives:

“To be honest, I couldn’t talk about what I was going through with anyone...I couldn’t even face therapy, which I stopped for a little while, but I had my usual network of support – my family and friends – around me and just being in contact was enough for me.”

There were also other circumstances that impinged on Laila’s life which deeply affected her whole being. She went on to say:

“I started meditating when I really needed a bit of calm in my life and felt like I needed to be grounded. And it was also a time when I started my first job – I was working with clients who had severe mental health issues... They had a lot of rage, real anger, which was violently expressed sometimes and I felt anxiety and fear being there. But there was also a very sad quality and a feeling of depression working with clients within that environment [a therapeutic community]... I really craved being in a quiet, still place.”

“So you were having to deal with a whole host of intense emotions... How did you cope with all that?” I asked astounded by all the difficult and painful experiences

she had been through. She replied:

“At that time I actually don’t think I was really aware of the impact it was having on me. I just had to get on with my daily routine. I just got on with it... But it did impact me though. I didn’t realise I’d been holding so much anxious and stressed energy – more than what I’d felt in my life previous to that.”

Laila felt compelled to take refuge in mindfulness meditation. It helped her become “more aware of her deepest feelings and sharpen them.” This then enabled her to “shift them into positive energy”. It also allowed difficult conversations to be had, particularly in the relationship she was involved in.

I felt moved hearing Laila speak about her experiences and how she transformed her emotional states from feeling “very anxious to being very calm and at peace with [herself].” Part of me could relate and empathise with her, yet part of me could not fathom how much pain she had experienced and how openly (although not in print) she shared her suffering with me. I felt like a privileged witness into an important part of Laila’s life. At the same time, I wanted to be supportive and try to understand things from her perspective. I kept this in mind during our interaction and tried not to let the therapist side of me consciously impact on her story.

### Connecting prayer and meditation

Laila pointed out that practising mindfulness meditation enabled her to take a step back to “stop and reflect on things instead of her reacting.” She noticed that she was more aware of her immediate surroundings and context and the impact it

had on her after meditation:

“When I want to meditate I’m very aware of my environment, especially the clutter at home and it can be frustrating sometimes because I know it reflects my internal state.”

Home was a place of importance in her family, religion and culture. Laila’s parents were originally from India and Laila, the youngest of three siblings, was born and brought up in England. Prayer and the religion of Hinduism were essential and fundamental in her family’s life. Her parents typically engaged in various religious traditions and rituals at home. Laila’s mother had even tried to retain some of the cultural values by creating a “prayer room”, which was “very common in all the houses in India”. She also encouraged Laila to do this in her flat. I queried:

“Can you tell me a bit more about this and what it’s been like for you to hold these values and beliefs in conjunction with mindfulness meditation?”

“I’ve always had trouble with religion and whether I should accept it or not... And I’ve kind of gone through phases in my life where I’ve said I’m not religious at all... even though I’ve tried to really rebel and push it away from me, I’ve finally come to terms with that actually, just quite recently. I know that there are some similarities between Buddhism and Hinduism - I’m definitely not an expert on Hinduism at all – I don’t think I can talk very much about it, but religion has had a big impact on my life. And I don’t know whether I’m praying to a particular God or... I still don’t feel particularly comfortable to call myself a Hindu because I don’t practice a lot of it. But prayer is a big part of my life and loving-kindness [meditation] is just a longer version of my prayers.”

There was a sense of ambivalence about her religious beliefs, but she felt that it was important for her to carve out her own sense of identity and to have her “own ritual” in life. Laila explained how religion, prayer and meditation all intertwined in her life using some interesting imagery and metaphors:

“My religion is like the roots of a tree: deep rooted and feels like I’m trying to lift them up at different times in my life. And prayer is quite separate to religion for me, although it’s obviously connected in some ways! I see prayer as the leaves of the tree and meditation as the trunk. The tree is connected and in touch with earth, it’s still and solid and keeps me grounded,” she said expressively.

Mindfulness meditation was therefore an extension of prayer and religion for Laila. She had integrated it into her life in a way that has allowed her to keep her connected with her family and culture, and to freely practice what she felt comfortable and believed in.

“I wonder if mindfulness meditation influenced you in any way in your decision to pursue psychotherapy as a career” I asked, curious to know if it had in any way affected her pull towards it:

“I don’t think it had a direct influence because I was already on my psychotherapy training course before I started practising meditation...” she said firmly, “but, my father has influenced me because all throughout my life I used to have lots of discussions with my father [a psychiatrist] about how to work with people who were depressed, who have got mental health issues. I’ve always been interested in it and we always had differing opinions on how to work with them even from when I was younger. Talking about my feelings and exploring them – I’ve done

that with my father a lot... and my mother,” said Laila.

She confirmed that it was only a few years after she graduated from University that she began meditating. Laila then enthusiastically recalled a memorable experience in meditation:

“I remember first practising loving-kindness meditation and I remember it so clearly...” she smiled and looked down, “...the meditation teacher asked us to think of somebody that we weren’t too fond of... And I really did not want to do that because I just wanted to continue hating this person! I was just like ‘Really? Do I have to do that?’ and it took a lot for me to try and turn my hatred – which I really quite enjoyed! So I think [loving-kindness meditation] had a really deep affect on me and it was positive. Every time I think of that person now it’s not fuelled with such a negative sort of energy and there’s been a shift. I can use that for other people in my life - with a person that’s negative. So that, I really appreciate even though initially it’s not quite comfortable.”

The practice of loving-kindness meditation had helped her to cultivate compassion and change her understanding of it. Laila added:

“I think with me, previously, when something irritates me or there’s negative relationships or negative issues, I could really keep that negative energy alive and fuel it. Meditation and psychotherapy [together] has helped me in certain situations to shift that energy, and that’s where compassion can come about – where you can come from a different [state of feeling] and channel it into something else more loving and compassionate. And that [negative] energy dies down and I’m not wasting it into something else.”



Even though there has been some “shifts” in Laila’s way of being, she felt that her journey as a mindfulness meditator had “not evolved much”. She reflected back on her meditation retreats and thought that the structure and teaching they provided allowed her to fully immerse herself in the practice and helped her along in her spiritual journey. On the other hand, she found that practicing mindfulness meditation by herself at home, can be sometimes harder than she expected:

“I can’t sit as long as I would on a retreat!” she confessed.

“I know what you mean” I replied, identifying with her difficulty in sitting for a long meditation session at home.

#### Professional care and responsibility

The need to be a responsible and an effective psychotherapist had also a part to play in Laila practising mindfulness meditation. On a more serious note, she said:

“It’s my responsibility really, it’s not a personal thing anymore – as a professional I need to find a way to be present with my clients and be grounded and calm, and I can be with different emotions and feelings that’s brought into the therapy session. It’s part of my job as a psychotherapist.”

However, Laila still experienced a few conflicts between the practice of mindfulness and her psychotherapy training:

“[The training] impacts me in the sense that...always at the beginning of class we have to spend a few moments to sit and arrive in the room and meditate on ourselves, scan our bodies and see what thoughts and feelings are coming

up...and it's always been very insightful. So you have to sit still and focus and kind of zone into yourself – but the tutors don't name this practice as mindfulness!" she said with a chuckle.

Sometimes Laila attempted to apply aspects of mindfulness meditation in her psychotherapy training class, but with some difficulty:

"When I'm in a group setting like in training, I sometimes find it almost impossible to be really mindful of what's going on in my mind and body because there are so many people around me and I'm aware that I have to then communicate whatever I'm experiencing to the whole group," she said with some frustration in her voice.

There was tension and pressure for Laila to name feelings in the group, instead of being aware and observing them as they arose in mindfulness practice. However, she reflected further and said:

"I'm quite introverted though and meditation is a way of going into myself and I'm comfortable, I can easily do that. I do see a benefit of sharing with the group and it just remains a bit of a conflict with me, but I don't think it's the only way to work."

Mindfulness meditation is an essential tool in her therapeutic work with clients. She feels that she is able to "focus and concentrate on [her] clients more easily", especially if she has practiced a short period of meditation just before she starts a therapy session. This helps her to "pay attention to things and track processes and dynamics occurring in room more effectively" and allows "space for a range

of different feelings to be brought up”. Additionally, it helps her to manage her “own stress and difficult material” when manifested in different ways.

Laila finds it useful to integrate some basic breathing meditation exercises into her client work if she feels that it is appropriate and beneficial for them. She also believes that mindfulness meditation could be beneficial for trainee therapists. She assertively said:

“I would encourage mindfulness practice in their personal and professional development. But I wouldn’t want to make it a compulsory thing though because I don’t think it would work if it was, but I think it should be encouraged and definitely talked about a little bit more because it’s an avenue that can really work...”

“What do you think or feel are the reasons that would not make mindfulness work on psychotherapy courses?” I followed. Laila replied:

“I think what I’m trying to say here is that meditation is something you should practice because you want to, not because you have to. I guess I have a feeling that meditation can impact each person differently...maybe alternative activities or practices would work better for different people...”

Laila noted that some of her colleagues on her training course are aware about mindfulness meditation and practice it even though it is not explicitly taught or talked about by her tutors. These tutors used a few of the concepts in a “subtle way.” She pondered for a moment and said: “Maybe even just a module on it would be beneficial, then people might be interested.”

Even though Laila experienced some “ups and downs” along her journey in practising mindfulness, she continues to persevere with it. Near the end of our conversation she noted:

“Mindfulness has brought about a different perspective and meaning to my life...it’s brought about positive shifts and dynamics in my relationships – that’s been the most transformational for me.”

## **Discussion**

This chapter includes discussion of the themes highlighted in the findings. The themes were distilled and clarified together with the trainees by analysis of narratives (thinking *about* the stories), and I have grouped each theme under related areas: 'Encounter with mindfulness', 'Suffering, trauma and healing', 'Cultural and individual differences' and lastly, 'Impact on psychotherapy training and practice'. I have then conducted a narrative analysis (thinking *with* the stories), connecting the trainees' stories back to my own, as well as analysing the different aspects of the narratives, drawing on relevant literature and various theoretical perspectives in psychology, psychotherapy and also sociology to explain their impact and significance in this research.

### **Encounter with mindfulness**

#### Theme 1: Contact with an 'influential other'

Each participant encountered or discovered mindfulness meditation by different ways and means. However, they noted that it was initially through someone they were in close contact with, such as a relative or a good friend, whom I refer to as an 'influential other'. It may be apparent to state that it is initially through a significant person in their life that they discovered mindfulness. But these influential others had a positive impact and affect on them, including how they viewed their self, ways of being and motivation to make changes in their life. The relationships between the trainees and their influential other were found to have a foundation of trust, mutual understanding and respect. For example, it was Aarif's brother who first introduced him to Buddhist literature and then later to

mindfulness practice. Laila discovered mindfulness through a good friend at University, whereas Jasmine was referred to mindfulness by her clinical supervisor (although she had previously engaged in transcendental meditation, which she discovered through close friends). In terms of my personal experience, it was my mother who was my influential other. She had a positive and stabilising presence in my life and also had some interest and knowledge in mindfulness meditation, which she imparted to me.

## Theme 2: Disconnection and connection with self and self-other

A large part of Jasmine's, Aarif's and Laila's undertaking and pursuit of mindfulness was from a desire or curiosity to discover their self, to connect at a deeper level and to gain better insight into their whole being. At one level, the roots of their interest and desire can be traced back to their cultural values and personal context. On another level, there were various circumstances and situational factors that had impinged on their life setting them off on a path to find answers and solutions to their personal problems. I believe the impact of these factors and conditions eventually brought each of them to practice mindfulness meditation. For example, Jasmine wanted to experience a deeper mind-body connection, increase self-awareness and to overcome traits, which she saw as weaknesses in her personality and behaviour. These were issues around anger, achieving perfectionism and the need to stay busy and preoccupied. There was a poignant point in her narrative when she told me the moment she realised she no longer perceived these weaknesses as faults in her self. This brought about a feeling of peace and calm for her, which I observed in her cool demeanour and

relaxed body language. Reconnecting deeply with the core of her inner being also meant embracing the Asian part of her identity, which she had previously kept hidden so she could fit in with Western society. This was another point in her story where I identified with Jasmine and where we were both able to relate well to each other. I too, had unconsciously separated and abandoned parts of myself, which led me to feel isolated, emotionally disconnected and anxious when I tried to fit in during my school years. As Ellis (2004, p.200) writes: 'when [people] tell stories to witnesses, to people who listen, the otherness can dissipate'. Jasmine and I were able to acknowledge our 'otherness' in this part of her story.

Similarly, the sense of being disconnected and alienated in life deeply affected Aarif. The need for belonging was linked to his identity and context – being Anglicised but also being part Asian. He was born in a country that was sectarian and dualistic in religion, culture and tradition. This created tension and conflict inside him and made him felt torn between his parents who lived in separate countries. It seemed that from a young age Aarif had been on a quest to find answers and to make sense of the chasm of differences he experienced in life between the East and West. He stated that he eventually overcame and managed his 'otherness' through a tentative process of exploration and investigation and encountered Buddhism and mindfulness meditation, which resonated with him on both an intellectual and experiential level.

'Otherness' is a central theme in this research, as it is a central concern in autoethnography. This research has provided a space for the trainees' stories to be heard, and essentially claim their position according to their lived experiences.

As Ellis and Bochner (2000) confirm:

“The stories we write put us into conversation with ourselves as well as our readers. In conversation with ourselves we expose our vulnerabilities, conflicts, choices and values. We take measure of our uncertainties, our mixed emotions, and the multiple layers of our experience” (Ellis & Bochner, 2000, p.748).

It has been suggested that through the process of reflection inward and then reflection outward again, the presence of our life experiences have been acknowledged with all our vulnerabilities (Mizzi, 2010). I have been able to candidly acknowledge my otherness - my race and identity - through sharing, listening, writing and reading the stories, hence the potency of autoethnography because it resonates with contributors or readers who then feel that same vulnerability. Buddhism and mindfulness meditation gave Aarif neutral space to ‘just be’ and the meditation community provided him with a sense of belonging, even though at first, he experienced it as an exotic and unfamiliar culture. It allowed him to experience life very differently and gave him a feeling of security, which in some ways, he lacked in his life previously. However, there was emotion and tension in his narrative when he spoke about having to choose sides, essentially between his parents and their respective country. Aarif found it difficult to express his feelings to me about this, which I imagined were painful, and he firmly communicated that he did not want to re-visit this aspect of his life in our interview. I therefore, did not inquire any further and allowed him space to continue with what he felt comfortable saying. Afterwards I could not help but wonder if choosing sides was concerned with the relationship he had had with his



parents or the two different cultures he grew up in, or both. I also wondered if Aarif was still in the process of overcoming these issues. He has not hinted or mentioned the subject again at any other point during our interactions. Subsequently, I felt there was a gap in his story and thought that filling this gap may have produced an even more moving and evocative narrative. However, I was aware that this was *my* wish and indeed, it was ethically important to honour *his* wish and decision to not divulge any further details.

On the other hand, Laila who although born and brought up in the U.K., was still very connected to her Asian (Indian) culture and some religious traditions from having a close relationship with her family. Again, I felt that I could identify and connect with Laila because we came from similar backgrounds with similar beliefs, values and traditions. Indian culture is closely related to Burmese culture. In fact, I have observed that my culture is largely a result of heavy Indian influences (and also Chinese ones) intertwined with local traditions. This can be seen in the various stupas and temples throughout Burma, which bear a distinct resemblance to those in northern India. Buddhism and meditation are tolerated and practiced in India together with other diverse religious and spiritual practices. Therefore, Laila was able to assimilate some aspects of Buddhist teachings and mindfulness meditation more easily. She was also drawn to the practice of loving-kindness meditation because it was closely connected to praying as part of her family religion.

Within the theme of disconnection and connection there is also an underlying piece about identity (and fragmentation of identity), unity of the self and the self with other. From being disconnected within ourselves and with others

to being connected, we are moving away from having a sense of fragmented identities towards being a unified whole (or a mind-body holism) and an interconnected self. From a Buddhist view, we are moving from a dualist split position to a non-dualist whole one, which is also in line with Hegel's (2000) philosophy.

Hegel (2000) supposes that we are driven by a desire for self-identity, which includes a desire to really know the nature of things and other people. In confronting nature, our consciousness realises that *it* sets the rules up that govern the split between the knowledge of appearances and the truth of what is real. This creates a tension between these two concepts, described by Hegel as 'dialectical pairs', and leads to an unhappy consciousness. It is only when self-consciousness realises that the universality of action flows from a particular contribution to a *collective* project that this internal split is reconciled and cultural universality is achieved. For example, Aarif realised and recognised through practising mindfulness and helping alleviate the suffering of others had changed part of his dualistic (or split) self and left him feeling more fundamentally human and connected to something that was whole and universal.

This idea is also similar to Thich Nhat Hanh's (1993) 'interbeing' - one that Aarif frequently referred to in his story. In the pursuit and process of mindfulness meditation, self-consciousness and the parameters of otherness becomes dissolved, experientially. From the position of the researcher, I initially began conducting the research interviews eager to investigate and uncover the trainees' personal experiences with a hope to collect rich and detailed data. I saw them as a separate other; individuals from mixed backgrounds with different life experiences to mine. This was of course true on a conventional and explicit level.

However, as our research conversations and relationships deepened there was an implicit understanding, especially from a mindful frame, that there was no distinction between me and them, I or you, nor self or other – we are all interconnected beings on a fundamental level in this world and the universe. In Buber's (1970) terms I had moved from the position of 'I-It', subject to object relating, to an 'I-Thou' encounter with the trainees and was able to emotionally connect on a genuine and human level. This had been a moving process for me but also a contradictory and complex one at times; understanding the trainees lived experiences through different lenses and positions and trying, as well as struggling, to make sense of these through various theories, philosophies and ideas.

In relation to I-It/I-Thou, intersubjectivity and Hegelian philosophy, the noted psychoanalyst and writer Jessica Benjamin talks about the paradoxes of self-other. She proposes that the continuing process of self-other differentiation involves an ability to live and work with the paradox of recognition: a fundamental tension between self-assertion and dependence of the self on the other for its recognition (Yeatman, in press). Benjamin (2004, p.7) argues that we are only able to grasp the two-way directionality from the place of the 'third', a position outside the two. It is a space where self-awareness emerges when selves are able to accept breakdown and failure of intersubjectivity and to do what is needed to repair relationship and restore dialogue, 'each person surviving for the other' (Benjamin 2004, p.10).

I cannot make a generalisation in this research, but in my specific experience with the trainees it could be that the competing and complex social identities they held meant the intrinsic universality in the teachings and practice of

mindfulness provided them with a safe place or 'refuge'. Perhaps individuals who have experienced the complexity of difference, disconnection or fragmentation, in their self, identity, social, cultural or political contexts, are more likely to be drawn to ideologies and practices that embrace unity, harmony, interconnection and acceptance which Buddhist teachings and meditation provides.

However, it was more than cultural influences and differences that affected the trainees' decision to seriously practice meditation, which brings me to one of the most important factors that I believe brought the trainees to mindfulness - a crisis or an existential issue. In Buddhist terminology, this would again, be referred to as *dukkha* or suffering, which includes feelings such as unsatisfactoriness, dissatisfaction, pain, sorrow and emptiness on both a mental and physical level.

### **Suffering, trauma and healing**

#### **Theme 3: Suffering (existential crisis and trauma)**

At the existential level one faces a kind of suffering from feeling isolated or not being related to the whole (Yalom, 1980), and/or a threat to one's existence 'as a self' (May, 1967). The issues and difficulties Jasmine, Aarif and Laila were facing at a particular time in their lives challenged their sense of identity, self-image or their meaning of life. This motivated each of them to delve deeper within themselves, find answers to their problems, and ultimately to find genuine peace and acceptance. Grof and Grof (1990, p.53) shed light on this type of experience:

"During the existential crisis, one feels cut off from the deeper self, higher power, or God - whatever one depends on beyond personal resources to provide

strength and inspiration. The result is a most devastating kind of loneliness, a total and complete existential alienation that penetrates one's entire being...This deep sense of isolation appears to be available to many human beings, regardless of their history, and is often a central ingredient of spiritual transformation”.

The type of emotions Grof & Grof (1990) writes about can surface at any point in an individual's life and can be a singular crisis or a multitude of going issues accumulated over a period of time and then culminating in a crisis. It can be a painful and difficult stage in a person's life where they can feel disorganised, disorientated and chaotic. Previous to practising mindfulness, Jasmine had felt agitated and stressed due to relationship problems with her ex-partner, as well as leading a very busy and chaotic lifestyle. Similarly, Laila started practicing mindfulness during a period of time when she was going through emotional turmoil and a troubled relationship. In addition to this she felt immense stress and anxiety in her job working with psychologically disturbed patients. Part of what Laila disclosed to me in our interview and further conversations felt as if she had suffered from some post-traumatic stress disorder and vicarious trauma. Laila expressed feelings of distress, sadness, and loneliness, and unable to make sense of what was going on at that time. It caused her great pain, physically and mentally, which she could not fully share with her friends and family. Instead, she hoped that she would be able to find some peace and quiet within herself by attending a mindfulness meditation retreat.

When Laila told me about her traumatic experience, my role and identity shifted between being researcher and therapist, and was therefore being defined

and re-defined by myself and by the other. This caused some feelings of discomfort in me at the time and I wondered if Laila picked it up. My status as a researcher was transformed into more of a confidante or comforter and Laila trusted me to continue sharing her difficult experiences. Perhaps my discomfort was more of my concern than hers? I wondered if there were transference or countertransference issues at work here and this made my role of a researcher more complicated and messy. I felt conflicted as to how much of her intimate and painful story to reveal when writing her narrative whilst also being an ethical practitioner. I thought that the data and detailed information Laila gave me was so rich and moving, it could have furthered my research into understanding intensive meditative experiences. When I realised I was unable to do this, I felt let down and disappointed. Also, I could not push Laila to reveal and let me write what I wanted as this was unethical. I contended with thoughts of 'How am I going to get a good story? 'Will it be a diluted version?' 'How do I stay with her process and collaborate effectively?' We met each other and also spoke on the phone to discuss these issues and I was then able to fully understand how this information impacted Laila. In the end, we were able to come to a mutual agreement about what to write and reveal in that part of her narrative, which also remained truthful and authentic.

Aarif however, had been suffering deeply for many years trying to make sense of his father's death, which he had experienced painfully as a young boy. There was a sense of vulnerability in his narrative and depth of the pain he felt was unimaginable to me. As a consequence Aarif had become very agitated and restless as a person, searching for answers to his discontentment in life. He had

endeavoured to find peace and harmony within himself and with others around him. Buddhism and mindfulness meditation provided him with a safe and nourishing environment, which enabled him to explore and manage his traumatic feelings and make sense of the loss, grief and disconnection he experienced growing up.

My experience of isolation and disconnection was most strongly felt when I was in my late teens. It was a time when I was exploring and discovering new experiences in life. However, I had a sense of being separated from my mind and body. I would not define this as dissociation but perhaps more similar to what Carl Rogers describes as lack of 'congruence' (Rogers, 1951, p.61). When a person is congruent, the feelings he is experiencing are "available to him, available to his awareness, and he is able to live these feelings, be with them, and able to communicate them" (Rogers, 1951, p.61). However, when a person's ideal self is not consistent with their actual experience of reality, a gap exists exist between 'I am' and 'I should' or, in other words, incongruence. My incongruence was most likely a conflict between my Eastern and Western ways of being, something that I was not fully conscious about or aware of and certainly something, which had not been properly integrated within my whole being. Perhaps this was rooted in my experience of being separated from my large family unit and home country when I was younger, and growing up in a culture very different from that which I had left. Discovering and practising mindfulness meditation enabled me to reconnect with myself as a whole, allowing me to gain better awareness and understanding of my self and human nature. This awareness also expanded to people around me including my immediate context and environment, and made me more open and

connected to others. I was less caught up in thoughts and feelings about the past and future and more focused on the present moment. The whole experience of practising meditation gave me a peace of mind and a feeling of contentment in life.

The stories in this study have depicted the trainee psychological therapists struggle to overcome adversity and show us as individuals in the process of figuring out what to do, how to live, and the meaning of our struggles (Bochner & Ellis, 2006). It is suggested that the impact of trauma can create a sense of disconnection, a chaotic sense of self, over-control and alienation, especially at a spiritual level (Herman, 1992; Etherington, 2003; Wilson, 2006). Meditation offers a variety of tools for healing trauma for those with traumatic histories and can also apply to any practitioner coping with difficult emotions (Schmidt, 2004). Attending meditation classes and retreats can provide a stable and safe space for those who are suffering and where they can begin to relax - often for the first time (Schmidt, 2004). It has been recognised that trauma that has been overcome and integrated as part of a person's identity can increase a sense of continuity, coherence, connection, autonomy, vitality and energy and lead to transcendence of self (Wilson, 2006), thus transforming the adverse effects of trauma and in the process, transform the person (Wilson, 2006). I believe that the ability to self-regulate emotions effectively can also lead to increase in positive emotions, which mindfulness meditation enables individuals to do with continuity of practice. I compare mindfulness meditation to a form of self-therapy which can be used to manage difficult feelings, powerful emotions and unhelpful behaviours, as well as for our personal growth and healing.



However, mindfulness meditation as a form of therapy for oneself should not be likened to the expectations, preconceived notions and ideas of Western psychotherapies. Although there are many ways to integrate various elements of mindfulness meditation with different psychotherapies, the Eastern and Western systems of practice are not necessarily mutually exclusive. Clinicians and therapists who incorporate and use mindfulness techniques in their work must make clear from the outset, that clients clearly understand what it involves, why they are using mindfulness and what is likely to be expected, before they engage in the practice, to avoid ambiguity from other types of 'therapies'.

#### Theme 4: Healing wounds and the healer

I akin the journey a mindfulness meditator takes in his or her practice to the journey a student embark on to become a psychotherapist. Trainee psychotherapists are sometimes referred to as 'wounded healers' (Jung, 1951) where our beliefs, life experiences and our own grief or loss history, have drawn us to the profession of psychotherapy to help and heal others who are suffering and in the process, also heal our own wounds. When we begin the process of looking within and healing our old wounds or our own suffering, we start the journey to self-discovery, empowerment, interconnectedness to others, freedom to be authentic individuals, and lead a contented life. Thus, it is the psychotherapist's acceptance of his or her own (life's existential) suffering and imperfections that enhances the capacity to heal others (Howes, 2012). In narrative research, Frank (1995) argues that through their stories, people living with illness and all those who suffer, create empathic bonds between themselves

and their listeners.

Mindfulness meditation touches the common ground of healing. It can be a great source of healing for healers, particularly those in the mental health professions, because it validates and affirms the direction given to life by conscious confrontation with the dismay that accompanies suffering (*dukkha*). Mindfulness meditation (Vipassana) has a unique feature among meditation practices, one that makes it particularly relevant to either somatically or psychologically oriented healers (Fleischman, 2005) - it focuses solely on the interconnection between mind and body. It is acceptable and relevant to healers of diverse disciplines, particularly psychotherapy and counselling psychology, because it is free of dogma, experientially based, and focused on human suffering and relief (ibid, 2005). Mindfulness meditation brings into the open the existential link between sensations, self-concepts, and suffering, and allows a reawakening to the world beyond one's self. It operates at the common root where individual, isolated anguish opens out into the stream of loving-kindness and compassion. It heals by activating qualities that transcend self-focus or self-indulgence; the meditator steps out into that which exists beyond the transient boundaries of body and mind (ibid, 2005).

When I came to understand myself as a variant of the wounded healer, I appreciated mindfulness more deeply. Its ancient tradition of interconnection, togetherness and cultivating compassion for all living things, helped me feel surrounded by others who share similar intentions and beliefs, and had genuine concern and willingness to help each other. To heal ourselves and to have energy to heal others, I believe we must see deeply into ourselves, our personal fears

and prejudices and conventions and opinions, so that we may stand thoughtfully and clear-sightedly on reality. I also believe that this is both obvious and universally acknowledged among healers of differing philosophical and theoretical orientations. It is important that we strive to differentiate the experiences of our birth, culture, and particular conditionings from our societies and the universal truths, to be able to live our lives fully, contentedly and wisely.

#### Theme 5: Transformational experiences in mind, body and life

The trainees had noticed and felt significant transformational experiences after practising mindfulness meditation. This included increase in self-awareness, felt emotions and acceptance of personal issues, as well as an improvement in their interpersonal relationships and increased capacity for compassion and empathy towards others. This was consistent with findings of Schure et al (2008) and Stetler (2009) in their research with mindfulness meditation and counselling students, as well as Nanda (2005) and Maris (2009).

Jasmine, for example, used the metaphor of being able to “ride the waves of various emotions” to convey how comfortable she felt dealing with different emotions on a daily basis, particularly her anger. She now saw anger as a part of her that needs nourishing and acknowledging instead of suppressing or dismissing. As Jasmine travelled further on her journey in mindfulness, she realised that certain patterns of behaviour and ways of being could not be easily removed but required a sustained effort to lessen their power and control over her. She also came to realise that it was also about understanding and accepting what is present, rather than attaining perfection.

Aarif realised that the more he practiced mindfulness meditation, the more

he noticed his shortcomings, for example, his envy and jealousy. However, he clarified to me that this should not be misunderstood in a negative light but a recognition that these were all parts of who he was as a person. He emphasised that change was not always comfortable and can involve an overflow of emotions when he opened up to his suffering. I admired his frankness and honesty and found it easy to connect to him. His way of being sometimes reminded me of the characteristics of what Eric Berne calls the natural or free child (Berne, 1964). This is the ego state where there is spontaneous expression of feeling and behaviour emphasising our playful, authentic and emotional sides. It generated a lively interaction between us but also a moving one, which made me feel that I shifted between being a researcher and a therapist from time to time. I tried to be mindful and aware of this dynamic and consciously shift back into an autoethnographic researcher mode when I felt it occurred. Aarif noted that one of the main purposes of practising mindfulness was to calm his agitated and restless mind and body.

Laila discovered that her emotions and distress momentarily intensified, and then gradually subsided as she maintained awareness and acceptance, during her first meditation retreat. These negative emotions manifested through vivid nightmares, which frightened and scared her. This part of her narrative was moving and captivating for me. It was the way that she told her story; animated, rich in description and full of emotion, which pulled me into her world at that moment in time. I was quite relieved to hear afterwards that she managed to work through her distressing experience with the help of her meditation teacher and psychotherapist. As she persevered with her meditation and worked through her

difficult emotions using mindful attention and awareness, she noticed that they transformed and she eventually began to feel stronger, more stable and grounded.

Another notable transformational experience was the way in which Jasmine, Aarif and Laila embodied compassion - they were able to have compassion for themselves *and* also for others. Jasmine initially saw herself as a young child whom she could not show compassion, but after committed practice in mindfulness she found that her judgments and actions were less harsh, more kind, thoughtful and considered. It had been a moving part of her story to hear and she acknowledged that this had been big step towards accepting herself.

Laila was initially resistant to cultivating and showing compassion to people she was not fond of and even confessed that she enjoyed the feeling of hate towards a particular person she disliked. It was the practice of loving-kindness meditation, which had a deep impact on her and significantly reduced the negativity that fuelled her hatred, and made her feel more equanimous. She continues the practice of loving-kindness combined with her prayers everyday.

Aarif felt that he was more compassionate towards others, especially his clients' pain in therapy, but felt that he did not over-identify with them. He described embodying compassion like a 'mountain' to convey this, which imbued a sense of solidity in his way of being as well as an embracing and containing quality. He emphasised how practising mindfulness meditation brought him closer in heart and mind not only to people in his life, but also the rest of the world. This had been important in bringing together the mental and physical feeling of separateness and isolation he previously felt in his life, but also the cultures of the

East and West.

I could certainly relate to the transformation in the experience of compassion the trainees had described, and the practice of loving-kindness meditation has helped me cultivate this. I felt that I could connect more deeply to other's suffering and empathise with them without becoming over involved emotionally. It allowed me to see and approach others and situations from a different understanding and perspective, especially in my work with clients, rather than finding solutions or giving answers to problems encountered. I also noticed that I could better tolerate difficult sessions and clients who display extremes of emotions.

I believe that the quality of compassion is important to develop in our work as psychological therapists. Most trainee psychotherapists are exposed to the core conditions advocated by Carl Rogers (1980): acceptance, genuineness and empathy. As Rogers emphasised, these are not techniques, but ways of being in the world - this also applies to the unconditional quality of compassion. Mindfulness meditation seems to help the trainees in this study to embody these ideals in all their relationships, including their therapeutic ones. This helps trainees meet the challenge of being fully present with themselves *and* their clients. However, the nature of compassion and its therapeutic applications to counselling and psychotherapy process and outcome have yet to be studied with the same rigour that empathy has received over the past few decades (Duan & Hill, 1996). But current research in psychology and psychotherapy investigating the effects and impact of practising loving-kindness meditation, and hence cultivating compassion, on various patient populations and also healthy adults

have shown that it reduces depressive symptoms, social anxiety, psychological stress reactivity, anger and conflict. In turn, it increases positive emotions, life satisfaction and a wide range of personal resources (Hofmann et al, 2011; Fredrickson et al, 2008; Thaddeus et al, 2009).

It is important to note here that loving-kindness and compassion are closely linked and they are part of the four divine abodes or immeasurables, together with sympathetic joy and equanimity. The four immeasurables can be seen as attributes that underlie the non-judgmental aspect of mindful awareness. Without them, negative judgments interfere with sustained mindfulness, whether to the breath or to any other object of awareness. From a Buddhist perspective, the monk Ashin Tejaniya (2008) writes:

“Awareness alone is not enough! You also need to know the quality of that awareness and you need to see whether or not there is wisdom. Once you have seen the difference in mental quality between not being aware and being fully aware with wisdom, you will never stop practising” (Tejaniya, 2008, p.16).

It is also important to remember that loving-kindness is an experiential exercise in itself, which promotes a state of acceptance and compassion for oneself and others (Gunaratana, 2002). Thus, loving-kindness is an embodied practice and cannot be created or given. We must find it out within ourselves and cultivate it. The practice of mindfulness discovers it, cultivates it and maintains it. ‘I’ consciousness dissolves in mindfulness and its place will be taken by loving-kindness free from selfishness – no hatred or discrimination (Gunaratana, 2002). Within the therapeutic context loving-kindness can be practiced together with the client for a few minutes after the end of a mindfulness meditation session, in

order to develop the quality of loving-acceptance in all situations and relationships and promote peace and happiness. It can be used to recognise, empower and maintain healthy relationships with clients from diverse backgrounds and social identities.

Understanding how self-compassion is utilised in practice is of importance to the body of knowledge on therapist self-care and has the potential to contribute new information on practices that may be beneficial to the profession. Self-care is not an add-on to an already busy schedule, but is something to be built into a daily routine and mindfulness meditation can help, not only with trainees but also with all those in the caring professions, contributing to their wellbeing and functioning. This self-care package may be especially important for trainees that do not have their own therapists or are not required to have personal psychotherapy as part of their training. Mindfulness meditation may be a useful adjunct to individual therapy, but not necessarily a replacement for it.

Laila expressed that taking part in the research and sharing her experiences had reminded her how useful mindfulness can be in her life, both professionally and personally. It has also sparked further interest and curiosity in reading various books and literature on mindfulness and its application within psychotherapy. Jasmine felt this research shed light on how she had unconsciously denied the Asian part of her identity. Telling me about her journey in mindfulness and psychotherapy training had brought this aspect into the foreground of her narrative, or what Perls (1951) would refer to as the 'figure-ground' of one's awareness. She believed that her interest, originally in transcendental meditation, and then mindfulness, was a way of exploring and



understanding different sides of herself. The process of this research had illuminated certain aspects of her character, which she felt she had been previously unaware of. Aarif, on the other hand, felt the research had highlighted his conflicts and struggles to integrate Buddhist ideas with psychotherapy. It had made him more aware of how the institution of counselling psychology and psychotherapy may not be broad enough to accommodate his sensibilities at this moment in time, and how, consequently, it may be an on-going issue for him.

Mindfulness meditation continues to influence personal lives of Jasmine, Aarif and Laila in terms of enhanced emotional well-being, increased awareness and acceptance of themselves, improved interpersonal relationships including being more compassionate and less reactive. As Williams and Duggan (2006) noted, these transformational states in emotions from the practice of mindfulness offers the possibility of change:

“We are helped by knowing that a characteristic of focusing on the body is that it gives us the information in a different way: in a way that is non-conceptual...If people are encouraged to focus on the experience of feelings in their body, then the very act of bringing awareness to the bodily sensations is effective at switching off the conceptual mode of mind and allowing the memory to be more specific” (ibid, 2006, p.375-376).

It is suggested that by emphasising the perspective of a non-conceptual mode, the trainees brought about changes in fundamental experiences in concrete situations. This seemed to enable them to form new, more positive and alternative narratives about their lives. The awareness of how anger, sadness, stress and tension manifested in their body gave them a means to monitor and

then change their response. It also gave them an opportunity to use the awareness of the emotion they were feeling in the present moment as information about their current state that could then be positively modified. In other words, they were able to attend to, rather than ignore or react in emotionally constricted ways to their experiences as embodied beings. This enabled each person to effectively regulate his or her emotions and feelings. Related to this are current studies using functional and structural neuro-imaging which have begun to explore the neuroscientific processes underlying components such as emotion and attention regulation and body awareness. There is evidence to suggest that mindfulness practice is associated with neuroplastic changes in the anterior cingulate cortex, insular, temporo-parietal junction, fronto-limbic network, and default mode network structures (Holzel et al., 2011). These structures and mechanisms are thought to work synergistically, establishing a process of enhanced self-regulation (ibid, 2011).

Furthermore, research in neuroscience has examined the effects of meditation practice on areas of the brain associated with empathy and compassion, which holds great potential for survivors of complex childhood trauma. Such individuals have been found to have impairment in social-neurological processes (involving mirror neurons) that allow us to feel identified and connected with others. They have not been able to “share the meaning of actions, intentions and feelings and emotions with others” (Gallese, 2009, p.520, as cited in Matto et al., 2013) and tend to be vigilant and guarded. Meditation practice can offer an alternative way of negotiating their lives and relationships, and has been shown to help clients with developing one’s capacity to ‘just be’ and

to experience empathy and cultivate compassion. Practising mindfulness meditation has also been shown to strengthen neurobiological systems associated with resilience and facilitate in the recovery from adversity (Davidson & Begley, 2012).

## **Cultural and individual differences**

### Theme 6: Eastern and western ways of being

In terms of individual differences or personality traits of people who practice mindfulness meditation, I had wondered if the trainees had any traits in common with each other. However, as I had not intended to focus or investigate this dimension in my research, I can only reflect in hindsight and recall in my mind of what I thought were common personality traits of the trainees from my personal encounters and experiences with them. A recent research by Van den Hurk et al. (2011) has shown the relationship between the practice of mindfulness meditation and personality traits, and whether mindfulness skills have a mediating role in this relationship. They found there was a higher level of openness - a trait that is characterised by curiosity and receptivity to new experiences - in the group of meditators, and a positive relationship between the amount of mindfulness meditation practice and openness in their study. On the one hand, they stated it is possible that individuals scoring higher on openness might be more likely to start and continue the practice of mindfulness meditation. However, as the practice of mindfulness initiates the voluntary exposure to a wide range of thoughts, emotions, and experiences suggests increases in openness can be expected due to the practice (Van den Hurk, 2011).

I found Jasmine, Aarif and Laila to be open and easy to engage with from

the start. It is possible that because we are trainee psychological therapists, we train ourselves to be open and acknowledge our feelings. In addition to this, practicing mindfulness meditation may have made us more open, curious and receptive as individuals. It is important to note here, that I am not trying to identify broad concepts or make generalisations, but merely suggesting that there might be some type of commonalities between the trainees.

Paul Fleischman, an American psychiatrist and a Vipassana meditation teacher, believes that meditators do have certain qualities, though they tend to be intangible (Fleischman, 2005). He believes that meditators must have the 'seed'. He writes:

"Like the life of any seed, the seed of meditation eludes the microscope of words: Is it basic good faith; or a sense of determination; or enough miseries and losses to have to keep going; or an unfathomable curiosity about their own true nature; or an intuition of values that transcend immediate life; or a yearning for peace; or a recognition of the limitations of mundane routines? It was said by the Buddha that at the heart of the path lies *ahimsa*, non-harmfulness. Is it an inkling of the infinite curative value that this most treasured and elusive cumulative virtue provides that constitutes the seed? In any case, a life of meditation is a path for those who hear the call, seek it out, and sit down to observe. Some may not seek it, some may not value it, some may not tolerate it, and some may have other valuable paths to take" (Fleischman, 2005, p.56).

Furthermore, thinking broadly from a cultural perspective, I also wondered if there were particular beliefs and values held in people of Asian cultures that could influence or contribute to the interest and undertaking of mindfulness

practice. I came across recent research which showed that people from Asian countries come from collectivistic cultures which are characterised by a worldview that values interdependence, belonging, and group-cohesion (Mazzula, 2011), especially within the family unit, relationships and interactions with members of their group. The 'Asian' view of the self, in sharp contrast to the Western view, is of a connected, fluid, flexible, committed being who is bound to others (Lu & Gilmore, 2004). This is what Markus & Kitayama call the 'interdependent self' (Markus & Kitayama, 1991), or 'Asian selfways' (Markus & Kitayama, 1998). An interdependent view of self derives from a belief in the individual's connectedness and interdependence to others. The researchers believe that this is the prototypical Eastern characterisation of the self, which locates crucial self-representations not within unique individual attributes, but within his or her social relationships. Thus, many Asian cultures advocate priority of collective welfare and reward, self-control, diligent role performance, and rigorous self-cultivation (Lu & Gilmore, 2004). The essence of Buddhism contains and expounds the ideas of interdependence and connectedness of oneself with other beings, and encourages development of self-awareness and compassion through the practice of mindfulness meditation. I believe this belief system attracts individuals who adhere to such thoughts and views, consciously or unconsciously, through the influence of inherent family values, relatedness and cultural traditions. Hence, this may be one of the reasons why trainees in this study who are of Asian origin or descent may have been drawn to the practice mindfulness meditation. I certainly believe this is true for my case, having lived here in the U.K. for most of my life; I still strongly retain my Asian family and cultural values but have integrated aspects of these with Western values and beliefs in a way that I feel is congruent

within my being. Additionally, I believe that I was able to identify and relate empathically to the trainees' stories and experiences in this study because of this.

However, in presenting the notion of East and West in this research text I may have constructed a binary opposition and perhaps limited the fluidity of it. Have I implicitly favoured the Eastern practice of mindfulness meditation over the Western ideology and practice of psychotherapy? Or has Western society and psychotherapy adopted the practice of mindfulness to suit itself and proclaim mindfulness-based therapies to be the new wave in the field?

According to Derrida (1981), meaning in the West is defined in terms of binary oppositions, "a violent hierarchy" where "one of the two terms governs the other" (ibid, p.41). In post-structuralism, it is viewed as a tendency and influential characteristic of Western thought and that typically, one of the two opposites assumes a role of dominance or power over the other. Derrida (1981) disputes the traditional assumption that, given a binary opposition, one term is necessarily prior to the other and it has been argued that categorisation of binary oppositions is "often value-laden and ethnocentric", with an illusory order and superficial meaning (Goody, 1977, p.36). I believe binary oppositions exist in human society: that is a matter of common sense, but which is prior depends on the specific context and use. There is nothing intrinsic about the priority of one term over the other. Psychotherapists Wood and Petriglieri (1995) drew attention to this by stating:

"Reducing complex phenomena or choices to a binary set of alternatives is part of human nature, a fundamental mechanism deeply engraved in our nervous tissue and passed on from generation to generation for our survival. But it can continue to exert an archaic hold on us beyond its usefulness if it prevents us

from looking beyond the polarity of opposites” (Wood & Petriglieri, 1995, p. 32).

Ironically, Buddhism and mindfulness meditation works to transcend these types of binary oppositions through the analysis of human nature, impermanence of all things, and promoting harmonious living by aligning to the universal laws in its philosophy and practice. Within Buddhism there are also concepts such as attachment and non-attachment, which can be seen as a binary opposition. However, these terms may share some difference and also similar meanings to what is viewed as attachment in psychotherapy.

The word *attachment* based on Buddhist teachings, is associated with the idea of *craving* for (also *clinging* to) materials, ideas, emotions, self and so on. In this sense, non-attachment is the absence of craving, but it certainly is *not* the same as not loving nor equates with detachment and nihilism. It is about being fully present and embracing all experiences, rather than identifying and personally associating with them. In a state of non-attachment, we develop the capacity to observe emotions, thoughts, perceptions, desires and various phenomena arise and pass away with a non-judgmental presence, and “[sustain] compassionate equanimity” (Safran, 2003, p. 175), even in the midst of great challenges. Non-attachment takes us beyond our hopes and fears, shifting our self-identification.

I believe there is a connection between some of these Buddhist concepts and attachment theory in psychology and psychotherapy. Recent development in neuroscience, for example, has shown that same areas of the brain, including the middle prefrontal cortex, is activated and even strengthened in both people with secure attachment and experienced mindfulness meditators (Siegel, 2007). In this connection, Siegel proposes that internal attunement (attunement with other

people) is the key to both secure attachment and mindfulness. This suggests that secure attachment and non-attachment through mindfulness share certain brain functions. It does seem for non-attachment to occur, a secure base must already be present, although it may not necessarily be acquired in the traditional way. In Buddhism, we take refuge in the Buddha (awakened one), the dhamma (teaching), and the sangha (spiritual community). So the notion of having a safe haven, similar to Bowlby's theory, is present in Buddhist teachings and practice. However, this does not mean that all Buddhist practitioners have secure attachment, or that all securely attached individuals become non-attached!

### **Impact on training and psychotherapy**

Practising mindfulness meditation has had implicit and explicit impact on the trainees' psychotherapy training and practice. It has affected the way they relate, interact and treat their clients. They stated that mindfulness practice influenced their clinical work in positive ways. The themes here are concerned with the impact and influence of mindfulness meditation on the trainees' clinical work, relationship with clients and their psychotherapy training.

#### Theme 7: Tolerating and managing difficult emotions in therapy

The trainees said they were able to tolerate and deal with difficult client material in session. Laila felt that she could focus and concentrate on her clients more easily, and being mindful opened up space for a range of different feelings to be brought up. Laila said it also helped her to be highly attuned to her clients and track processes and dynamics occurring in therapy more effectively. Jasmine said practising mindfulness meditation has gained her the ability to remain present



and grounded in the therapeutic space with clients and deal with whatever arises, and also make them feel very safe in therapy. On the other hand, Aarif felt that mindfulness practice enabled him to be closer to his clients, to be able to relate to their suffering as a compassionate witness, but not to become overwhelmed by their emotions.

Mindfulness meditation has helped me become more aware of my mind-body processes, and how they impact on my clients and our therapeutic relationship. I feel that I can also attune better to their feelings and the subtle nuances in our dialogue and interactions. Most of all, I am able to cultivate genuine empathy and compassion which helps me connect and understand my clients at a deeper level. This has made me feel more confident and effective as a therapist.

Drawing on this sensitivity, the trainees felt they had developed greater skill at helping their clients to more fully experience themselves in the moment, to notice their current reality, and to notice the habit patterns that create suffering for them. As they were better able to tolerate difficult emotions, they were able to create welcoming and 'holding environments' for their clients (Winnicott, 1965).

#### Theme 8: Holding tensions with integration in psychotherapy

Jasmine, Aarif and Laila all integrated and applied some form of mindfulness technique in their clinical practice. Laila included breathing meditation in her work, if she felt that it was appropriate and beneficial to her clients. She thought mindfulness meditation could help trainee therapists in their personal and professional development. However, she would not want to make it compulsory in psychotherapy training programmes because she believed that it should be

something people practiced because they have a natural inclination and interest towards it, not because they are forced to do it. Nonetheless, Laila believed mindfulness meditation and its philosophy should be discussed more openly in psychotherapy training because it has great potential, and perhaps include an optional module in the teaching curriculum.

Aarif seemed to voice more contentious issues with mindfulness practice and psychotherapy. What was taught and required in psychotherapy training sometimes caused friction with his Buddhist ethics and beliefs, and he felt 'in limbo' with the two systems. With counselling and psychotherapy, he thought that there was a strong emphasis on productivity on the market, issues with bureaucracy, and problems with rationing and funding as a mental health service in the NHS. For mindfulness meditation to be fully integrated or included in psychotherapy training in the U.K. and thus appeal to a larger audience, he proposed that it should be marketed as a type of 'awareness training'. When Aarif suggested this, I thought it was a novel idea and made me wonder about other possibilities. However, he also admitted he was not fully satisfied with his current psychotherapy training at this point in time.

Aarif expressed the pressure he felt as a trainee and the lack of strength and faith he sometimes had, partly sacrificing things that he thought he should trust more. I sympathised with his predicament and could understand his perspective as I had experienced similar feelings in my training. However, I believe there are different ways and means to integrate your values and beliefs with psychotherapy training without having to sacrifice them. In particular, I found that being on an integrative psychotherapy course encouraged and allowed me to

express the 'Burmese-ness' or 'otherness' in me, which enabled me to grow as a more open-minded and authentic person, as well as a psychotherapist. Speaking to older students, other therapists and various professionals in the field has also helped me to find a harmony between integration, training and practice in psychotherapy, although it has taken a few years! When I struggle to integrate, I adopt Spinelli's approach of bracketing (Spinelli, 2005), which means I can put to one side my judgments, assumptions and biases and try to appreciate and accept difference in the world, and yet still maintain my integrity.

With Aarif's predicament, I wonder if there was a binary opposition between the East and West for him. He seemed to favour the practice and philosophy of Buddhist meditation over psychotherapy and gave a sense of priority over it. On the other hand he has chosen to train and practice psychotherapy in a Western institution, which he felt has dominated his values and beliefs. Holding these two positions had left him feeling polarised. Mindfulness meditation may have become an idealised object (Kohut, 1971) for Aarif, and psychotherapy - the persecutory object - with the Western 'dogma' that lies beneath it, had confined his sensibilities. Thus, psychotherapy became self-other. The events and experiences Aarif encountered within the context of psychotherapy training were construed as dilemmas to be resolved in favor of one alternative or the other. However, Woods and Petriglieri (2005) point out that this does not have to be the case: the inherent tension leading to polarisation conceals an important developmental opportunity (ibid, 2005). We can we try and hold the tension long enough to permit exploration, differentiation and resolution within the mediating and healing environment of therapy (ibid, 2005).

I believe this also applies to our personal meditation practice, that is, we can also meditate to heal ourselves as best we can. I feel grateful to have had the opportunity to use both therapy and meditation for psychological growth and self-development, and to find different ways to integrate the East and West in this respect. Perhaps in the intersubjective space in my research conversation with Aarif, I subconsciously communicated that he should have made the most of what was available to him. This had not been possible for him because I sensed that he had more trust and commitment in Buddhism than in psychotherapy. Hence Aarif was unsure where to go from this point in his training. I believe the research questions and conversations had highlighted his uncertainties and ambivalence about psychotherapy training. Whilst, I did not share my thoughts about this with him, he appeared aware of his 'dualistic' positioning and admitted that he had a tendency to sometimes be this way and said he needed to 'counterbalance my energy'. I noticed that sometimes I felt both intrigued and overwhelmed by his dialogue in our research conversations – Aarif's depth of knowledge and experience and his passion for Buddhism were intense. In the attempt to try and unpack aspects of his thinking and narrative, which I was thought were interesting, Aarif would consciously or unconsciously avoid elaborating on these areas, or rather go off on a tangent! I thought to myself afterwards 'How am I going to decipher all his material?' As a researcher, I found it hard to hold the tension of wanting to know more and not being able to access the information I wanted or being denied that access. I wonder if Buddhism and mindfulness meditation was a bit of a hiding place for Aarif? I may never know this and perhaps it was actually the loss of not really knowing Aarif's true story as an unresolved process that was difficult for me.

Aarif's dualistic, and to an extent Jasmine's and Laila's, position between Buddhism and psychotherapy reminded me of the concepts within Gestalt theory and psychotherapy, namely meaning-making polarities and creative indifference, which was originally based on Friedlaender's (1918) ideas (as cited in Frambach, 2003). Gestalt theory acknowledges that all polarities in life can be experienced as ambivalence until the *It* is dissolved. Within the ambivalence is a dimension of 'want' combined with a counter dimension of 'not'. For example, Aarif may see Buddhism and psychotherapy existing as choices on opposite ends of a continuum, between one extreme and another (e.g. 'experience up' or 'theory down', open-minded or closed-minded, respectively) and thus, represent a 'want' and 'not want' decision for him. However, the theory suggests that if an individual gets to the mid-point of the continuum, he or she can experience 'creative indifference', where the polarity dissolves or the individual no longer feels pulled towards one extreme or the other and fresh possibilities can emerge. Perhaps deep down, Aarif was aware of his polarities and was still trying to find a middle ground by counterbalancing his energy?

Jasmine found that mindfulness meditation and psychotherapy brought a different quality and level of awareness as well being complementary to each other. She has integrated it into her own learning experience that fits in with her way of being even though it was not taught as part of her psychotherapy training course. However, she is wary and does not openly voice this within the community because she felt that it was going to open herself up to criticism from others. She thought mindfulness meditation as a subject could get a strong reaction from some people, and the beliefs and assumptions generally held were that one has to be a particular way to practice it or subscribe to a religion to be

involved in it. Jasmine also felt that some people within psychology and psychotherapy think they know what mindfulness is but they do not have the actual experiential knowledge of it. She personally uses mindfulness meditation and views it as a self-care package and believed if there were any ways in which it can be incorporated in psychotherapy training, it would be highly valuable for trainees.

Mindfulness meditation seems to positively affect Jasmine, Aarif, Laila's and my work with clients, therapeutic relationship and the practice and the philosophy continues to shape our values, beliefs, theoretical framework and clinical practice, and our lives.

#### Difficulties in practising and integrating mindfulness meditation

While there are indeed many benefits of mindfulness meditation, for some people, the practice can be difficult to begin with and to stay committed to on a regular basis. It is important to acknowledge some of the difficulties the trainees and I encountered and experienced along our journeys. These difficulties came through on several levels. Laila had bad dreams that frightened her, followed by feeling intense emotions during a meditation retreat. Jasmine and Aarif discovered parts of their personality that they disliked or found uncomfortable to deal with. By bringing focused awareness and concentration to their mind and body processes in meditation, these aspects were uncovered and they could then begin to work through them. I had experienced aches and pains in my body from sitting meditation on intensive retreats. Having chosen to sit in the traditional meditation posture on the floor made it more challenging for me, although the unpleasant sensations eventually passed away after a few days of practice.

These experiences imply that practising mindfulness meditation can be very mentally and physically challenging; not least of all for trainee psychological therapists who also endeavour to integrate it into their daily life and their psychotherapy training. The trainees in this study were able to manage the issues that arose in their personal practice and those in conjunction with psychotherapy training by discussing them with their meditation teacher and clinical supervisor, as well as their therapist. People take to mindfulness meditation in different ways. It is essential to find an experienced and compatible teacher who can give proper guidance and support, and recommended classes and retreats to attend. It has also been suggested that meditation may be most helpful to people who have achieved an adequate level of personality organisation (Perez De Albeniz & Holmes, 2000) or 'ego strength' (Epstein, 1996). This also applies to using mindfulness meditation with clients in therapy.

There are times when the practice and process of mindfulness can unlock and release memories and emotions that would otherwise have remain repressed. Some researchers and clinicians suggest that patients who decompensate when cognitive controls are loosened should generally not engage in formal sitting meditation (Germer, Siegel & Fulton, 2005). For example, those who have issues around trauma; memories of which can arise through concentration of breath and body sensations during meditation, or mild states of depersonalisation could trigger panic attacks (Epstein, 1996; Germer, Siegel & Fulton, 2005). Depending on the client's ego strength and support available from his or her therapist and/or meditation teacher, these released memories and emotions can be destabilising or healing. They are often disturbing for such clients and require significant effort to be integrated (Epstein, 1996). It is helpful to

advise and inform them about the possibility of painful memories surfacing during mindfulness meditation.

Segal et al. (2002) stress the importance of having a clear formulation when using mindfulness training with a specific disorder, such as psychosis. Moreover, therapists using mindfulness interventions to treat clients with psychosis need to have a very established and strong background in their personal practice of meditation and experienced in their application of mindfulness in therapy. This way the therapist is able to draw on his or her own personal resources to manage and treat psychosis in session. Working together with specialist psychiatric services, social agencies, general practitioners and clinical supervisors can also of course, provide a number of key interventions and support for the therapist.

Mindfulness traditions are explicit about the type of reactive relationship to experience/sensations that causes distress, and how to relate mindfully to them to alleviate distress. In treating and managing psychosis using mindfulness interventions in session, the general consensus amongst researchers and practitioners follows that shorter meditation sessions (10 minutes maximum) are carried out; all mindfulness practice is guided, with instructions and gentle comments or reminders being offered every couple of minutes. Therapists are also encouraged to regularly asked about client's understanding of mindfulness, as this highlighted both growing awareness and any remaining gaps in understanding. Chadwick et al. (2005) have proposed a specific theory and clinical application of how mindfulness might alleviate distress with individuals with distressing psychosis. This involves a three-stage process: centering in awareness of psychosis; allowing voices, thoughts, and images to come and go



without reacting or struggling; and reclaiming power through acceptance of psychosis and the self. It is also important to recognise that for people presently experiencing severe distressing psychosis, an emphasis on therapeutic process and relationship, as well as structure, is essential (Yalom, 1995). Other mindfulness application, such as Acceptance and Commitment Therapy, has shown promising results with people with psychosis (see Bach and Hayes, 2002).

Although some data suggest that meditation in moderation can be useful in treating those with psychosis, a scarce literature still exists on meditation and psychosis, which contains cautions against teaching it to people vulnerable to (Yorston, 2001) or currently experiencing active symptoms of psychosis (Deatherage & Lethbridge, 1975). A minority of researchers also claim that intensive meditation can induce psychotic episodes (Walsh, & Roche, 1979; Chan-ob et al., 1999). In light of these research findings, I would be very cautious in using mindfulness meditation techniques with clients or patients who have a history of psychosis or psychotic state of mind. This because, firstly, to effectively use and practice mindfulness meditation for self-observation requires an intact and functional rational component of mind, mental control, as well as sufficient motivation and effort on the part of the individual. The absence of either of those factors in any given client or patient automatically eliminates the potential usefulness of the mindfulness meditation. It may be necessary to postpone or stop using mindfulness techniques until the client or patient is able to use them effectively if optimal results are to be obtained (Deatherage, 1975).

Secondly, during the initial practice of *intensive* mindfulness meditation it is not uncommon for psychologically healthy individuals to experience intensified thoughts, feelings, emotions and even changes in their perception of reality

(Walsh, 1977). Such changes are not necessarily pathological and may be due to a heightened sensitivity to the (usually subliminal) perceptual distortions to which we are subject (Walsh, 1977). However, for those with a history of psychosis or an actively psychotic state of mind the heightened sensitivities in their symptoms such as frightening thoughts, images or disturbing auditory hallucinations may become more distressing and stressful. They may not have the mental capacity to disengage themselves from such hallucinations, delusions and/or disorganised thought processes and prevent these from escalating. This is likely to increase their anxiety and attentional focus on unwanted experiences. These types of patients require medical treatment and therefore, applying mindfulness techniques may not be suitable or helpful and may do more harm than good.

Sharma (2008) has stated that meditation (although not specified which type) can induce psychotic states via mechanisms and changes in neurochemicals, such as increased 5HT 2 receptor activation, the hallucinogenic effects of DMT increased dopamine in the temporal lobe, to name a few. A variety of schizophrenomimetic effects can also be seen as a result of these complex neurochemical changes (Sharma, 2008). Recently, Shonin and Van Gordon (2013) have investigated peer-reviewed clinical and scientific literature on meditation and psychosis and suggest that over-intensive meditation practice can actually induce psychotic episodes – including in people who do not have a history of psychiatric illness (Shonin, 2013).

Some meditation teaching organisations and retreat centres, such as the Vipassana Meditation Centre in Hereford, U.K., screen applicants for previous psychiatric and mental health history. In some cases applicants are asked to get approval from their doctor before they can be accepted. This centre has also

explicitly stated that learning Vipassana (mindfulness) with the aim of curing a mental illness never works. People who try to do this will neither understand the meditation properly nor succeed in curing the illness and may harm themselves (Vipassana Meditation, Dhamma Dipa, 2014).

In summary, there is some small-scale clinical evidence that suggests 'meditation' can induce psychotic episodes in individuals with or without a psychiatric history (Shonin, 2013). However, the quality of this evidence is highly questionable since these studies utilised very low participant numbers, they did not employ a control condition and most of the participants had a history of psychiatric illness. It is also very difficult to conclusively state that *mindfulness* (i.e., as opposed to other forms of meditation) as the source of the psychotic episodes, as these studies provided insufficient information about the *type* of meditation used. However, I am curious as to why there is not more current research, which investigates whether mindfulness meditation induces psychosis in healthy individuals? Are certain people more susceptible to a psychotic break through mindfulness? These are areas that need to be further explored and thoroughly researched to increase our understanding of mindfulness meditation and induced psychosis.

With regards to integration of mindfulness with psychotherapy, the trainees noted that there were some tensions and conflicts (highlighted in Theme 8). This can be the case when combining certain aspects of Eastern and Western philosophical and ideological systems, which I have discussed earlier in chapter one. Buddhist meditation techniques incorporated within psychology and psychotherapy are still a relatively new conception and are continuing to flourish in the field. Because

there are several schools of psychotherapy and Buddhism from which to draw, there currently is no single and formal clinical approach to its practice. As an integrative psychotherapist, I feel that it is important to grow, evolve and be informed about the changes and new research findings in this field, and to carefully consider the optimal way to integrate these into one's work. However, greater coherence and standardisation of Buddhist meditation techniques, with the recognition and acknowledgement of its traditional and cultural meanings, within psychology and psychotherapy are needed to ensure its long-term use and application in the future.

Most of the trainees, excluding myself, in this study had not embarked on their psychotherapy courses with the intention of integrating mindfulness meditation in their practice. Both Jasmine and Laila discovered it during their training, through friends or someone they were close to. However, it was because of the school of psychotherapy all the trainees chose to study in, that is, humanistic-integrative, which made it possible for them to integrate and apply mindfulness in clinical practice and step up to the challenges it brought along.

#### Issues of narcissism within mindfulness meditation and autoethnography

The issues of narcissism, identity and shame can often surround trainees and also experienced psychological therapists. Meditation and meditative practices (and autoethnographic approaches in research) have been described as narcissistic and self-indulgent.

In writing and articulating a self-narrative in this research, I have sought to displace the self onto its constitutive cultural, social and historical contexts. In

pursuing this approach, there remained the risk that I slip into a narcissistic and self-indulgence mode. It can be difficult to ascertain the critical oversights in one's own narrative, since the trap of narcissism or self-indulgence is precisely that it generates blind spots, which though I am committed to always investigate and bring into awareness, is most probably more visible to others. On the other hand, if the danger of self-indulgence is always present in autoethnographic research, the practice and nature of it has demanded me to be vigilant and to persist in continuous reflection and reflexivity.

Greben and Ruskin (1994) believe that trainee psychotherapists occupy a position of narcissistic vulnerability on various counts. This includes acquisition of new skills and learning regression in which professional self-esteem is threatened by therapeutic work to an idealised other (usually the supervisor, but it can also apply to a tutor or personal therapist) who possess knowledge and skills available to the trainee only through experience (Alonso & Rutan, 1988). The trainees' grandiose professional self can also be buffeted by the experiences of not knowing enough and not feeling in control of the clinical work. Disclosure of personal self and information during training context and therapy can pose a threat to the grandiose self (which may experience deflation, humiliation and shame). Although the studies cited here have been in the context of training and psychotherapy work, these issues can also arise within the research context.

Although mindfulness meditation can be seen as a narcissistic pursuit, the practice itself strives to confront the "illusionary ontology of the self" (Hanley, 1984, p255), exposes the ego as groundless, impermanent, empty and overcome the denials that empower the wishful image of the self (Epstein, 1986). Buddhist and Eastern psychology can show us that growth need not stop at the so-called

'mature' personalities, but in moving beyond these personalities, Eastern methods must confront narcissistic attachments that are recognised by both East and West, although described in different languages (ibid, 1986). It is important to understand the psychological concomitants of insight meditation and the impact on the self and ego. The strengthening of the ego ideal (towards which the ego strives to merge, fuse or unite) (Hanly, 1984) by concentration practices in meditation leads to a sense of cohesion, stability or serenity that can significantly relieve narcissistic anxieties of emptiness and isolation, producing a kind of 'transitional object' to which an individual can turn for refuge (Epstein, 1986). If this is done without clear awareness and insight into the nature of ego and self, then the experience of meditation practice may fuel an increasing sense of self-importance or specialness that strengthen the hold of an ideal ego (an idea which the ego has of itself). It is therefore, essential for trainees and experienced therapists to confront the reality of their narcissism and loosen its hold, and to heal through the development of self-awareness and acknowledgment of the projected aspects of themselves. To understand this interaction is to recognise both the transformative power of meditation and the pervasive influence of narcissism.

To address the issues of narcissism from an autoethnographic perspective and its philosophical parameters, it is important to consider the notion of other. The other is the ground against which the self emerges and becomes figure (Roth, 2008). Philosophers such as Paul Ricoer (1990), Jacques Derrida (1998), or Jean-Luc Nancy (2000) write there cannot be a self without the other. The other is a pre-condition of and model for the self. This is also an implication of the socio-cultural and cultural-historical approach, whereby any higher cognitive

function attributable to an individual first and foremost was a form of relation *between* individuals who constitute the culture (Vygotsky, 1986). Without the other, there is no *consciousness*. More importantly, without *consciousness* there cannot be *self-consciousness*. Even the most narcissistic piece of writing that we might imagine already implies the other (Roth, 2008) as narcissistic consciousness still derives from knowing *with* others. Also, writing and writing about one's narcissistic consciousness within an autoethnographic approach requires a language. This language, as any language, is the language of the other, which has come to me from the other, and in my writing, returns to the other (Derrida, 1998). Hence, it is a consciousness for the other as well. This relation inherently has to be thought of in terms of responsibility and ethics (Roth, 2008). We cannot do autoethnography without ethics, even if we use the 'ethno' as a pretext to write about ourselves (Ricoeur, 1991).

Closely related to the issue of narcissism is shame, which has been well documented by a number of authors, such as Morrison (1989), Wurmser (1981) and Lewis (1987) (cited in Kearns, 2005). Shame has a powerful impact on trainees in teaching groups, during supervision, personal therapy and also in psychotherapeutic encounter with clients through various dynamics. It is central to the sense of one's identity and 'one of the energies fuelling the drive for regulation and registration' (Pattison, 2000, p.1). It can contribute to a sense of vulnerability and weakness on part of trainees and increase their sense of dependence or the need for another. The practice of mindfulness meditation can help in this process to strengthen the essential qualities needed as a therapist and help in the self-regulation of emotions and attain equanimity. Here, I am not

suggesting that mindfulness meditation should be used *instead* of personal therapy, but that it can be used as an adjunct to therapy if a trainee wishes to do so. As previously discussed, using mindfulness meditation in psychotherapy is not necessarily more effective, nor therapists who do not use in mindfulness in practice are less effective: it can sometimes do more harm than good to both the therapist and client. As Fleischman (2005) noted, meditation is not for everyone: "some may not seek it, some may not value it, some may not tolerate it, and some may have other valuable paths to take" (Fleischman, 2005, p.56).

The personal and revealing approach of autoethnography may have evoked some feelings of shame in the trainees in our relational and intersubjective space. An example of this might be Laila asking me to have part of her story, that she found painful reading, to be omitted in the text. The times when trainees may have felt shame or embarrassment, consciously or unconsciously, during the research may have resulted in my reluctance to follow them or to delve into areas that might have elicited a deeper understanding of their relationship with mindfulness and psychotherapy training. As a researcher-practitioner, I found this a struggle and felt conflicted by the push and pull of holding these tensions during the process of the interviews and writing of the narratives. I felt that it was important not to further shame the trainees in the process and try to find a balance between what I thought was gentle challenging and respecting their boundaries at the same time.

Writing my personal story and experiences had been challenging for me. I did not particularly feel a sense of shame in doing the research, but I did wonder what others, especially my family and friends, would think of me if they read it. However, I also felt that it was important for me to be truthful and authentic about



my feelings and experiences. One aspect of the research process I needed to reflect upon was how exposing it was for me. It felt like I was under a magnifying glass being closely scrutinized by potential readers of this text. It made me feel vulnerable and anxious about the judgments and criticisms I might possibly receive. I felt like during these times, I could have withdrawn into myself; however, I was able to unpack and manage these concerns and issues with the support of my personal therapist at the time. She helped me to mindfully engage as well as disengage with the research, to be playful and curious when I was in contact with material that I found difficult and not to hold these aspects so tightly or personally. As the research progressed, I slowly began to find my voice, authority and a way of expressing myself in my writing. I felt more comfortable and confident in what I was doing.

### Limitations and Reflections

Although the findings in this research do not provide 'results' that produce generalisable truths, I hope that it has the potential to act as a stimulus for deeper understanding of a small number of individuals and, moreover, act as a stimulus to open new intellectual perspectives for the reader through a uniquely personal approach. I claimed the validity of this type of research could be verified in terms of meaning in relation to and in relationship with the trainees, researcher and audience (readers). As outlined above, the trainees have read and responded to the representations of their material, and this has formed part of the verification process. With regards to the audience, I have presented some of this research to my colleagues in a group meeting at Metanoia Institute and also sent my work to an external supervisor at the University of Bristol for feedback. The responses I

have received so far have been mostly positive and would suggest that this research has the capacity to communicate and to generate insight, potential to elicit affective responses, and also critical reflection in the reader or listener. However, I also recognise that each new reader will approach these stories from a different frame of reference, and therefore weave their own threads of experience into the fabric of this study.

With regards to ethical issues, the decisions I made had been on an individual basis and in consultation with the trainees and my supervisor. All of the trainees read and checked their transcripts and final stories. I had encountered a delay with regards to Aarif reading his final narrative, as he had been busy with changing jobs. However, I managed to get in touch with him again and he was eventually able to go through the amendments in his story. He has given full consent for his material to be used in this thesis and full permission for his story to be used in future publications.

I have done my best to respect the trainees' wishes and to honour their stories, and in doing so, I am accountable for their representation in this research, and as narrator of this text. In participating in the writing and telling the stories, it has been important for me, in conjunction with my research supervisor, to monitor dynamics of the transference-countertransference in my relationship with each trainee. I think there were times when my empathy blurred with identification, but I also came to realise that my personal resonance and recognition informed my empathy, and opened up areas for stories that may not have been told. Thus, in tentatively offering my own experience as a researcher, I was offering a kind of 'heterotopic space' (Foucault, 1986) where others might see reflection as well as difference. This has not been a matter of simple expediency but one of whether I

could carry out my research aims with integrity and with respect for the integrity of the other person. Was I willing and able to relate as a person, to 'be' in relation? Was this possible within a research relationship? This was important in subverting the power dynamics of researcher and the researched. On the other hand, I realise the few times when I over-identified may have closed up the process of engaging with material that was unique and different of the trainees' experience.

Within the therapeutic context, I believe the use of self-disclosure in the countertransference, if the client wishes it, can be used constructively to help illuminate and understand his or her experience of our therapeutic relationship (Maroda, 2004). Self-disclosure means having a person-to-person dialogue. In doing so, I follow Clarkson's (2003) recommendations making a clinical check in therapy (as well as in my own supervision) to look at the intended transaction and identify which relationship dynamic it is coming from. The experience of holding the tensions between being a researcher and a trainee myself, as well as a researcher and a psychotherapist may be similar to the experience of 'in-between-ness' (Siddique, 2011), which has contributed to my learning and reflexivity.

When constructing and writing the stories, the autoethnographer's voice comes out loud and powerfully across on the pages in his or her story. However, the challenge arises when the researcher writes about the contributors, and an interweaving of voices occurs in the stories. As the researcher, I have decided what to include, so in some ways this is a subjective process and also holds an issue of power as to who is actually telling the story and who listens. However, if the autoethnographer has also had the same lived experience as the contributor,

then writing will be easier because he or she has already embodied the discussed lived experience (Raab, 2013).

I have strived my best to communicate these in a transparent and collaborative way as much as possible through out the whole process of research. Shifts in power between the researcher and the researched, likewise in therapy between the therapist and client, occur constantly. Research participants will often find ways to tell the stories they want to tell rather than or perhaps they think the listener wants to hear (Trahar, 2009). Additionally, the researcher may well be bringing his or her agenda to the relational space in these contexts. As an autoethnographic researcher, I may have consciously or unconsciously wanted to be seen by my readers in a particular way, or even wanted or needed my contributors to hear something of my experiences and opinions. However, I have strived by best to engage in these elements and articulated in so far as they can be, so that readers can gauge how the complexities of 'difference' have been grappled with (Brooker & Macpherson, 1999).

Michael Jacobs (2006) writes that our past and present are intimately related, and these experiences are between the therapist and client through the transference and countertransference relationship. Similarly, this holds true between the researcher and participant and also when writing narratives. In creating and writing narratives we remember the past and present, turn life into language, and disclose to our self and others the truth of our experiences (Bochner, 2001). I have presented the trainees' past through the stories, through use of language and evocative style of autoethnography that is articulated in a transparent, collaborative and authentic way, respecting the trainee's autonomy and individual voice. However, the reality in engaging and writing this type of

research text required me to listen to not only the trainees' but other important voices that are associated with my research, that is, the voice of my supervisors and tutors who are guiding me in the completion of this project. Grappling with these voices has certainly added different layers of experiences, perspectives, and interpretations within the narratives, which I hope has made an interesting read. But it has also made me question: whom am I trying to please and represent? And which voices are heard the most?

Roland Barthes (1967) would proclaim, the real origin of a text is not in the personal characteristics of the writer, but the language and its impressions on the reader. According to Barthes, each piece of narrative contains multiple layers and meanings. In reality, writing constitutes a multi-dimensional space, which cannot be deciphered, only 'disentangled' (Barthes, 1967). Refusing to assign an ultimate meaning to the text, one refuses to fix its meaning. This gives the reader freedom to interpret the text and connect to its meanings as they appear in different contexts, which autoethnography advocates.

In my engagement with the trainees, I have needed to remain aware of the potential for the mechanisms of projective identification and countertransference in which my emotional response and reaction could involve my taking on the feelings of each trainee as if they were my own. Conversely, I have needed to acknowledge the potential for my own defense mechanisms in which I might project my fears and anxieties onto the trainees and have tried to be aware and relate mindfully as possible, as well as discussing these issues with my personal therapist.

Further explorations and implications

The issues raised by the stories, though situated, personal and particular, are relevant to all of us, whether patient, counsellor or healthcare professional. The storytellers illustrate and give insight into what they needed as students and also as clients and practitioners within the field of counselling psychology and psychotherapy. In doing so, they contribute narrative knowledge which can enhance the teaching, training and practice of counselling and psychotherapy. By focusing on the singularity of each of the trainees, offering personal understandings, intentions and meanings, I have hoped to inform and move the reader, and to challenge the positioning of student and teacher/trainer, client and therapist, the sufferer and the healer. I believe the concerns raised by the trainees have implications for mental healthcare, which I have addressed at the end of this section.

As I reflect and write about the impact of this research, I wonder: how can this discovery process enhance my capacity to be with difference, similarity and also trauma in my work as a psychotherapist? How can autoethnography and narratives act as a vehicle of meaning for other psychological therapists? Can we deepen and enhance clinical practice and research by giving voice to silent or hidden narratives using autoethnography? Can we challenge traditional research and representations in psychology and psychotherapy?

I believe autoethnography can contribute in the development of critical consciousness (Freire, 1972) of trainees, researchers and practitioners within counselling psychology and psychotherapy. This quality or skill is important to have in the training and supervision of such a group of professional individuals who are working closely with sensitive clients and material. Reflexivity is also

essential in research and practice. It is a skill that I have put to use and potentiated in this research and my psychotherapy training. I believe an approach like autoethnography formalises a reflexive attitude and processing into a research method, and proffers new understandings, actions and transformation. The interaction between autoethnography and psychotherapy is a journey of personal discovery and self-reflective process, as is also with mindfulness meditation.

Autoethnography enables the researcher and/or practitioner to construct an intimate and theoretically grounded, critical understanding of the self or identity in relation to research and professional activities. Thus it improves awareness of the researcher's or practitioner's personal influences and roles in their work with participants or clients. It also encourages engaging with 'otherness', different worldviews, ideas and beliefs, which takes us out of what is seemingly familiar and encourages us to travel to alternative places within ourselves (Bains, 2007).

A number of questions were generated over the course of the study to be addressed for future research.

- How can mindfulness meditation be used as self-therapy or a self-care package for trainee psychological therapists in their training programmes?
- How can it be used to foster or enhance qualities of self-awareness, acceptance and compassion in trainees in their work with clients?
- In what ways can these qualities be meaningfully measured and represented?
- How can narrative approaches be used to enhance trainees' personal

growth and professional development in psychotherapy?

- To what extent is a self-compassionate psychotherapist an important variable to therapeutic processes and outcomes?

Further qualitative and quantitative studies could help to identify training, educational, and clinical work needs with respect to psychotherapists' engagement in mindfulness practice. The creation of opportunities for public and professional dialogue around the experience of mindfulness meditation and cultivating compassion could serve to promote therapist wellbeing, training and clinical practice. My hopes are that the practice of mindfulness meditation by psychological therapists will facilitate awareness, genuineness, acceptance, compassionate and healing in education and clinical work environments, in which practitioners care for themselves and each other, while providing quality care to their clients.

The stories in this study give a unique opportunity for the reader to be involved in the personal and professional growth process of trainee psychological therapists. They are an invitation to share experiences and learn for one's own life. In that sense these stories might give an orientation for anyone who is interested in seeing the possibilities that are in mindfulness as an alternative learning opportunity towards personal health and well-being.

#### The use of mindfulness meditation and autoethnography in psychotherapy training and continuing professional development

Autoethnographic approaches in psychotherapy research reflect the practice of psychotherapy between the therapist and the client and how it positions people



alongside each other, therefore, recognises the reciprocal nature of conversations between the teller and the listener. I do not presume to make recommendations for practice but rather offer the following examples as suggestions to how mindfulness meditation can be used and potentially integrated into psychotherapy training programmes and continuing professional development. These suggestions have emerged from the research process and findings, and were also echoed by the trainees in our dialogues and from their experiences.

- Mindful breathing meditation as a short grounding and relaxing exercise practised by all the trainees together with their tutor/facilitator, before commencing group process or group therapy in class;
- Mindfulness meditation used as an integrated approach to conduct and guide group process in psychotherapy training, enabling discussions that give insight into trainees' experiences, thoughts, and emotions on a mind and bodily level in relation to others in the group.
- Mindfulness meditation and philosophy offered as an optional module in the first year of training, which can then be further developed and integrated into a trainee's learning and practice, if they chose to continue with it, in subsequent years of training. The module will serve as experiential learning and practice to develop essential qualities such as self-awareness, compassion, empathy needed as a psychological therapist.
- As a 'self-care package' for trainees. For example, trainees can be given mindfulness meditation CDs (with instructions from a preferred teacher or practitioner) to practice at home, in addition to keeping a journal or diary to

write down their experiences, thoughts, emotions and bodily reactions for self-reflection and reflexivity.

- As a tool for self-regulation of emotions and to attune more effectively to clients in therapy.
- As a practice to draw on to bring a sense of stability, grounded-ness and calm, in times when therapists encounter difficult or challenging client material.
- To use in conjunction with personal psychotherapy, perhaps practicing once a week for a set period of time, before or after seeing the therapist as a way to gain deeper insight into oneself or fully consolidate new knowledge and experiences gained in personal therapy.
- To develop awareness, concentration and attention to transference-countertransference dynamics in therapeutic relationships with clients, and in turn, develop critical awareness of language, discourse and imagery and their meaning in therapy.

## **Conclusion**

The journey into mindfulness meditation and psychotherapy that the trainees and I have embarked on has been long, challenging as well as rewarding. It has been one of self-discovery and discovering others – the interconnected and interdependent world we live in. This has taken courage, determination, patience, commitment, revealing our vulnerabilities and the ability to take risks, and open our selves to what is sometimes unfamiliar or unknown.

This research was inspired by my personal journey in the pursuit and practice of mindfulness meditation together with my experience in training to become a psychological therapist. I was interested in people's life journeys and stories, not only because my work involved listening to and engaging with clients' stories, but because stories can move us emotionally, resonate with others, and are created and embedded in every moment of our experience and reality. I tried to explore and understand how mindfulness meditation impacts a group of trainee psychological therapists; their personal understandings and meanings, and to convey the richness, complexity, messiness and multiplicity of the their lived experience and identity, through the method of autoethnography.

Autoethnography has opened up possibilities for evocative and innovative ways in which researchers may represent different realities, themselves and their research contributors in their texts. It has allowed me to illuminate and emphasise the insider voice in a way that other methodologies do not, and also place the personal, social and cultural frame as critical to our understanding of the world. It has encouraged me to be aware of my role in, and relationship to, the research

by situating my responses in the moment-to-moment interactions with those whom I am researching and working, and has generated critical consciousness.

There were various reasons: situational, contextual, cultural and personal – as to what brought the trainees to the practice of mindfulness meditation and how it impacted them and their psychotherapy training. The reasons were also very similar to my undertaking of the practice of mindfulness and subsequently, to become an integrative psychological therapist. Some of the reasons included a desire or a curiosity to discover one's self, to connect at a deeper mind-body level and to gain better insight into one's whole being. The roots of interest and desire could be traced back to the trainees' cultural values and personal context where there were elements of disconnection and isolation from a community they belonged to, and a search for meaning and identity.

I have found that sharing my story, being open and authentic and listening to others' stories in this research has opened my eyes to a new world of thinking representing, and has been a powerful catalyst for healing, experiencing and witnessing transformation. Our life experiences and stories are here to teach us and guide us in the discovery, exploration and development of our whole being. If we are willing to journey into those experiences, no matter how painful they may be; we have the opportunity to heal those wounds and to find the meaning held within. In a sense, we are reclaiming a part of ourselves that we have lost or disconnected from in some way.

Immersing myself in the process of autoethnography has expanded my knowledge and experience, and allowed me to work in a relational space of heightened complexity, curiosity, and concern. Maintaining a questioning,

enquiring and reflexive stance enabled me to remain open to, and to explore many possibilities for conducting qualitative research in the context of counselling psychology and psychotherapy and practising mindfulness meditation. As a researcher, I enjoyed listening to the trainees' stories. I appreciated and valued their openness, willingness to share some of their difficult and vulnerable experiences in life with me. I felt moved to hear their feedback, telling me how they were stimulated and impacted by the process of telling and reading their own stories. It allowed them to express, reflect, name, explain and make sense of their experiences, thoughts, emotions and bodily reactions in their challenging journeys into mindfulness meditation and the impact it had on their psychotherapy training. I feel my understanding and knowledge of why a particular group of trainee psychological therapists were drawn to the practice of mindfulness meditation has been enriched, not only by gathering their stories, but also by working to develop a means of representation which conveyed, as closely as possible, a sense of each individual's lived experience.

For myself as a psychological therapist, this autoethnographic journey has enhanced my capacity to be more accessible and attuned to my clients in a more complete and holistic way. In particular, this process has produced a deepened understanding and processing of how; the culture we come from can have a significant impact on our spirituality or religious practices, our personal and social beliefs and values, and our identities. I also feel more able to generate conversations and dialogue about different types of trauma and traumatic experiences with my clients, as well as feel better equipped to deal with these issues. I am more able to understand and make connections with clients who feel

disconnected, isolated, or feel that they don't belong in a certain community or milieu. I am better able to help them to find ways to reconnect and better understand themselves as people within these environments.

I hope that the stories I have represented and research I have offered you, the reader, will contribute to your learning as much as it has to mine, raise new questions in your minds, and open you up to new and more creative ways of thinking. The stories have challenged my assumptions and sustained my interest, and I hope they will yours.

## Appendix A

### Advertisement

#### **“An autoethnographic study into mindfulness meditation and its impact on psychotherapy training”**

I am conducting research, using an autoethnographic methodology, and investigating trainee psychological therapists' experience of mindfulness meditation. Autoethnography is a narrative form of inquiry that seeks to tell the stories about people's lives, their 'lived experience' within relative contexts, in a meaningful and creative way. These narratives usually include dialogue, emotion, and self-consciousness as relational and institutional stories affected by history, social structure, and culture (Ellis & Bochner, 2000).

In this study, I would like to explore how one's culture, history and personal life experiences have an influence on undertaking the practice of mindfulness meditation, and what the implications might be for psychotherapy training.

Participation will involve an audio taped, semi-structured interview, lasting approximately one and a half hours and will be arranged at a time and place that is mutually convenient. Autoethnographic methodology emphasises the researcher and researched collaboration and therefore you will be invited to co-edit the stories for credibility and validity.

Your participation will be confidential and voluntary; all identifying details from the recording, transcript and narrative will be excluded or anonymised. The data collected will be kept in accordance with the Data Protection Act (1988).

Additionally, I am looking for trainees who are of Asian ethnicity and background (born or brought up in the U.K. for majority of their life), in, at least, the second year of their training, and practicing mindfulness meditation on a regular basis for at least 1 hour a week. If you are interested in participating and would like to find out more, please contact [clarissabartlett@yahoo.co.uk](mailto:clarissabartlett@yahoo.co.uk). Thank you.

This research is for my DCPsych in Counselling Psychology and Psychotherapy at the Metanoia Institute. The research is supervised by Dr. Saira Razzaq: [saira.razzaq@sky.com](mailto:saira.razzaq@sky.com).

## Appendix B

### **Semi-structured Interview Questions**

#### **Questions related to meditation:**

1. Can you tell me what your general experience of practicing meditation is? (Probe: What do you feel and think about it?)
2. Do you remember what initially drew you to meditation? Or the time you first came into contact with meditation? (Probes: What was the key moment for you when you decided to start practising meditation? What was happening in your life at that time? Or what were you experiencing in your life at that time? What was that experience like for you?)
3. How has being part of a certain culture influenced you as a meditator and trainee psychotherapist?
4. Were there any aspects of meditation or the philosophy behind meditation that you were particularly drawn to, and what does it personally mean to you?
5. How has your journey as a meditator evolved?
6. Who are you as a result of this practice? (Probe: Who has it made you become?)

#### **Questions related to training and psychotherapy:**

1. Has practising meditation has influenced you in becoming a psychotherapist? If so in what ways?
2. How does your psychotherapy training impact you as a meditator?
3. In what ways has mindfulness meditation been helpful or unhelpful to you in your psychotherapy training?
4. Have there been any transformational experiences or notable changes in you? (If so, can you explain it in terms of emotional states, relationships, in your environment, clinical work with clients, as a trainee in the process of psychotherapy training)
5. Do you integrate meditation in work with clients? (If so, how? And if not, why?).
6. In what ways has practising meditation influenced you when making contact with clients and others?



7. What is your experience of managing difficult emotional material? (Personally and with clients).
8. How has your definition of compassion evolved through this process?
9. What are your views and opinions on meditation practice as part of training programmes to become a psychotherapist or psychologist?

### **Debrief**

1. How are you feeling right now?
2. How was the experience for you?
3. Is there anything else that you'd like to say or add about the interview?
4. Are there any questions you'd like to ask about the interview or research?
5. Ensure that the participant's therapist and supervisor are available for them to contact, if necessary.

## References

- Alonso, A. & Rutan, J. S. (1988). Shame and Guilt in Psychotherapy Supervision. In Barnfield, K. (2004). *An Introductory Manual for Intern Supervisors*. Retrieved October 2014 from: <http://www.psc.uc.edu/rs/tm/TM%20Manual%20for%20Intern%20Superv.htm>.
- Atkinson, P., & Hammersley, M. (1998). Ethnography and participant observation. Dans N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry*, pp. 110-136, Thousand Oaks, CA: Sage.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and practice*, 10(2), pp.125-143.
- Bach, P., & Hayes, S.C. (2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 70, pp.1129-1139.
- Bains, S. (2007). Transforming the wounds of racism: an autoethnographic exploration and implications for psychotherapy. Retrieved November 2013 from <http://www.psychotherapy.net/article/racism-psychotherapy>
- Barthes, R. (1967). The death of the author. *Aspen*, 5+6, Retrieved October 2014 from: <http://www.ubu.com/aspen/aspen5and6/threeEssays.html#barthes>.
- Becker, G. (1999). *Disrupted Lives: How People Create Meaning in a Chaotic World*. Berkeley and Los Angeles: University of California Press.
- Behar, R. (1996) *The Vulnerable Observer*. Boston: Beacon Books.
- Benjamin, J. (2004). 'Beyond Doer and Done to: An Intersubjective View of Thirdness,' *Psychoanalytic Quarterly* LXXIII, 5-47.
- Berger, P. L., & Luckmann, T. (1967). *The Social Construction of Reality; a Treatise in the Sociology of Knowledge*. Penguin: Harmondsworth.
- Bloor, M., Goldberg, D., & Emslie, J. (1991). Ethnostatistics and the AIDS epidemic, *British Journal of Sociology*, 42(1), pp.131-138.
- Bochner, A. (2001). Narrative's virtues. *Qualitative Inquiry*, 7(2), pp.131-157.
- Bochner, A. P., & Ellis, C. S. (2000). Communication as autoethnography. In G. J. Shepherd, J. S. John & T. Striphas (Eds.), *Communication as: Perspectives on theory*, pp. 110–122. Thousand Oaks, CA: Sage Publications, Inc.
- Brooker, R. & Macpherson, I. (1999). Communicating the processes and

outcomes of practitioner research: An opportunity for self-indulgence or a serious professional responsibility? *Educational Action Research*, 7(2), pp. 207-221.

Brown, K. W., Ryan, R. M. & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, 18(4), pp.238-241.

Bruner, J. (1986). *Actual Minds, Possible Worlds*, Cambridge, MA: Harvard University Press.

Bruner, J. (1990) *Acts of Meaning*. Cambridge, MA: Harvard University Press.

Buber, M. (1970). I and thou (W. Kaufmann, trans.). New York: Charles Scribner's Sons.

Clandinin, J. & Connelly, F.M. (2000) *Narrative Inquiry: Experience and Story in Qualitative Research*. San Francisco: Jossey-Bass.

Clandinin, D. J., & Huber, J. (in press). Narrative inquiry. In B. McGaw, E. Baker, & P. P. Peterson (Eds.), *International encyclopedia of education* (3rd ed.). New York, NY: Elsevier.

Clarkson, P. (2003). *The Therapeutic Relationship* (2<sup>nd</sup> Eds). London: Whurr Publishers.

Chadwick, P. D. J., Newman-Taylor, K. & Abba, N. (2005). Mindfulness groups for people with distressing psychosis. *Behavioural and Cognitive Psychotherapy*, 33, pp. 351–359.

Chang, H. (2007). Autoethnography: Raising Cultural Awareness of Self and Others. In G. Walford, (Ed.) *Methodological Developments in Ethnography: Studies in Educational Ethnography*, 12, pp.207-221. Oxford, UK: Elsevier.

Chang, H. (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press.

Chan-ob, T., & Boonyanaruthee, V. (1999). Meditation in association with psychosis. *Journal of Medical Association of Thailand*, 82, pp.925-929.

Christopher, J. C. & Maris, J. A. (2010). Integrating mindfulness as self-care into counseling and psychotherapy training. *Counselling and Psychotherapy Research*, 10(2), pp.114-125.

Clough, P. (2002) *Narratives and Fictions in Educational Research*. Buckingham: Open University Press.

Crane, R. & Elias, D. (2006). Being with what is. *Therapy Today*, 17(10), pp.31-33.

Davids, T. & Stede, W. (Eds) (1921/2001). Pali-English dictionary. New Delhi: Munshiram Manoharlal Publishers Pvt.

Davidson, R. J. & Begley, S. (2012). *The emotional life of your brain*. Plume: New York: Plume.

Deatherage, G. & Lethbridge, U. (1975). The clinical use of “mindfulness” meditation techniques in short-term therapy. *Journal of Transpersonal Psychology*, 7, pp.133–143.

De Silva, P. (1990). Buddhist psychology: A review of theory and practice. *Current Psychology*, 9(3), pp.236-254.

Denzin, N. K. & Lincoln, Y. S. (1994). Introduction: Entering the field of qualitative research. In N. K. Denzin & Y. S. Lincoln. (eds.). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.

Denzin, N. K. & Y. S. Lincoln (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (eds.), *Handbook of qualitative research* (2nd Ed), pp. 1-28, Thousand Oaks, CA: Sage.

Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd Ed), pp.1-32. Thousand Oaks, CA: Sage.

Derrida, J. (1981). *Positions* (A. Bass, Trans). Chicago: University of Chicago Press.

Derrida, J. (1998). *Monolingualism of the Other; or, The prosthesis of origin*. Stanford, CA: Stanford University Press.

Dimidjian, S & Lineham, M. M. (2003). Defining an agenda for future research on the clinical application of mindfulness practice. *Clinical Psychology: Science and Practice*, 10 (20), pp.166-178.

Dryden, W. (2005). The personal therapy experience of a rational emotive therapist. In J. D. Geller, J.C. Norcross & D.E. Orlinsky (eds), *The psychotherapist's own psychotherapy: patient and clinician perspectives*. New York: Oxford University Press.

Edenfield, T. M. & Saaed, S. A. (2012). An update on mindfulness meditation as a self-help treatment for anxiety and depression. *Psychology Research & Behaviour Management*, 5, pp.131–141.

Ellis, C. (1995). *Final Negotiations: A story of love, loss and chronic illness*. Philadelphia: Temple University Press.

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. Oxford: Altamira Press.

Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, 13(1), pp.3-29.

Ellis, C. (2009). Telling tales on neighbors: Ethics in two voices. *International Review of Qualitative Research*, 2(1), pp.3-28.

Ellis, C., Adams, T. E. & Bochner, A. P. (2010). Autoethnography: An Overview. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 12(1), Art. 10, <http://nbn-resolving.de/urn:nbn:de:0114-fqs1101108>.

Ellis, C. & Bochner, A. P. (2000). Autoethnography, Personal Narrative, Reflexivity. In N. K. Denzin & Y. S. Lincoln (Eds). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage Publications.

Engler, J. (2003). Being somebody and being nobody: A reexamination of the understanding of self in psychoanalysis and Buddhism. In J.D. Safran (Ed.), *Psychoanalysis and Buddhism*, pp. 35-79. Boston: Wisdom.

Epstein, M. (1995). *Thoughts without a thinker*. New York: Basic Books.

Epstein, M. (1986). Meditative transformations of narcissism. *The Journal of Transpersonal Psychology*, 18(2), pp. 143–158.

Etherington, K. (2003) *Trauma, the Body and Transformation*. London: Jessica Kingsley.

Etherington, K. (2004). *Becoming a reflexive researcher: Using our selves in research*. London: Jessica Kingsley Publishers.

Fleischman, P. R. (2005). *Karma and Chaos: New and Collected Essays on Vipassana Meditation*, New Delhi: New Age Books.

Finn, M. (1992). Transitional space and Tibetan Buddhism: The object relations of meditation, In M. Finn and J. Gartner (Eds.), *Object Relations Theory and Religious Experience*. New York: Praeger.

Follette, V., Palm, K. M., & Pearson, A. N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive-Behaviour Therapy*, 24(1), 45-61.

Foucault, M. (1980). *Power/Knowledge: Selected Interviews & Other Writings 1972-1977*. Ed. C. Gordon. Trans. C. Gordon L. Marshal J. Mephram and K. Sober. New York: Pantheon Books.

Foucault, M. (1986). Of Other Spaces. *Diacritics*, 16 Spring, pp. 22-27.

Foucault, M. (2003). *Society Must Be Defended*. New York: Picador.

Frambach, L. (2003). *The weighty world of nothingness: Salomo Friedlaender's 'Creative indifference'*. In Creative License: The Art of Gestalt Therapy, Spagnuolo Lobb, M. & Amendt-Lyon, N. (eds.), pp. 113-128. New York: Springer-Verlag Wien.

Frank, A. (1995) *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: University of Chicago Press.

Frank, A. W. (2000). The standpoint of storyteller. *Qualitative Health Research*, 10(3), pp.354-365.

Franzoi, S.L. (1996). *Social psychology*. USA: Brown & Benchmark.

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), pp.1045-1062.

Freire, P. (1972). *Cultural Action for Freedom*, New York: Penguin.

Freedman, J. & Coombs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: Norton.

Friedman, M. (1985). *The Healing Dialogue in Psychotherapy*. New York: Jason Aronson Inc.

Fromm, E. (2009). *To have or to be?* London: Bloomsbury Academic.

Galin, D. (2001). The concept "self" and "person" in Buddhism and in Western Psychology. In Wallace, B. A. (Ed). *Meeting at the roots: Essays on Tibetan Buddhism and the natural sciences*. New York: Columbia University Press.

Geller, J. D. (2005). My experiences as a patient in five psychoanalytic psychotherapies. In J. D. Geller, J.C. Norcross & D.E. Orlinsky (eds), *The psychotherapist's own psychotherapy: patient and clinician perspectives*. New York: Oxford University Press.

Geller, J.D., Norcross, J. C. & D.E. Orlinsky (eds) (2005). *The psychotherapist's own psychotherapy: patient and clinician perspectives*. New York: Oxford University Press.

Germer, C., K., Siegel, R., & Fulton, P. (2005). *Mindfulness and psychotherapy*. New York: Guilford Press.

Germer, C. K. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. New York: Guilford Press.

Gilbert, P. & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*, 13, pp.353-379.

Goody, J. (1977). *The domestication of the savage mind*. New York: Cambridge University Press.

Greben, S.E., & Ruskin, R. (1994). *Clinical perspectives on psychotherapy supervision*. Washington, DC: American Psychiatric Press.

Grepmaier, L., Mitterlehner, F., Lowe, T., Bachelor, E., Rother, W. & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment of their patients: A randomised, double blind, controlled study. *Psychotherapy and Psychosomatics*, 76(6), pp.332-338.

Grof, C. & Grof, S. (1990). *The Stormy Search for the Self: A guide to personal growth through transformational crisis*. L.A.: J. P Tarcher.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004) Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57, pp.35-43.

Gunaratana, B. H. (2002). *Mindfulness in plain English*. Boston: Wisdom Publications.

Hanly, C. (1984). Ego ideal and ideal ego. *International Journal of Psychoanalysis*, 65, pp. 253-61.

Hayes, S. C., Follette, V. M. & Linehan, M. M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioural tradition*. New York: Guilford Press.

Hendry, Joy. (2008). *An introduction to social anthropology: Sharing our worlds*. 2nd Edition ed. Basingstoke, Hampshire, UK: Palgrave Macmillan.

Hoshmand, L. T. (2005). Narratology, cultural psychology, and counseling research. *Journal of Counseling Psychology*, 52, pp.178–186.

Hofmann, S. G., Grossman, P., Devon E. Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical psychology review*, 31 (7), pp.1126-1132.

Holzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z. Vago, D. R. (2011). How Does Mindfulness Meditation Work? Proposing Mechanisms of Action From a Conceptual and Neural Perspective. *Perspectives on Psychological Science* (6) 6, pp.537-559.

Jacobs, M. (2006). *Presenting the past* (3<sup>rd</sup> Ed). England: Open University Press.

Jung C. (1951). *Fundamental questions of psychotherapy*. Princeton, NJ: Princeton University Press.

Kabat-Zinn, J. (1982). An outpatient programme in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4, pp.33-47.

Kabat-Zinn, J. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioural Medicine*, 8(2), pp.163-190.

Kabat-Zinn, J. (1994). A fifteen-year experience using mindfulness meditation and yoga in the mainstream of medicine and health care. Paper presented at the Society of Behavioural Medicine Annual Meeting; American Psychosomatic Society Annual Meeting, Boston.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present and future. *Clinical Psychology: Science and Practice*, 10(2), pp.144-156.

Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2012). Association of participation in a mindfulness program with measures of PTSD, depression and quality of life in a veteran sample. *Journal of Clinical Psychology*, 68, 101-116.

Kearns, A. (2005). *The Seven Deadly Sins: Issues in Clinical Practice and Supervision for Humanistic and Integrative Practitioners*. London: Karnac Books.

Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.

Laslett, B. (1999). Personal narratives as sociology. *Contemporary Sociology*, 28(4), pp.391-401.

Leitch, R. (2003.) *Journey into paradox: re-searching unconscious in teacher identity using creative narrative* Unpublished Ed. D. thesis.

Levine, M. (2000). *The positive psychology of Buddhism and yoga*. Mahwah, NJ: Lawrence Erlbaum.

Linehan, M. M. (1993). *Cognitive behavioural treatment of personality disorder. Diagnosis and treatment of mental disorders*. New York: Guilford.

Makransky, J. (2012). Compassion in Buddhist Psychology. In Germer, C. K. & Siegel, R. D. *Compassion and wisdom in psychotherapy*. Guilford Press.

Maris, J. A. (2009). The impact of a mind-body medicine class on counselor training: A personal journey. *Journal of Humanistic Psychology*, 49, pp.229-235.



- Martin, V. (2010). *Developing a Narrative Approach to Healthcare Research*. Milton Keynes, Bucks: Radcliffe Publishing Ltd.
- Marechal, G. (2009). Autoethnography. In: A.J. Mills, G. Durepos and E. Wiebe (Eds). *Encyclopaedia of Case Study Research*, pp. 43-45, London, Sage.
- Maroda, K. (2004). *The Power of Countertransference*. Hillsdale, NJ & London: The Analytic Press.
- Matto, H., Strolin-Goltzman, J. & Ballan, M. S. (2013). *Neuroscience for social work: current research and practice*. New York: Springer.
- May, R. (1967). *Psychology and the human dilemma*. New York: Van Nostrand.
- Mazzula, S. L. (2011). Collectivist cultures. In, S. Goldstein and J. Naglieri (Eds.) *Encyclopedia of child and behavior development*, p.390-391. Springer Publishing Company.
- McIlveen, P. (2008). Autoethnography as a method for reflexive research and practice in vocational psychology. *Australian Journal of Career Development*, 17(2), 13-20. Accessed in USQ ePrints <http://eprints.usq.edu.au>
- McLeod, J. (1994) *Doing Counselling Research*. London: Sage.
- McLeod, J. (2001). *Qualitative Research in Counselling and Psychotherapy*. London: Sage.
- Mikulas, W. L. (2007). Buddhism and Western Psychology: Fundamentals of Integration. *Journal of Consciousness Studies*, 14(4), pp.4-49.
- Mizzi, R. (2010). Unraveling researcher subjectivity through multivocality in autoethnography. *Journal of Research Practice*, 6 (1), Article M3. Retrieved 5 November 2013, from [www.jrp.icaap.org/index.php/jrp/article/view/201/185](http://www.jrp.icaap.org/index.php/jrp/article/view/201/185).
- Nancy, J. L. (2000). *Being singular plural*. Stanford, CA: Stanford University Press.
- Naht Hanh, T. (1993). *Love in action: writings on nonviolent social change*. Berkley, CA: Parallax Press.
- Nanda, J. (2005). A Phenomenological Enquiry into the Effect of Meditation on Therapeutic Practice. *Existential Analysis*, 16 (2), pp.322-335.
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, pp.139-154.
- Pattison, S. (2000). *Shame: Theory, therapy, theology*. Cambridge: Cambridge

University Press.

Patton, M. (2001) *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: Sage.

Perez De Albeniz, A. & Holmes, J. (2000). Meditation: concepts, effects and uses in therapy. *International Journal of Psychotherapy*, 5(1), pp.49-58.

Pinsof, W. M. (2005). A shamanic tapestry: my experiences with individual, marital and family therapy. In J. D. Geller, J.C. Norcross & D.E. Orlinsky (eds), *The psychotherapist's own psychotherapy: patient and clinician perspectives*. New York: Oxford University Press.

Plummer, K. (2001). The call of life stories in ethnographic research. In Paul Atkinson, Amanda Coffey, Sara Delamont, John Lofland & Lyn Lofland (Eds.), *Handbook of ethnography*, pp.395-406. Thousand Oaks, CA: Sage.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52(2), pp137-145.

Raab, D. (2013). Transpersonal approaches to autoethnographic research and writing. *The Qualitative Report*, 18 (42), pp.1-19. Retrieved from <http://www.nova.edu/ssss/QR/QR18/raab42.pdf>

Rahula, W. (1974). *What the Buddha taught* (2nd Ed.). New York: Grove Press.

Ratanakul, P. (2004). The Buddhist concept of life, suffering and death, and related bioethical issues. *Eubios Journal of Asian and International Bioethics*, 14, pp.141-146.

Reed-Danahay, D. (1997). *Auto/Ethnography: Re-writing the Self and the Social*, Oxford: Berg.

Richardson, L. (2000). New writing practices in qualitative research. *Sociology of Sport Journal*, 17, pp.5-20.

Ricoeur, Paul (1991). *From text to action: Essays in hermeneutics, II*. Evanston, IL: Northwestern University Press.

Rodriguez, N. & Ryave, A. (2002). *Systematic Self-Observation*, Thousand Oaks, CA: Sage.

Rogers, C. R. (1951). *Client-Centered Therapy*. Boston: Houghton Mifflin.

Rogers, C. R. (1980). *A Way of Being*. Boston: Houghton Mifflin.

Rorty, R. (1982). *Consequences of pragmatism (essays 1972-1980)*. Minneapolis: University of Minnesota Press.

Roth, W. M. (2008). Auto/Ethnography and the Question of Ethics. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 10(1), Art. 38. Retrieved October 2014 from: <http://nbn-resolving.de/urn:nbn:de:0114-fqs0901381>

Schure, M. B., Christopher, J. & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counselling students through yoga, meditation and qigong. *Journal of Counselling and Development*, 86(1), pp.47-56.

Scott-Hoy, K. (2002). The visitor: juggling life in the grip of text. In A P Bochner and C Ellis (eds) *Ethnographically Speaking: Auto- ethnography, Literature and Aesthetics*, Oxford, Altamira Press, pp.274-294.

Segal, Z. V., Williams J. M. G., & Teasdale J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford.

Shonin, E. & Van Gordon, W. (2013). *Can Mindfulness Meditation Induce Psychotic Episodes?* Retrieved October 2014 from: <http://edoshonin.com/2013/12/26/can-mindfulness-meditation-induce-psychotic-episodes/>

Siddique, S. (2011). Being in-between: The relevance of ethnography and auto-ethnography for psychotherapy research. *Counselling & Psychotherapy Research*, 11(4), pp. 310-316.

Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of wellbeing*. New York: Norton.

Sills, F. (2009). *Being and Becoming, The Psychodynamics, Buddhism, and the Origins of Selfhood*, North Atlantic Books.

Safran, J. (Ed.) (2003). *Psychoanalysis and Buddhism*. Massachusetts: Wisdom Publication.

Shapiro, S. L., Astin, J. A., Bishop, S. R. & Cordova, M. (2005). Mindfulness-based stress reduction for healthcare professionals: Results from a randomised trial. *International Journal of Stress Management*, 12(2), pp.164-176.

Shapiro, S. L., Brown, K. W. & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1, pp.105-115.

Schmidt, A. (2004). Healing Trauma with Meditation. *Tricycle: The Buddhist Review*. NYC: The Tricycle Foundation.

Sharma, A. (2008). *'Meditation: The future medication'*. Retrieved October 2014 from:

<http://www.rcpsych.ac.uk/pdf/Avdesh%20Sharma%20Meditation%20as%20medication2.pdf>

Sparkes, A. (1996). The fatal flaw: a narrative of the fragile body-self. *Qualitative Inquiry*, 2(4), pp.463-94.

Sparkes, A. C. (2000). Autoethnography and narratives of self: reflections on criteria in action, *Sociology of Sports Journal*, 17, pp.21-43.

Sparkes, A. (2002) *Telling Tales in Sport and Injury*. Champaign: Human Kinetics.

Spry, T. (2001). Performing autoethnography: An embodied methodological praxis. *Qualitative Inquiry*, 7, 706-732.

Spinelli, E. (2005). *The Interpreted World: An Introduction to Phenomenological Psychology*. London: Sage

Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of Relapse/Recurrence in Major Depression by Mindfulness- Based Cognitive Therapy. *Journal of Consulting and Clinical Psychology*, 68(4), pp.615- 623.

Teasdale, J. D., Moore, R. G., Hayhurst, H., Pope, M., Williams, S., & Segal, Z. V. (2002). Metacognitive Awareness and Prevention of Relapse in Depression: Empirical Evidence. *Journal of Consulting and Clinical Psychology*, 70(2), pp.275-287.

Thaddeus W.W., Pace, L. T. N., Daniel D., Adame, S. P., Cole, T. I., Sivilli, T. D., Brown, M. J., Issa, C. L. R. (2009). Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress. *Psychoneuroendocrinology*, 34(1), pp.87–98.

Thera, N. (1962). *The Heart of Buddhist Meditation*, New York: Samuel Weiser.

Thera, N. (1986). *The Power of Mindfulness*. Buddhist Publication Society.

Upton, M. R. (1999). Buddhism and medicine: Reflections. *Advances in Mind-body medicine*, 15(2), pp.138-139.

Tolich, M. (2010). A Critique of Current Practice: Ten Foundational Guidelines for Autoethnographers. *Qualitative Health Research*. doi: 10.1177/1049732310376076.

Trahar, S. (2009). Beyond the Story Itself: Narrative Inquiry and Autoethnography in Intercultural Research in Higher Education. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 10(1), Art. 30. Retrieved October 2014 from: <http://nbn-resolving.de/urn:nbn:de:0114-fqs0901308>.

Van den Hurk, P. A. M., Wiggins, T., Gionni, F., Barendregt, H. P., Speckens, A. E. M. & van Schie, H. T. (2011). *On the Relationship Between the Practice of Mindfulness Meditation and Personality - an Exploratory Analysis of the Mediating Role of Mindfulness Skills*. Published online June 18<sup>th</sup> 2011. doi: [10.1007/s12671-011-0060-7](https://doi.org/10.1007/s12671-011-0060-7).

Vipassana Meditation, Dhamma Dipa. 'Questions and answers about the technique of vipassana meditation'. Retrieved October 2014 from: <http://www.dhamma.org/en/about/qanda>

Vujanovic, A. A., Niles, B., Pietrefesa, A., Schmertz, S. K., & Potter, C. M. (2011). Mindfulness in the treatment of posttraumatic stress disorder among military veterans. *Professional Psychology: Research and Practice*, 42(1), 24.

Vygotsky, L. S. (1986). *Thought and language*. Cambridge, MA: MIT Press.

Wall, S. (2006). An autoethnography on learning about autoethnography. *International Journal of Qualitative Methods*, 5(2), Article 9. Retrieved June 2013, from [http://www.ualberta.ca/~ijqm/backissues/5\\_2/pdf/wall.pdf](http://www.ualberta.ca/~ijqm/backissues/5_2/pdf/wall.pdf)

Walker, M. & Unterhalter, E. (2004). Knowledge, Narrative Work and National Reconciliation: Storied Reflections On the South African Truth and Reconciliation Commission, *Discourse* 25, 2, pp. 279 – 297.

Walsh, R. (1977). Initial meditative experiences: I. *Journal of Transpersonal Psychology*, 9, pp.151-192.

Walsh, R., & Roche, L. (1979). Precipitation of acute psychotic episodes by intensive meditation in individuals with a history of schizophrenia. *American Psychiatry Association*, 136, pp.1085-1086.

White, M. & Epston, D. (1990) *Narrative Means to Therapeutic Ends*. New York: Norton.

Wilber, K. 1980. *The Atman Project: A Transpersonal View of Human Development*. Wheaton, IL.: The Theosophical Publishing House.

Winnicott, D. (1960). The Theory of the Parent-Child Relationship. *International Journal of Psychoanalysis*, 41, pp.585-595.

Wood, J. & Petriglieri, G. (1995). Transcending polarization: Beyond binary thinking. *Transactional Analysis Journal*, 35(1), p.31–39.

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4<sup>th</sup> ed.). New York: Basic Books.

Yeatman, A. (in press). Integrating Post-Hegelian and Psychoanalytic

Perspectives: Jessica Benjamin's Contribution to Civil Philosophy. Paper prepared for 2012 CPSA Conference University of Alberta 12-15 June. Retrieved October 2014 from <http://www.cpsa-acsp.ca/papers-2012/Yeatman.pdf>.

Yorston, G. (2001). Mania precipitated by meditation. *Mental Health, Religion and Culture*, 4, pp.209–213.