

ALEXANDER H. ROSS

# MEDITATION FOR PSYCHOTHERAPISTS

Targeted Techniques to  
Enhance Your Clinical Skills

# Meditation for Psychotherapists

*Meditation for Psychotherapists* provides students and practitioners of psychotherapy with specific meditation techniques.

Chapters offer a comprehensive theoretical and practical approach as an adjunct to established professional development tools. This is the first time specific bespoke meditation techniques have been connected to different therapeutic modalities, building on the author's already published work.

The book is accompanied by a website with audio-guided meditations and courses directed to an international audience across multiple psychotherapy models [www.arosspsychotherapy.com/meditation](http://www.arosspsychotherapy.com/meditation).

**Alexander H. Ross** is a psychodynamic psychotherapist working in the NHS and private practice in London.

“Psychological therapies have enormous potential to alleviate suffering and transform people’s lives. But they depend on psychological therapists who are both skilled and resourced to do this important and challenging work. Research tells us which therapies are effective and regardless of therapy modality that the therapist is important. This book seeks to resource therapists with mindfulness; more than this to match specific meditation techniques to therapeutic modalities.

With clarity, deep subject knowledge and a wealth of experience, this book sets out how mindfulness can support therapists in their work. Recognising that therapists bring themselves to work, Dr Ross explains how mindfulness can support their effectiveness, but also ensure they are nourished to do the work.

The book is imbued with three interwoven strands that together give it its strength. First, Dr Ross is an experienced therapist, and draws on a wealth of experience that brings the book to life and lends it humanity. Second, he walks the talk of clarity, compassion, courage, and a sense of optimism about psychotherapeutic work. Third, he draws together a deep understanding of both therapy and Buddhism. Finally, he weaves these strands together masterfully into a compelling and powerful weft.

Several research studies suggest that therapists who learn mindfulness do better personally and professionally. This is a book any therapist with an interest in mindfulness should read to enrich their work.”

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“Mindfulness has gained great popularity in recent years, but few seem to dive deeply into other types of meditation. Dr Alexander Ross has put together a marvelously broad overview of many forms of meditation and how they relate to the various schools of psychotherapy. Providing more than just academic descriptions, Dr Ross expresses insights from the depth of his own personal practice. Highly recommended for those who would like to integrate their psychotherapy with sophisticated meditation practices, complete with scripts and questions to process the exercises.”

**Richard Jishou Sears**, *PsyD, psychologist, Zen master, and author of Mindfulness: Living Through Challenges and Enriching Your Life in This Moment*

“With clarity and precision, Dr Ross deftly blends together Western psychology, neuroscience, physiology, and meditation practices, creating a superb guide for mental health practitioners looking to understand and use meditation as a clinical anchor and ally. The volume is a remarkable addition to the ongoing important dialogue between Western therapeutic approaches and the timeless wisdom of contemplative practices.”

**Fiona Brandon**, *MA, MFT, contemplative psychotherapist and co-editor of Advances in Contemplative Psychotherapy*

# **Meditation for Psychotherapists**

Targeted Techniques to Enhance  
Your Clinical Skills

Alexander H. Ross

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# Contents

<i>Preface</i> .....	ix
<i>Acknowledgements</i> .....	xii
<i>About the Author</i> .....	xiii
<i>Introduction</i> .....	xiv
<b>1 Introduction to Meditation</b> .....	<b>1</b>
<i>The Meditation Framework</i>	1
<i>Other Classifications and Definitions</i> <i>of Meditation</i>	4
<i>What Meditation Is Not</i>	11
<i>Psychotherapy and Meditation in Theory</i> <i>and Practice</i>	14
<i>What About Mindfulness?</i>	17
<i>Responding to Criticisms</i>	20
<i>The Current Evidence Base</i>	27
<b>2 Taking a Deep Breath</b> .....	<b>38</b>
<i>The Breath and Breathing</i>	38
<i>The Sigh and Slow Breathing</i>	41
<i>Beyond the Breath</i>	45
<i>A General Therapeutic Stance</i>	47
<i>Establishing the Meditation Frame</i>	56
<i>Posture</i>	56
<i>Timing</i>	58
<i>The Mouth, Nose and Eyes</i>	59
<i>Place</i>	60
<i>Beginning</i>	60
<i>Ending</i>	62
<i>Guided Meditation Exercise – Establishing the Frame</i> <i>and Exploring the Breath</i>	63

<b>3 The Psychoanalytic Stance: External Listening</b> .....	72
<i>Evenly Suspended Attention</i>	72
<i>Meditation Exercise – Developing External Listening, Evenly Suspended Attention</i>	82
<i>Without Memory or Desire and Negative Capability</i>	85
<i>Meditation Exercise – Developing External Listening, Without Memory or Desire and Negative Capability</i>	88
<i>Part 1 – Embracing Uncertainties</i>	89
<i>Part 2 – Self-Enquiry</i>	90
<b>4 The Psychoanalytic Stance: Internal Listening</b> .....	94
<i>Countertransference</i>	94
<i>Meditation Exercise – Developing Internal Listening, Countertransference</i>	105
<i>Reveries</i>	107
<i>Reveries and Breathwork in the Consultation Room</i>	111
<i>Meditation Exercise – Developing Internal Listening, Reveries</i>	114
<b>5 Body-Centred Psychotherapy: Somatic Perspectives</b> .....	119
<i>Body-Centred Countertransference</i>	119
<i>Meditation Exercise – Developing Somatic Awareness, Body Scanning</i>	126
<b>6 Person-Centred Counselling: Unconditional Positive Regard</b> .....	131
<i>Unconditional Positive Regard</i>	131
<i>Meditation Exercise – Developing Unconditional Positive Regard</i>	137

<b>7 Existential Psychotherapy: Working Phenomenologically .....</b>	<b>140</b>
<i>Existential Psychotherapy</i>	140
<i>Phenomenology</i>	142
<i>Phenomenological Reduction</i>	143
<i>Eidetic Reduction</i>	145
<i>Transcendental Reduction</i>	147
<i>Meditation Exercise – A Phenomenological Reflection</i>	149
<b>8 Mentalisation-Based Therapy: The Mentalising Stance .....</b>	<b>153</b>
<i>The Mentalising Stance</i>	154
<i>Mentalising Imagery Therapy</i>	159
<i>Nesting Doll Imagery Practice</i>	161
<i>Meditation Exercise – Developing the Mentalising Stance</i>	162
<i>Situation Solver Imagery Practice</i>	164
<i>Meditation Exercise – Developing and Maintaining Mentalising in Group Work</i>	165
<b>9 Other Complementary Techniques .....</b>	<b>170</b>
<i>Box Breathing</i>	171
<i>Walking Meditation</i>	173
<i>Progressive Muscle Relaxation</i>	175
<i>Breathing Throughout the Body</i>	178
<i>Listening</i>	181
<i>Looking</i>	183
<i>Maintaining Awareness in the Activities of Daily Life</i>	184
<i>Inside or Outside</i>	186
<i>In the Consultation Room</i>	186
<i>Before and in Between Sessions</i>	186
<i>With the Client</i>	187
<i>Reflecting on a Session or Client</i>	189
<i>The End of the Day</i>	192



**10 Troubleshooting** .....196

*Distractions – Desires, Aversions and Doubts* 197

*Agitation and Lethargy* 201

*Mindlessness* 202

*Pains* 202

*Maintaining a Practice* 206

*Index* .....210

# Preface

For the past fifteen years, I have regularly been on meditation retreats, usually silent, that might last for a day, a weekend or up to ten days. It was on one of these retreats, while I was training as a psychotherapist, that the idea which forms this book first came into my mind. At the time, I wasn't aware that it would grow to become the book I have written. Indeed, by the end of the retreat, I had actually forgotten the idea and it took a fair few months for it to bubble back up into my consciousness, a frustrating time as I knew I was onto something interesting, but for the life of me I couldn't recall exactly what it was. The idea started because on this particular ten-day retreat, a range of meditation techniques were practised. The first was for the purpose of generating concentration, then using that concentration to explore the impermanent constantly changing nature of the mind, body and external reality, followed by a meditation on goodwill to leave the retreat feeling more comfortable. At the time, the idea which emerged was that just as different meditation techniques had been taught which developed concentration, discernment or goodwill, in the same way, a specific meditation practice could be used to develop the different states of mind that a therapist has in the type of psychodynamic psychotherapy in which I was training. The idea fortunately returned to me, which was a great relief, akin to finally being able to finally vocalise something which is on the end of one's tongue.

I think back now and speculate that until that point, I had always separated these two parts of my life – psychotherapy and meditation, both in their own ways, trainings that seek to develop certain characteristics. I think now that I had perhaps been worried that one might negate or challenge the other, so I had unconsciously forgotten my idea of bringing them closer together. The more I have worked on this, the more I have found that if approached in a particular way, each can actually enhance

the other. My meditation practice is now as important to my psychotherapy work as supervision or other continuous professional development work.

Freud's concept of evenly suspended attention and the use of countertransference in the British object relations school both lent themselves well to this idea. It is these thoughts which will provide some of the content for two of the chapters. After publishing an initial paper making these connections (Ross, 2021), I then thought about different therapy modalities, which might also describe a state of mind the practitioner embodies and how other meditation techniques in which I had trained may be suited for them.

When I looked to see if this idea had been presented before, I found that, in general, off-the-peg meditation techniques, usually Zen Buddhist or secular mindfulness meditations, had been used by therapists looking to enhance their robustness, receptivity or connection with clients in quite a general way. Various trials and studies using these types of meditation techniques will be explored in the section on *The Current Evidence Base*. There had also been much written comparing various psychotherapy modalities with other spiritual, often Buddhist traditions, sometimes, but not always with a chapter on a general meditation that could support a psychotherapist in their work. What I hope to add is to show how particular states of mind can be developed with certain meditations that can match a specific psychotherapy modality and the mindset that a therapist might have when practising that therapy model.

I have also developed and taught meditation courses to students training as medical professionals for them to better manage the stress of their roles. Through this, I have gained experience in how best to approach beginners and which methods and explanations are most helpful to support others to develop an enthusiasm for meditation, which I hope this book will go some way to support across the psychotherapy community. While there has been a strong focus on using meditation as a therapeutic modality in itself, I hope that this book will show how it can be a powerful adjunct to established methods of training, which will be more familiar to readers. I know in my

own development as a clinician, meditation has been invaluable to support my own work, both for myself and my clients and I am keen to share this.

I think it is important to acknowledge that while I have what I believe to be necessary experience in both meditation and psychotherapy to speak with some expertise on the topics, I am also approaching what has been a relatively recent import to my own culture – be that professionally in psychotherapy, or speaking from a wider cultural perspective. I am conscious of this as I attempt to integrate two culturally different practices and I hope I am treating both with necessary sensitivity within this context with the awareness of where I am an insider addressing outsiders, but also vice versa. I am deeply indebted to those traditions from which I have and continue to learn, none more so than the Buddhist tradition of Thai Forest Theravada that I most identify with in my beliefs and practice. I hope that this book can aid in more integration and stimulate thought amongst places that may have seemed historically and culturally quite separate and potentially at odds with each other without denuding either of the meanings that are integral to their identity.

I am particularly enthusiastic about the benefits of meditating with others and how that enhances practice. In the spirit of this, I will be offering in-person and online courses for therapists to gain more experience and confidence in their meditation practice as well as share their experiences to develop this field. You can find out more about guided meditations and opportunities for meditation courses both online and in person on my website [www.arosspsychotherapy.com/meditation](http://www.arosspsychotherapy.com/meditation).

## References

Ross, A. (2021). On meditation and the development of the internal analytic setting. *British Journal of Psychotherapy*, 38(1), pp.98–115.

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# About the Author

**Dr Alexander Ross** trained and practised as a medical doctor before qualifying as a psychodynamic psychotherapist at the Tavistock and has over a decade's experience working with people in mental distress. Dr Ross currently works as a psychotherapist in an NHS acute crisis service and in private practice in London, UK. Dr Ross has been meditating for fifteen years with a range of different approaches, finding his home in the Thai Forest Buddhist tradition.

# Introduction

In the first instance, this book will serve as a complete introductory text for therapists of different modalities to understand what meditation is and how it can be used to complement their clinical skills. I say introductory as there will be a foundation of theory and evidence, the practicalities of how to learn and train as a meditator, how to bring the techniques into the therapy room and ways to manage common and uncommon difficulties that arise. However, it is the practice itself, which, of course, will occur beyond the reading of this book, that will support a meditator to take this introduction into their clinical work. I feel it is complete as it holds all the information, which I believe to work as an introductory guide aside from the actual practice, which comes from the meditators themselves. It is made for both therapists in training and qualified, anyone interested in the connections between different therapy modalities and meditation traditions or who has an interest in meditation and how it might be helpful in this specific area, which I feel has until now been under-investigated with literature scattered within different books and published papers. In addition to therapists, other healthcare professionals who work in the field of mental health, such as psychologists, psychiatrists and social workers, will also find elements of the book useful and I'm sure, would have much to gain from a meditation practice that aligns itself with the mindset with which they work. This book brings together and makes explicit the connections between meditation and psychotherapy practice so that you can understand how each can complement the other.

While I describe different therapy modalities and match specific techniques to them, I don't want readers to imagine that, therefore, they should only be practising that particular technique. To that end, in the latter part of the book I will describe

other methods that might be helpful for any person practising as a therapist, or not even a therapist. I would also urge you to look through the whole book, as while it might be tempting to jump to your own particular model of clinical practice, each chapter builds on the previous and I have left some of the more challenging practices to the latter chapters of the book.

I also hope that you will approach the book with an open mind. There's no getting away from the fact that meditation has its own cultural and religious associations. For this reason, I have been particular in my use of language. I have selected meditation rather than mindfulness to separate these practices from those which are more familiar to us as therapeutic techniques and so it can have as broad a definition as possible incorporating a range of different methods beyond secular mindfulness meditation. I will go into more detail about the history and reasons behind this in the *What About Mindfulness?* section. However, I am aware that in doing so, the idea of meditation comes with its own relationship and associations with religious and spiritual traditions which someone who has a more scientific background might find alienating.

While I have mostly trained within religious traditions spending varying amounts of time in Zen, Vajrayana and Theravada Buddhist communities and retreats as well as a Hare Krishna community, I will be keeping things secular and when possible related to scientific concepts in the fields of psychology, neuroscience and physiology so as to ensure as many people as possible can relate to the book. However, there will also be some explanations that I think of as more metaphorical or symbolic, which might be closer to those spiritual descriptions that others might find more meaningful. That said, I want to demystify meditation and take it a step away from what can often appear to be more magical thinking, but equally give you an opportunity to take the full potential of benefits from it when sometimes it can be presented in quite a limited and cold way. There might be aspects with which you disagree, but I hope you will be able to temporarily park some of these disagreements to find a meditation practice which resonates. I am, of course, looking forward to engaging with the full range of reactions that I expect this book will bring forth.



I often think it's helpful to approach meditation with two mindsets:

- ♦ A Scientist – to test hypotheses, discard those which do not work and converge on a hypothesis and practice which fulfils the goal of developing in whichever way you would like as a clinician and
- ♦ An Explorer – to seek out and discover new and different ways to practise outside of your usual experience, working with an open mind in potentially unfamiliar ways, reserving judgement until the full extent of the practice has been understood.

Everyone will approach this book with their own set of experiences and as such, not all the techniques will be useful or maybe even appropriate for them due to previous meditation or other experiences, concentration levels at a given time, time available for practice and many other personal and environmental reasons. In many meditation traditions there is the idea of what I call the one true path – that there is the one and only technique that will work to deliver whatever outcome the practitioner is hoping, often carrying the implication that others are inferior. I am not of this opinion, and I think that keeping in mind these two roles as scientist and explorer will allow you to discover which techniques are best for you at a given time or place without feeling too alienated by the techniques that may not resonate or may not be possible at that particular point or state.

I will start the book by describing my understanding of what meditation is. This is informed mostly by my own practice across many different meditation traditions for the past fifteen years. I will also be using some of the language which has been adapted from the work of Thanissaro Bikkhu (Geoffrey DeGraff), a Buddhist monk and scholar. Thanissaro Bikkhu has translated early Buddhist texts from the original Pali into English taking special care to pick appropriate words that express the meaning of these mental processes most accurately (Thanissaro, 2012). I find them clear, logical, closely related to my own experiences and adaptable to show connections with different psychotherapies.

I have used personal meditation experiences and my psychotherapy training and practice to adapt this work and to show equivalents and overlaps with terms in psychotherapy. I have used these terms to develop what I call a meditation framework through which a range of techniques can then be attached. I will follow this with the evidence base that has been established, showing how meditation is useful for therapists as well as the limitations of the techniques employed in this research.

Each chapter will then map out the different mindsets required for a range of psychotherapy modalities and one or more corresponding meditation techniques. The different models – psychoanalytic or psychodynamic psychotherapy, body-centred psychotherapies, person-centred counselling, mentalisation-based therapy and existential therapy have all been chosen as they have a specific description of the mindset which the therapist has when in the consultation room with clients. I will be describing this as the internal setting which I think encompasses the full range of this mindset – how it relates to the therapist themselves as well as in relation to the client. I recognise that there is a certain emphasis on the psychodynamic approach and language in the book which comes from my own specific training and experience which I hope will not alienate readers who are not so familiar with this. I have made extra efforts to explain any technical language so that readers from academic or non-clinical backgrounds will be able to follow the concepts and practices. If a reader practices another psychotherapy modality not mentioned in the book, I have no doubt that they too will still find overlaps with their own way of working due to the range of methods mentioned.

In each chapter, I will describe the internal setting for that specific therapy and map a different meditation technique onto it using the meditation framework. At the end of each chapter, there will be a full description of the technique with an accompanying audio recording of a guided meditation allowing you to practise yourself by listening along to this having read the explanation in the book. I recognise that many therapists work with a range of modalities in an integrative way and might like some other general techniques to draw on, so I end the book

with some other meditation techniques that I think complement those already presented. When describing each method, I will make connections and references to neuroscientific, physiological or psychological theories to help inform my reasoning for suggesting a specific meditation technique. I will end with a chapter on *Troubleshooting* addressing many of the difficulties that arise when meditating and ways I've found to be effective in countering them.

Different psychotherapy traditions use a range of language to describe the therapist and the person who comes to see them. I realise that some prefer counsellor, therapist or psychotherapist and patient, client or service user – each word with its own advantages, disadvantages, historical context and perspective. To keep things as broad as possible, I will be sticking to using the nomenclature of the therapist and client.

Thinking more broadly, I consider meditation a countercultural activity. Increasingly, the commodity being exchanged for supposedly free technological products is our time, but maybe more accurately our attention. Technological developments also often sell themselves as increasing efficiency but ultimately may be a drain on our internal resources and capacity for meaningful interpersonal and internal relationships. Through meditation practice, we aim to develop a stronger internal awareness and correspondingly a more considered attention. This can serve as a counterbalance to the sometimes overwhelming and highly addictive presence of technology.

Meditation also offers an opportunity for us to challenge concepts around self-identity and fixed belief systems. In recent years, society has had an increasing focus on the self through social media encouraging and emphasising self-censorship and external monitoring, which is highly encouraging of conformity. In addition, our identities are often built up around external displays of what we consume, both by algorithms designed to sell us more of these items and those to group people together with similar profiles. Meditation can offer us a perspective to peel away and bring to light some of these layers by helping us to notice that there is more flexibility and plasticity in aspects of identity and ourselves than might be initially apparent. This

might seem paradoxical as meditation, being inward gazing, could be perceived as another method of bolstering self-identity. This will be explored more in the *Responding to Criticisms* section of the book, but in brief, meditation, much like psychotherapy, can result in changes in the way we think about ourselves through greater self-understanding. Meditation can contribute to insights into how our experience of reality is potentially more self-constructed than we may realise on an everyday level, releasing ourselves from constraints and conventional understandings of more fixed identities and beliefs that may hold us back from bringing about change.

While I present this book as a complete introduction, I also want to establish the limits and boundaries of my expounding meditation as what I feel to be an important part of my work as a psychotherapist. As mentioned before, I don't believe there is one true path in terms of meditation techniques. Likewise, I don't think there is one true path in psychotherapy modalities. While I hope after reading and practising meditation, you may put it in the same category of importance as other training methods, I would not wish to suggest that it is here to replace these methods. Rather, I hope it complements established approaches. As far as reading this book and applying it independently can set a foundation for understanding and practice, I also want to emphasise that this can only get one so far. Meditating with others, especially with the guidance of a teacher preferably in person, but if not online, not only offers bespoke direction, but being around others also working in a similar way will help to further the establishment of a meditation habit greatly. I'm sure this is a familiar concept for those of you who have been through psychotherapy training, which would be impossible to do without the guidance of a supervisor and challenging without the support of peers. I also believe that the embodied presence of in-person work is superior to online because meditation is a mind and body experience and therefore, to be physically with others is preferable. I am aware, however, that this is not an opinion entirely shared by others and that online is definitely better than nothing. Research shows that lifetime persistence in a meditation practice is enhanced by having spoken with a teacher but is

negatively associated with initial exposure through technology or due to mental health issues (Lam et al., 2023). So, beginning with a book and then perhaps attending a course or retreat may be a good foundation for the onward development of meditation practice.

### Chapter Summary

- ◆ The book will serve as a complete introductory text for psychotherapists or anyone working in the field of mental health to develop a meditation practice
- ◆ There will be general meditation methods described and also ones specific to certain psychotherapy modalities
- ◆ There will be explanations throughout the book from the fields of psychology, neuroscience, physiology and more metaphorical perspectives
- ◆ Readers should approach the practice with the mindset of both an explorer and a scientist to find out what works best for them
- ◆ Meditation has a wider cultural context and potential for change beyond our professional lives
- ◆ Development can be supported by meditating with a group and working with a teacher.

### References

- Lam, S.U., Riordan, K.M., Simonsson, O., Davidson, R.J. and Goldberg, S.B. (2023). Who sticks with meditation? Rates and predictors of persistence in a population-based sample in the USA. *Mindfulness*, 14, pp.66–68.
- Thanissaro, B. (2012). *Right Mindfulness, Memory and Ardency on the Buddhist Path*. California, USA: Metta Forest Monastery.

# 1 Introduction to Meditation

## The Meditation Framework

Meditation is a practice which uses a specific type of awareness to develop the qualities of:

- ◆ **Concentration** – attention on a specific object. This can be on a range between either focussed or open concentration
- ◆ **Discernment** – the ability to make an informed judgement about the object under the spotlight of this attention. This can be on a range between either evaluating or non-judgemental discernment.

To this end, the practice utilises and refines three types of awareness loosely structured around the time continuum:

**Past** – mindfulness: Recalling the meditation object and remembering to keep it in mind

**Present** – alertness or comprehension: Awareness of what is happening, noticing what you are doing and focussed on currently

**Future** – arduency, keenness and effort: The desire and motivation to take up skilful and abandon unskilful mental qualities (these qualities are defined as skilful by whether they support the development of the desired end results of concentration and discernment around the meditation object).

The techniques in this book will use a range of primary objects for this awareness generally starting with breath – meditation techniques also commonly known as breathwork – but also meditation objects encompassing other bodily sensations, feelings, thoughts as well as using the imagination and visualisations. Each meditation technique will help to develop a specific mindset which, once developed, can then be brought to the consulting room to enhance your ability to be able to work with a client in whichever modality you work by making the internal setting more readily accessible as well as improving resilience, robustness and presence with a client. There will be suggestions for other techniques that can be utilised immediately before, during and after meeting with clients.

Comparisons can be made between different meditation techniques by showing where they sit on ranges between the three variables outlined above to display the mental qualities developed from a given meditation practice:

1. **Concentration:** Open awareness  $\leftrightarrow$  Focussed awareness
2. **Discernment:** Evaluating awareness  $\leftrightarrow$  Non-judgemental awareness
3. **Time continuum:** Remembering/mindfulness  $\leftrightarrow$  Present/alertness  $\leftrightarrow$  Future/ardency.

Meditation exists on a range between these metrics with difference styles placed at different points. The technique of a given meditation can help to develop one of these more than the other. For example, in the concentration range, you can be particularly focussed on an object such as the breath by using alertness and comprehension of the present moment and mindfulness to repeatedly return awareness to the breath when it wanders. By only concentrating on the breath, or even one particular part of the breath such as the tip of the nose, you have a focussed instead of open awareness and are more evaluating than non-judgemental by noticing other experiences that arise in other sensory modalities and abandoning focus on them in exchange for greater concentration on the object. This is a useful mental quality when listening intently to what and how a client is

talking. This technique would be more evaluating and focussed, utilising alertness and mindfulness.

On the evaluating to non-judgemental awareness range of discernment, an awareness which notices and accepts the breath and any other arising phenomena without consciously changing them would place it firmly on the non-judgemental side. In terms of concentration, it would be more of an open awareness. This mental quality supports the clinical approach of a more accepting state of mind which absorbs what a client may be saying without conscious judgement and waits for ideas and feelings to emerge from the therapist's unconscious. One perhaps more akin to Rogerian therapy which will be more fully described in the chapter on *Person-Centred Counselling*.

However, if a more evaluating awareness was chosen whereby the breath was altered in order to change the experience, a more discerning and less non-judgemental state of mind can be developed. This employs more ardency to take up a different way to change the breath to establish a consequential change in the state of mind. This conscious evaluation and reassessment of the object renders a mental quality which can be helpful to make a more conscious analysis of what a client may be expressing to the therapist and can be helpful to support a more discerning internal therapeutic setting.

It is recognised that too much of any of the metrics could be unhelpful, and having the flexibility to move between them is often desirable. These ranges therefore are a useful way to point towards mental qualities, but the actual experience of these is more ineffable and understood through practice. These examples will also make more sense once they can be attached to descriptions of internal settings in later chapters. That is why this book isn't just a list of meditation techniques but attaches them to certain internal settings and psychotherapy modalities.

Therefore, using the meditation framework, we follow the instructions of mindfulness – remembering the focus of the meditation and bringing our minds back to it, alertness – trying to stay on the meditation object in the present moment and also using ardency – putting effort into taking up the aims of the meditation and letting go of those that might get in the way or



take things in a different direction. So perhaps in a meditation method for developing the state of mind in person-centred counselling we would be generating a sense of unconditional positive regard and reducing feelings of being judgemental and trying to change the way a client is. This then produces the specific state of mind in terms of concentration and discernment, allows for thoughts that are helpful and then gets away from the idea of simply not thinking. In essence, we are giving ourselves something to do to focus on a way of being, emerging through the process of meditation.

As for the development of these internal settings, in fact, the real fruits of meditation are realised outside of the meditation itself. An analogy is that meditation is like learning to drive in a car park or parking lot. No matter how good one is at parallel parking with plenty of time and space, the skill is not really tested or developed until it is attempted with another car waiting and only a cramped space available. Likewise, reality testing the results of meditation is crucial, in this case that would be in the consultation room, but the benefits of meditation are wide-ranging, and if practised regularly, you will notice a host of physical and psychological benefits occurring professionally, but also in everyday life.

## **Other Classifications and Definitions of Meditation**

This book is different to most meditation guides in that we will take a description of a specific mindset before mapping a meditation technique onto that. Generally, the technique itself is the starting point of most meditation books, or if it is from a spiritual or religious perspective, then it shows how a meditation technique might be attached to a certain belief system or way of life. The latter might be closer to here, where instead of a belief or lifestyle, the starting point is a certain psychotherapy modality. Often, one specific mindset might be applied to a range of techniques. For example, an open, non-judgemental, present-moment awareness is brought to observing the breath, feelings of compassion or a body scan. In traditions where one technique reigns supreme, this might be the source of multiple mindsets. For example, the

technique might be breath meditation and the mindsets being different degrees of focus and insight into the connection between mind and body, and how this can be perceived as being created and therefore altered ultimately from the mind. In this book, technique and mindset are closely bound together, each influencing the other. The following classification systems are not exhaustive, but all offer different perspectives on how to think about the myriad of different approaches to meditation.

One approach to classifying meditation has been to take a *bottom-up approach* using 100 meditators to rate and combine similarities of the 20 most previously established popular techniques, trimmed down from an initial list of 309 techniques:

Based on our results, we propose a two-dimensional system of classifying meditation according to (1) the amount of body orientation in the technique, and (2) the level of activation in the technique. Furthermore, we propose seven main clusters of meditation techniques, namely: (1) Body-centered meditation, (2) mindful observation, (3) contemplation, (4) mantra meditation, (5) visual concentration, (6) affect-centered meditation, and (7) meditation with movement.

(Matko and Sedlmeier, 2019)

Another approach has been to create a phenomenological classification of mindfulness meditation in an attempt to bring together the huge array of experiences that meditators have that are sometimes all classified together as one monolithic mindfulness block (Lutz et al., 2015). The researchers present meditation across three different dimensions:

1. Object orientation – the experience of a mental state being directed towards a certain object;
2. Dereification – whether thoughts, feelings and perceptions are regarded as mental processes rather than more objective representations of external reality and
3. Meta-awareness – that state of turning the attention and noticing the state of consciousness.

There are then four secondary dimensions:

1. Aperture – the degree that attention is focussed
2. Clarity – the vividness of this attention
3. Stability – how much the experience persists and
4. Effort – how easy this can be maintained.

Criticisms of these two classifications include that the former does not incorporate techniques which are not embodied, such as those involving deep states of concentration, and the latter only involves the systems known under the umbrella of mindfulness meditation. They also do not include other important details of meditation methods (MMs), including different postures, the degree to which eyes are open or closed or where attention might be focussed on specific body regions (Sparby and Sacchet, 2022). I think this set of issues might be more directed to the first system proposed. The second is more about the meditator's experience or mindset, as I call it in this book, rather than the focus of the technique. However, it is true that these points aren't incorporated. Therefore, Sparby and Sacchet propose an integrated model incorporating the context – spiritual or secular, the intention or motivation and then the practice itself – involving the degree of effort, the connection between activity and consequential effect, and how formal this practice is. There is also a clear differentiation between whether a technique is active or receptive. The researchers conclude with a definition of meditation as an attempt to rectify the above criticisms and provide a description that is neither too broad nor narrow:

Meditation is at least one of several intentional awareness activities such as observe, focus, release, produce, imagine, and move, underpinned and unified by the activity of awareness of awareness, performed in a formal or informal setting. The practice of these activities may result in altered states of consciousness, passing through stages of development, and ultimately endpoints of practices (e.g., “awakening,” “enlightenment”) (Reddy and Roy, 2019). These states, stages, and experiences (or lack of

experience) may be motivated by and interpreted within secular or spiritual frameworks.

(Sparby and Sacchet, 2022)

In order to take a more empirical and neuroscientific approach, another method has been to review studies involving meditation and fMRI (functional magnetic resonance imagery) – a type of brain scan which measures blood flow in the brain corresponding to activity levels in those specific areas (Engström, Willander and Simon, 2021). They looked at 28 studies scanning meditators performing a range of meditation techniques. Four themes were identified:

1. The present moment
2. Wholesome qualities to cultivate
3. Unwholesome qualities to avoid
4. Attitudes

Covering four domains of brain function:

1. Cognitive
2. Affective
3. Somatic
4. Self

This provides a very broad set of categories that probably miss quite a lot of nuance between techniques and various elements of practice. However, as derived from MRI scans, it provides a useful system for future research from a neurological perspective as it has a foundation in the specific connections between brain function and meditation.

An approach to integrate the problem of the range of experiences and techniques has been to utilise a classification system based on taxonomy and systematics (the study of biodiversity) backed up by neuroscientific findings (Nash and Newberg, 2013, 2023) of which by definition, the authors found the above classification systems did not satisfy. In order to develop criteria, the intention or directionality of the technique

was selected rather than the less easily defined phenomenological perspective, longer-term goals or specific techniques. The result is a comprehensive three-tier system, which I think resolves the limitations of the other classifications above. The first tier divides the MMs into simple and complex. The simple methods are separated into three categories:

1. Affective directed methods – associated with developing different effects such as the method described in the chapter on *Person-Centred Counselling – Unconditional Positive Regard*;
2. Cognitive directed methods – associated with developing different cognitive states, such as the method described in the section on *Evenly Suspended Attention* and
3. Null directed methods – associated with developing neither a cognitive nor affective state, such as the chapter on without memory or desire and negative capability.

The complex methods are divided into four types that combine the simple methods:

1. Affective and cognitive
2. Affective and null
3. Cognitive and null
4. All three

The *Establishing The Meditation Frame* method, which I use as the foundation for all the other techniques, would probably fall into complex type 1 and when developed further in the *Breathing Throughout The Body* method found in the *Other Complementary Techniques* chapter becomes a complex type 4 method. I find the complex type 2 and 3 categories a bit harder to see how the techniques I propose fit. The authors of the paper only suggest one technique, which is more than two techniques practised consequentially. Therefore, nearly all of the meditations I present would fall into the complex category as I suggest readers to first *establish the meditation frame* before embarking on another method. Aside from this issue, it seems to cover all the potential methods I have in the book.

The third tier of classification goes into much more detail in nine categories in order to classify all the different details of the MMs that coexist within one domain:

1. The specific cognitive strategies which are prescribed within the MM directions (what one has to do in order to achieve the intended result) e.g., concentration/focused attention, passive observation without attachment, visualization and imagination, memorization and repetition, selective or effortless awareness, contemplation, introspection, inquiry, sensory perception(s)...
2. The conceptual and/or physical object(s) that are the focus of attention e.g., the breath, a mantra, a symbol, an image, a phrase, an idea, a narrative, a sound, etc. ...
3. Whether the MM (meditation method) requires certain beliefs or special knowledge, i.e., a particular religious, spiritual, metaphysical, or philosophical teaching or system. ...
4. Whether the MM requires that the eyes remain closed or open, and if particular eye movements are prescribed. ...
5. Whether the process requires a relatively static position or certain kinetic elements. Here "static" refers to a stationary body but not necessarily an immobile body, e.g., bodily movements occur but the body still remains essentially in one place, as when the meditator changes postures from an upright sitting position to a more reclined position, or experiences involuntary jerking motions. "Kinetic" refers to prescribed movements of the body such as movements of the extremities as in walking meditation, Tai Chi, and mudras (hand movements). ...
6. Whether the process is non-verbal (silent/sub-vocal), verbal (vocal), or both. ...
7. Whether a specific type of postural position is suggested or required, e.g., seated in a normal comfortable position, straight spine, lotus position, fully reclined, supine, or standing (this key could be considered as a sub-set of #5 above). ...

8. Whether the process is intrinsic (self-reliant/independent), extrinsic (dependent on the intervention or guidance of an outside person or medium), or a combination of the two.
9. Whether there are any specific recommendations for type or control of breathing, or whether a normal breathing pattern is to be maintained. ...

(Nash and Newberg, 2023)

This classification system offers the most comprehensive approach out of those I have seen and if classifications might be a way that you find it helpful to understand and categorise practices generally, then I'd encourage you to refer back to it when approaching the different MMs in this book. However, I will be utilising the meditation framework as already presented. Given that this suitable classification already exists it could seem that I am unnecessarily reinventing the wheel. However, I think as I am firstly describing a specific mindset from various psychotherapy modalities, so taking a more phenomenological perspective and then matching a meditation technique to that, I have found a more phenomenological framework to fit better with the task in hand. However, the above classifications that take a phenomenological approach seem either so simple they are exclusionary, or incorporating everything, but too complex to be useful. I have also developed this framework specifically to be used alongside psychotherapy approaches. This framework also has a more practical function as opposed to the more academic nature of a classification system and is very much focussed on outcomes. This allows the descriptions of mindsets to be mapped onto the framework and a MM extrapolated from that. These processes that are embedded in the meditation instructions match tier 3 of the Nash and Newberg classification.

In his excellent book, *Mindfulness Meditation in Psychotherapy; An Integrated Model for Clinicians*, Steven Alper (2016) presents a mindfulness pyramid: An integrated model of mindfulness to help understand mindfulness meditation as it relates to psychotherapy. This is probably the most similar publication to this book in its focus solely on how meditation can enhance a

psychotherapist’s approach, albeit coming from a different angle by applying the mindfulness pyramid to the common factors of all psychotherapists. I find this pyramid to be comprehensive for the purpose of portraying the different aspects of mindfulness in this general way:

*I describe this model as “transtheoretical” because it’s based on the assumption that mindfulness, whether or not it’s labeled as such, undergirds and informs all effective psychotherapy regardless of theory or technique.*

*(Alper, 2016, p. 35)*

However, unlike this and other books written on the topic (McCollum, 2014; Siegel, 2010), I am coming from the perspective that each of the described psychotherapy models has different mindsets and therefore require specific MMs to engender these frames of mind. Therefore, while this model suits Alper’s aims, I feel that the framework below offers a more specific approach for the focus of this book, which I hope will become more apparent in the rest of this chapter and beyond. My definition of meditation that began the chapter is also very simple – broad enough to incorporate all the techniques described in the book but acknowledging the unique nature of meditation without it simply becoming anything whereby you might be in a focussed state of mind.

## **What Meditation Is Not**

I think it is helpful at this early stage having established a framework around what meditation is, to bring in some commonly held misconceptions and discuss what falls outside of the boundaries of meditation. First, it is not the aim of meditation to be not thinking in order to reach some sort of blank mindset. Perhaps a particularly quiet state of mind might arise as a result of a very concentrated mind, but as will be explored later and also in the *Troubleshooting* section, if one puts that as the aim, then it will inevitably result in lots of thinking and agitation. Many people I teach meditation to tell me that they can’t meditate because



when they sit down to begin, they are thinking too much. It is often a relief for them to hear that not thinking isn't the aim but is often the result of a persistent practice. In many meditation traditions, there is also a big focus on staying in the present moment as a goal of meditation. This is rightly so, but I prefer to come from it at a slightly different angle that can loosen things up if it is a struggle to maintain that present moment perspective. We have already thought about mindfulness and ardency as using the past and future as a function of meditation technique. I also want to emphasise that being present is not the end point of the meditation but rather the beginning. That it is once we are dwelling in the present that we can *do* something there. That could be something active like a visualisation or a body scan, but equally might be about allowing an experience to unfold. Either way, the present moment isn't the goal but a platform or stage from which the meditation practice can take place.

Linked to this concept, there can also be a focus on reaching some kind of trance-like state. I think of a trance-like state as incorporating both a state of mindlessness and euphoria. While it might seem like quite a pleasant state, I'm not sure it is one that is conducive to the outcomes described above of concentration or discernment but is more like a kind of seemingly pleasant but unengaged state of mind. That may be desirable for people who are aiming for pleasant states or have a certain belief that this means there is some sort of communing with a divine being, but it is not of concern for our purposes here. As for other unusual experiences, such as hallucinations or extra corporeal phenomena that can arise from meditation, this may occur and it is best to consult with a meditation teacher to think together about the meaning of them and how they might connect to practice. However, again, these experiences are not the focus of the sorts of meditation as defined in this book.

When discussing meditation informally with others, they will tell me that going for a run, some other kind of exercise, or artistic activity is their meditation. I think while they might be relaxing activities and people may be in a state of flow while doing them, I wouldn't classify it as meditation simply for the fact that the aim and focus of the main activity is something else,

such as sport or physical fitness and a relaxing state comes as a byproduct. In meditation, it is the state of awareness, the specific kind of attention which forms the content of the activity rather than a process of relaxation or flow being mediated through another activity. Meditation is ultimately engaged with getting into contact with our own awareness and sensory phenomena in as direct and unmediated manner as one can reach with the focus of developing concentration and discernment.

While relaxation may very well be an outcome of meditation, it is not always so. Sometimes, challenging and uncomfortable states may arise. This doesn't mean a practitioner is doing something wrong, but that when training the mind in a different way of being, you can come up against a whole variety of resistances and discomforts both mental and physical. That said, overall, I usually advise people that the general trend of a committed meditation practice should be a calmer and kinder outlook with reference to themselves, others and their environment.

It is also necessary to explain that meditation does not necessarily equate to a pleasant experience or any of the more mystical experiences that you might have heard from many of the spiritual traditions involving euphoric or blissful states. That said, they might arise in your practice, but this shouldn't be the focus and as with not thinking, if it is, they wouldn't arise anyway. Due to much of the imagery around meditation showing either a monk in robes or some kind of model sitting with a knowing smile, in a beautiful environment, there can be an ingrained cultural expectation to have that sort of experience.

On the other side of the coin, another misconception and driver for beginners to give up is coming up against mental or physical discomfort. I remember as a child being fascinated by the page in my encyclopaedia on Buddhism – trying to follow the meditation instructions in a small box on the side of the page, but finding the psychological discomfort too much after a short period of time and stopping. It took many years before I was drawn back to practise. Just as therapy can often be a bumpy ride, so meditation can be physically and emotionally uncomfortable. The troubleshooting chapter will go some way to support you to mitigate these discomforts, however, they are inescapable.

Be it the absence of very blissful states or being exposed to lots of pain, one can be left very critical of meditation as a harmful and unpleasant experience. When I took one of my first intensive silent meditation retreats in India after my medical elective around twelve years ago, I was sharing a room with a young Australian yoga enthusiast. For the whole retreat, I was incredibly uncomfortable sitting on the floor in the scorching Indian summer heat trying my best to arrange cushions to alleviate myself of my soreness, much of which, as I eventually discovered was more a physical manifestation of psychological discomfort than my lack of flexibility. Meanwhile, my roommate was sitting with perfect posture throughout and I imagined him in some kind of deep concentration or blissful state. When we were finally able to talk at the end of the retreat, he let me know that appearances can be deceptive, and he was in great mental and physical discomfort for much of the beginning of the retreat as I was. Not too long after that, I took another similar meditation retreat and sat with far less discomfort and far more moments of peace and insight. It was not that I had suddenly become more flexible and able to sit on the floor in comfort, but I had trained my mind to be far less restless, which resulted in a very different experience. So, there may very well be pain, but also, we can adapt, change, manage it and become more robust and resilient through meditation, and also have experiences of deep peace, insight and calm.

## **Psychotherapy and Meditation in Theory and Practice**

Technique and practice, while important in both psychotherapy and meditation do differ. Practice in psychotherapy is broadly within the confines of a relationship between two people, but meditation forms a more individual reflective experience albeit often with external guidance, analogous to the relationship of a therapist and supervisor. In meditation, the relationship is between different parts of the mind with a more external guiding and interactive learning environment outside of this (be that this book, a teacher or fellow meditators). In psychotherapy, there are

also ongoing processes occurring within the client's mind and their unconscious as much as with the therapist. It is the external setting and the therapist's internal setting that helps to facilitate this, which acts more directly than a guide to a meditator. However, this is more influenced by the therapist than the client themselves. For both, the development of the practice is an iterative process of positive feedback, one where technique is constantly being revised and returned to, albeit without an idea of perfecting said technique and then stopping. Instead, it is a process essential to the development of the practice in and of itself.

In terms of technique, meditation describes specific ways of interacting with the self and then consequentially another. Psychotherapy also establishes this, but the other way around, through the relationship between therapist and client creating that change within the self for the client. In both meditation and psychotherapy, techniques are not generalisable to everyone and must adapt to the specific person. In this way, both methods require a teacher or guide with more experience to guide the subject in a bespoke manner towards the required outcome.

Both meditation and psychotherapy have a great diversity in technique and can differ hugely between traditions. Both also rely on the development of an attitude which is broadly consistent between traditions. For example, all therapists will be active listeners and empathic, which is explored more in the section on *A General Therapeutic Stance*. In all meditation techniques, concentration and discernment are embedded. It is the nature of these attitudes through technique, informed by theory, which differs.

There are also other similarities between meditation and psychotherapy traditions. Already mentioned would be the concept of an internal setting, a description of the mindset established and developed in both trainings. Self-awareness is of course, crucial for a therapist to prevent the therapist breaking boundaries or reacting with action to something that might be perceived as a provocation from a client. In meditation, self-awareness naturally arises through the process of paying attention and, therefore, observing what's occurring in the mind and body. An already mentioned typical experience for a beginner meditator might be noticing just how much the mind bounces about from thought

to thought and sensation to sensation, which, while it might be known anyway, is truly experienced in its most full and often uncomfortable way when sitting down and occupying a position of observation. Sometimes felt to be a failure for a beginner, but noticing that the mind is bubbling away like this is an important step towards greater self-awareness. Becoming aware of this, beginning to tolerate it and hopefully finding that by not reacting, it begins to settle down is a big achievement. Repeating this process, learning how to use the meditation object to settle the mind and increase focus can bring about a reduction of ruminations, but more as a side effect than an aim itself. At the same time, it can very often be too big an obstacle for a beginner preventing continuation on the very brink of an important insight.

When faced with the whole range of emotions that a client brings to the consulting room, robustness is another important feature in psychotherapy and is shared with meditation. Robustness or resilience helps to keep the therapist level-headed when they might be faced with high levels of distress. It is especially the aspect of mindfulness, remembering to keep the meditation object in mind which helps to develop this faculty. Every time the mind wanders from the meditation object, the mind remembers it is trying to focus on the object and attention is brought back in an empathic way. This action, when faced with a range of physical and psychological experiences in meditation that might urge the meditator to stop altogether, helps to develop this capacity and is necessary as one of the factors which can be the focus of ardency – to take up in the future through practice. Just as with psychotherapy, it is important not to see this as the primary focus; too much robustness makes us impervious and cold. It is crucial to have that balance to remain sensitive enough without being swept away. Bringing in empathy towards ourselves when practising helps to modify some of the discomfort and potential frustration, also balancing this potential for detachment. There are also ways to meditate, which bring about more pleasant sensations which can make a more focussed state of mind more desirable than the temptations of mind wandering, daydreaming and fantasising.

Lastly, the importance of establishing a frame is present for both. In psychotherapy, this is generally thought of as a reasonably

consistent environment, including the location and timing, but also other aspects comprising confidentiality, reliability of the therapist and the emotional environment, which inevitably derives from the therapist's internal setting. The establishment of the meditation frame will be explored in the first guided meditation at the end of the chapter encompassing location, timing, physical position and regularity. Just as in psychotherapy, this is established at each session functioning to ground the mind in the body and creating a modicum of calm.

## What About Mindfulness?

First, I think it is helpful to note the origins of the use of the word mindfulness as a descriptor for a certain aspect of meditation as I have used it, or for the whole meditation itself as is common in recent years. The British translator of Buddhist texts, Thomas Rhys Davids, who founded the Pāli Text society in 1881 (Pāli being the language of the earliest Buddhist texts) selected it as the translation of the word *sati* (Alabaster, 1871, p.197) beating him to the use of the word with a translation of *sati* as *the act of keeping oneself mindful*). *Sati* is present in descriptions of meditation practice as well as one of the factors in the eight-fold noble path in Buddhism, which is a guide to the way out of stress and suffering. Rhy Davids most probably adapted the word mindful from the Anglican prayer before meals, changing it from the adjective mindful to the noun mindfulness:

*Give us grateful hearts,  
O Father, for all thy mercies,  
And make us mindful  
Of the needs of others;  
Through Jesus Christ our Lord.  
Amen.*

The etymology of the word *sati* itself points towards a description that is closer to *remembering to observe*, joining aspects of remembering and observing together. Therefore, the English

word mindfulness is already an approximation of the original meaning of the word (Walpola, Walpola and Toneatto, 2022), but the aspect of remembering is a central part of it. Some contemporary languages also point towards this, such as Javanese, spoken by people from Java, Indonesia. Javanese has etymological origins in Sanskrit that is consequentially derived from Pali. In Javanese the word for remember – *eling* is the same as the word for mindful.

In addition, it might come as a surprise that in Buddhism, the religion probably most associated with meditation and the techniques from which have formed many secular mindfulness practices, there isn't actually a specific word for meditation in the early texts. Practitioners were instead urged to concentrate their minds or develop mindfulness to establish certain mental states of high concentration or insights into the nature of reality. Sometimes, the word *bhāvanā* in Pali, roughly translated as becoming or development, *padhāna* meaning striving, and others can be thought of as analogous to meditation. Therefore, the word mindfulness has filled some of this gap.

The contemporary psychological mindfulness movement defines mindfulness as

... the awareness that emerges through paying attention on purpose, in the present moment and nonjudgmentally, to things as they are.

(Segal, Williams and Teasdale, 2013, p. 132)

This is from its probably the most well-known application in therapy for mindfulness-based cognitive behaviour therapy (MBCT) and also mindfulness-based stress reduction (MBSR) (Kabat-Zinn, 2013). Using the meditation framework above, this could be defined as a more open, non-judgemental awareness where alertness to the present moment is most emphasised.

In MBSR and MBCT mindfulness *is* meditation. In contrast, I have presented mindfulness simply as remembering to keep an object in mind, which is a more specific, narrow definition, similar to the early Buddhist meaning of *sati* above, where *sati* was but one aspect of a description of a practice that

incorporated different features, not just remembering to keep the object in mind. Therefore, by putting mindfulness into a larger stable with other mental qualities, each mental quality can be investigated and adjusted to bring about different outcomes. This means meditation techniques can be tailored to those mental qualities that a specific internal therapeutic setting may require. The contemporary mindfulness definition as a complete meditation technique would not allow for any changes with only a present moment, open, non-judgemental type of awareness utilised. While this mindset could be applied to different meditation objects such as the breath, while walking or specific body parts, the present moment, open, non-judgemental perspective remains constant. So, for example, as more thoroughly explained later, at times it can be advantageous to alter the meditation object, such as the breath, rather than accept, however, it may be at the time, taking a less non-judgemental and more discerning attitude. Therefore, while mindfulness by this definition has its place and purpose, it couldn't be altered and adapted as I am working towards in this book and, therefore, has not been used, despite perhaps being a more familiar approach.

That's not to say that the above technique is intrinsically less helpful than others. All practitioners of MBSR, MBCT and the other therapies that incorporate mindfulness into their treatment are encouraged to maintain their own practice, just as many psychotherapists will often maintain their own treatment with a therapist generally from their own modality. With MBCT practitioners, maintaining a mindfulness practice is both to inform their work as therapists but more so for them to get the benefits of the mindfulness work themselves. Of course, there is a huge body of evidence that shows how this technique in concert with different therapeutic approaches has a huge potential to support people.

What I would say, is I find this style of mindfulness meditation can be quite a challenging technique with which to begin practising meditation. By employing open awareness combined with a non-judgemental approach, a meditator has to contend with quite a lot of raw experiences coming into the mind due to this choiceless attention, which can be overwhelming to someone



who may not yet have the mental strength to manage such unfiltered thoughts, feelings and emotions arising. Once mental robustness has been developed, or perhaps is already present, this style of meditation is incredibly powerful. I have found that this approach of choiceless awareness can bring about a great sense of ease and calm when I have already reached a place that can tolerate its various challenges, after say using the breath or another object to alter and calm various emotional, physical and physical experiences.

There has been a move towards incorporating a wider range of techniques taught into mindfulness teacher training and delivery in the past ten years for this reason, of which this book forms a part. A study of 64 randomly selected therapists in German found that while 82% reported using mindfulness techniques sometimes with their clients, most offer that in a more eclectic manner than is described by their trainings (Michalak, Steinhaus and Heidenreich, 2018). Therefore, there is a desire to seek out methods beyond these most well-known approaches. That said, this technique is most often thought of as associated with the word mindfulness, or what is sometimes referred to as *mindfulness meditation*. I have continued to use the word as I think it sums up the definition I am using well. I hope these paragraphs have served to clear up any confusion.

## Responding to Criticisms

There are a host of criticisms about meditation of which the reader may be aware, which I think would be helpful to acknowledge both in order to recognise the limitations of meditation, and also address and counter some of the others. I will try to show how they might relate to the use of meditation for psychotherapists and some of the ways in which this book manages them. It is important to recognise that psychotherapy, as practised in most contexts, has been dominated by thinking and research from a Western and predominately Eurocentric perspective. Bringing in cultural practices from outside is I believe, an enriching process. However, it can be experienced as an intrusion especially

## Introduction to Meditation

- Aggs, C. and Bambling, M. (2010). Teaching mindfulness to psychotherapists in clinical practice: The mindful therapy programme. *Counselling and Psychotherapy Research* , 10(4), pp.278–286.
- Alabaster, H. (1871). *The Wheel of the Law. Buddhism Illustrated from Siamese Sources* . London: Trübner.
- Alper, S.A. (2016). *Mindfulness Meditation in Psychotherapy* . California, CA: New Harbinger Publications.
- Bourgault, M. and Dionne, F. (2018). Therapeutic presence and mindfulness: Mediating role of self-compassion and psychological distress among psychologists. *Mindfulness* , 10(4), pp.650–656.
- Christopher, J.C. , Chrisman, J.A. , Trotter-Mathison, M.J. , Schure, M.B. , Dahlen, P. and Christopher, S.B. (2010). Perceptions of the long-term influence of mindfulness training on counselors and psychotherapists. *Journal of Humanistic Psychology* , 51(3), pp.318–349.
- Davidson, R.J. and Lutz, A. (2008). Buddha's brain: Neuroplasticity and meditation. *IEEE Signal Processing Magazine* , 25(1), pp.176–174.
- Dorian, M. and Killebrew, J.E. (2014). A study of mindfulness and self-care: A path to self-compassion for female therapists in training. *Women & Therapy* , 37(1–2), pp.155–163.
- Dunn, R. , Callahan, J.L. , Swift, J.K. and Ivanovic, M. (2013). Effects of pre-session centering for therapists on session presence and effectiveness. *Psychotherapy Research* , 23(1), pp.78–85.
- Engström, M. , Willander, J. and Simon, R. (2021). A review of the methodology, taxonomy, and definitions in recent fMRI research on meditation. *Mindfulness* , 13(3), pp.541– 555.
- Farias, M. , Maraldi, E. , Wallenkampf, K.C. and Lucchetti, G. (2020). Adverse events in meditation practices and meditation-based therapies: A systematic review. *Acta Psychiatrica Scandinavica* , 142(5), pp.374–393.
- Fatter, D.M. and Hayes, J.A. (2013). What facilitates countertransference management? The roles of therapist meditation, mindfulness, and self-differentiation. *Psychotherapy Research* , 23(5), pp.502–513.
- Felton, T.M. , Coates, L. and Christopher, J.C. (2013). Impact of mindfulness training on counseling students' perceptions of stress. *Mindfulness* , 6(2), pp.159–169.
- Freud, S. (1930) Civilization and its discontents. *SE XI* (57–146). London: Hogarth Press.
- Garrote-Caparrós, E. , Bellosta-Batalla, M. , Moya - Albiol, L. and Cebolla, A. (2021). Effectiveness of mindfulness-based interventions on psychotherapy processes: A systematic review. *Clinical Psychology & Psychotherapy* , 29(3), pp.783–798.
- Garrote-Caparrós, E. , Lecuona, Ó ., Bellosta-Batalla, M. , Moya-Albiol, L. and Cebolla, A. (2022). Efficacy of a mindfulness and compassion-based intervention in psychotherapists and their patients: Empathy, symptomatology, and mechanisms of change in a randomized controlled trial. *Psychotherapy* , 59(4), pp.616–628.
- Goldberg, S.B. , Lam, S.U. , Britton, W.B. and Davidson, R.J. (2022). Prevalence of meditation-related adverse effects in a population-based sample in the United States. *Psychotherapy Research* , 32 (3), pp.291–305.
- Goyal, M. , Singh, S. , Sibinga, E.M.S. , Gould, N.F. , Rowland-Seymour, A. , Sharma, R. , Berger, Z. , Sleicher, D. , Maron, D.D. , Shihab, H.M. , Ranasinghe, P.D. , Linn, S. , Saha, S. , Bass, E.B. and Haythornthwaite, J.A. (2014). Meditation programs for psychological stress and well-being. *JAMA Internal Medicine* , 174(3), p.357.
- Grepmair, L. , Mitterlehner, F. , Loew, T. and Nickel, M. (2007a). Promotion of mindfulness in psychotherapists in training: Preliminary study. *European Psychiatry* , 22(8), pp.485–489.
- Grepmair, L. , Mitterlehner, F. , Loew, T. , Bachler, E. , Rother, W. and Nickel, M. (2007b). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics* , 76(6), pp.332–338.
- Hemanth, P. and Fisher, P. (2014). Clinical psychology trainees' experiences of mindfulness: An interpretive phenomenological analysis. *Mindfulness* , 6(5), pp.1143–1152.
- Hopkins, A. and Proeve, M. (2013). Teaching mindfulness-based cognitive therapy to trainee psychologists: Qualitative and quantitative effects. *Counselling Psychology Quarterly* , 26(2),

pp.115–130.

- Hunt, C.A. , Goodman, R.D. , Hilert, A.J. , Hurley, W. and Hill, C.E. (2021). A mindfulness-based compassion workshop and pre-session preparation to enhance therapist effectiveness in psychotherapy: A pilot study. *Counselling Psychology Quarterly* , 35(3), pp.546–561.
- Ivanovic, M. , Swift, J.K. , Callahan, J.L. and Dunn, R. (2015). A multisite pre/post study of mindfulness training for therapists: The impact on session presence and effectiveness. *Journal of Cognitive Psychotherapy* , 29(4), pp.331–342.
- Kabat-Zinn, J. (2013) *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* . Revised and Updated Edition. New York: Bantam Books.
- Kalmar, J. , Bressler, C. , Gruber, E. , Baumann, I. , Vonderlin, E. , Bents, H. , Heidenreich, T. and Mander, J. (2024). Mindfulness skills in trainee child and adolescent psychotherapists: Exploring the effects of mindfulness-based workshops in a mixed-methods study. *Counselling and Psychotherapy Research* , 24(1), pp.154–168.
- Keane, A. (2013). The influence of therapist mindfulness practice on psychotherapeutic work: A mixed-methods study. *Mindfulness* , 5(6), pp.689–703.
- Lalor, J. and Khoshfetrat, A. (2023). An examination of the association between mindfulness and compassion for others in psychotherapists: A mediating role of self-compassion. *Counselling and Psychotherapy Research* .  
<https://onlinelibrary.wiley.com/doi/10.1002/capr.12735>
- Latorre, C. , Leppma, M. , Platt, L.F. , Shook, N. and Daniels, J. (2021). The relationship between mindfulness and self-compassion for self-assessed competency and self-efficacy of psychologists-in-training. *Training and Education in Professional Psychology* , 17(2), pp.213–220.
- Lutz, A. , Jha, A.P. , Dunne, J.D. and Saron, C.D. (2015). Investigating the phenomenological matrix of mindfulness-related practices from a neurocognitive perspective. *American Psychologist* , 70(7), pp.632–658.
- Mahasi, S. (2016). *Manual of Insight* . Massachusetts: Wisdom Publications.
- Matko, K. and Sedlmeier, P. (2019). What is meditation? Proposing an empirically derived classification system. *Frontiers in Psychology* , 10, p.2276.
- Mccollum, E.E. (2014). *Mindfulness for Therapists : Practice for the Heart* . New York: Routledge, Taylor & Francis Group.
- Michalak, J. , Steinhaus, K. and Heidenreich, T. (2018). (How) do therapists use mindfulness in their clinical work? A study on the implementation of mindfulness interventions. *Mindfulness* , 11(2), pp.401–410.
- Millon, G. and Halewood, A. (2015). Mindfulness meditation and countertransference in the therapeutic relationship: A small-scale exploration of therapists' experiences using grounded theory methods. *Counselling and Psychotherapy Research* , 15(3), pp.188–196.
- Montero-Marin, J. , Allwood, M. , Ball, S. , Crane, C. , De Wilde, K. , Hinze, V. , Jones, B. , Lord, L. , Nuthall, E. , Raja, A. , Taylor, L. , Tudor, K. , Blakemore, S.-J. , Byford, S. , Dalgleish, T. , Ford, T. , Greenberg, M.T. , Ukoumunne, O.C. , Williams, J.M.G. and Kuyken, W. (2022). School-based mindfulness training in early adolescence: What works, for whom and how in the MYRIAD trial? *Evidence Based Mental Health* , 25(3), pp.117–124.
- Moore, P. (2008). Introducing mindfulness to clinical psychologists in training: An experiential course of brief exercises. *Journal of Clinical Psychology in Medical Settings* , 15(4), pp.331–337.
- Nash, J.D. and Newberg, A. (2013). Toward a unifying taxonomy and definition for meditation. *Frontiers in Psychology* , 4:2206, pp.464–499.
- Nash, J.D. and Newberg, A.B. (2023). An updated classification of meditation methods using principles of taxonomy and systematics. *Frontiers in Psychology* , 13:1062535, pp.01–20.
- Purser, R. (2019). *McMindfulness: How Mindfulness Became the New Capitalist Spirituality* . London: Repeater.
- Reddy, J.S.K. and Roy, S. (2019). Understanding meditation based on the subjective experience and traditional goal: Implications for current meditation research. *Frontiers in Psychology* , 10:1827, pp.01–09.
- Rimes, K.A. and Wingrove, J. (2010). Pilot study of mindfulness-based cognitive therapy for trainee clinical psychologists. *Behavioural and Cognitive Psychotherapy* , 39(2), pp.235–241.

- Ryan, A. , Safran, J.D. , Doran, J.M. and Muran, J.C. (2012). Therapist mindfulness, alliance and treatment outcome. *Psychotherapy Research* , 22(3), pp.289–297.
- Segal, Z.V. , Williams, J.M.G. and Teasdale, J.D. (2013). *Mindfulness-Based Cognitive Therapy for Depression* , 2nd Edition. New York: The Guilford Press.
- Shapiro, S.L. , Brown, K.W. and 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(2), pp.105–115.
- Shonin, E. and Van Gordon, W. (2014). Managers' experiences of meditation awareness training. *Mindfulness* , 6(4), pp.899–909.
- Siegel, D.J. (2010). *The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration* . New York: W.W. Norton & Co.
- Sparby, T. and Sacchet, M.D. (2022). Defining meditation: Foundations for an activity-based phenomenological classification system. *Frontiers in Psychology* , 12:795077, pp.1–16.
- Spinelli, C. , Wisener, M. and Khoury, B. (2019). Mindfulness training for healthcare professionals and trainees: A meta-analysis of randomized controlled trials. *Journal of Psychosomatic Research* , 120, pp.29–38.
- Swift, J.K. , Callahan, J.L. , Dunn, R. , Brecht, K. and Ivanovic, M. (2017). A randomized-controlled crossover trial of mindfulness for student psychotherapists. *Training and Education in Professional Psychology* , 11(4), pp.235–242.
- Taylor, G.B. , Vasquez, T.S. , Kastrinos, A. , Fisher, C.L. , Puig, A. and Bylund, C.L. (2022). The adverse effects of meditation-interventions and mind-body practices: A systematic review. *Mindfulness* , 13, pp.1839–1856.
- Rodriguez Vega, B. , Melero-Llorente, J. , Bayon Perez, C. , Cebolla, S. , Mira, J. , Valverde, C. and Fernández-Liria, A. (2013). Impact of mindfulness training on attentional control and anger regulation processes for psychotherapists in training. *Psychotherapy Research* , 24(2), pp.202–213.
- Van Gordon, W. , Shonin, E. and Griffiths, M.D. (2015). Towards a second generation of mindfulness-based interventions. *Australian & New Zealand Journal of Psychiatry* , 49(7), pp.591–592.
- Walpolá, P. , Walpolá, I. and Toneatto, T. (2022). A contemporary model for right mindfulness based on Theravada Buddhist texts. *Mindfulness* , 13, pp.2714–2728.

## Taking a Deep Breath

- Alper, S.A. (2016). *Mindfulness Meditation in Psychotherapy* . California, CA: New Harbinger Publications.
- Balban, M.Y. , Neri, E. , Kogon, M.M. , Weed, L. , Nouriani, B. , Jo, B. , Holl, G. , Zeitzer, J.M. , Spiegel, D. and Huberman, A.D. (2023). Brief structured respiration practices enhance mood and reduce physiological arousal. *Cell Reports Medicine* , 4, 100895, pp.01–10.
- Ben-Tal, A. , Shamailov, S.S. and Paton, J.F.R. (2012). Evaluating the physiological significance of respiratory sinus arrhythmia: Looking beyond ventilation-perfusion efficiency. *The Journal of Physiology* , 590(8), pp.1989–2008.
- Bernardi, L. , Spadacini, G. , Bellwon, J. , Hajric, R. , Roskamm, H. and Frey, A.W. (1998). Effect of breathing rate on oxygen saturation and exercise performance in chronic heart failure. *Lancet* , 351(9112), pp.1308–1311.
- Bion, W.R. (1962). *Learning from Experience* . London: Heinemann.
- Bremer, B. , Wu, Q. , Mora Álvarez, M.G. , Hölzel, B.K. , Wilhelm, M. , Hell, E. , Tavacioglu, E.E. , Torske, A. and Koch, K. (2022). Mindfulness meditation increases default mode, salience, and central executive network connectivity. *Scientific Reports* , 12(1), p.13219.
- Burgess, J. , Ekanayake, B. , Lowe, A. , Dunt, D. , Thien, F. and Dharmage, S.C. (2011). Systematic review of the effectiveness of breathing retraining in asthma management. *Expert Review of Respiratory Medicine* , 5(6), pp.789–807.
- Byeon, K. , Choi, J.-O. , Yang, J.H. , Sung, J. , Park, S.W. , Oh, J.K. and Hong, K.P. (2012). The response of the vena cava to abdominal breathing. *Journal of Alternative and*

*Complementary Medicine* , 18(2), pp.153–157.

Castonguay, L.G. and Beutler, L.E. (2006). *Principles of Therapeutic Change that Work* . New York: Oxford University Press.

Condon, P. , Desbordes, G. , Miller, W.B. and DeSteno, D. (2013). Meditation increases compassionate responses to suffering. *Psychological Science* , 24(10), pp.2125–2127.

Del Negro, C.A. , Funk, G.D. and Feldman, J.L. (2018). Breathing matters. *Nature Reviews Neuroscience* , 19(6), pp.351–367.

Fox, K.C.R. , Zakarauskas, P. , Dixon, M. , Ellamil, M. , Thompson, E. and Christoff, K. (2012). Meditation experience predicts introspective accuracy. *PLoS ONE* , 7(9), p.e45370.

Goenka, S.N. (1987). *The Discourse Summaries* . Maharashtra: Vipassana Research Institute.

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

Ito, S. , Sasano, H. , Sasano, N. , Hayano, J. , Fisher, J.A. and Katsuya, H. (2006). Vagal nerve activity contributes to improve the efficiency of pulmonary gas exchange in hypoxic humans. *Experimental Physiology* , 91(5), pp.935–941.

Jha, A.P. , Krompinger, J. and Baime, M.J. (2007). Mindfulness training modifies subsystems of attention. *Cognitive, Affective, & Behavioral Neuroscience* , 7(2), pp.109–119.

Kuppusamy, M. , Dilara, K. , Ravishankar, P. and Julius, A. (2017). Effect of Bhrāmārī Prāṇāyāma practice on pulmonary function in healthy adolescents: A randomized control study. *Ancient Science of Life* , 36(4), p.196.

Li, C. , Chang, Q. , Zhang, J. and Chai, W. (2018). Effects of slow breathing rate on heart rate variability and arterial baroreflex sensitivity in essential hypertension. *Medicine* , 97(18), p.e0639.

Livesley, W.J. (2007). An integrated approach to the treatment of personality disorder. *Journal of Mental Health* , 16(1), pp.131–148.

Loizzo, J.J. (2016). The subtle body: An interoceptive map of central nervous system function and meditative mind-brain-body integration. *Annals of the New York Academy of Sciences* , 1373(1), pp.78–95.

Lundberg, J.O. (2008). Nitric oxide and the paranasal sinuses. *The Anatomical Record: Advances in Integrative Anatomy and Evolutionary Biology* , 291(11), pp.1479–1484.

Lutz, A. , Brefczynski-Lewis, J. , Johnstone, T. and Davidson, R.J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: Effects of meditative expertise. *PLoS ONE* , 3(3), p.e1897.

Lutz, A. , Greischar, L.L. , Perlman, D.M. and Davidson, R.J. (2009). BOLD signal in insula is differentially related to cardiac function during compassion meditation in experts vs. novices. *NeuroImage* , 47(3), pp.1038–1046.

MacLean, K.A. , Ferrer, E. , Aichele, S.R. , Bridwell, D.A. , Zanesco, A.P. , Jacobs, T.L. , King, B.G. , Rosenberg, E.L. , Sahdra, B.K. , Shaver, P.R. , Wallace, B.A. , Mangun, G.R. and Saron, C.D. (2010). Intensive meditation training improves perceptual discrimination and sustained attention. *Psychological Science* , 21(6), pp.829–839.

Mahasi, S. (2016). *Manual of Insight* . Massachusetts: Wisdom Publications.

McCollum, E.E. (2014). *Mindfulness for Therapists: Practice for the Heart* . New York: Routledge.

Nestor, J. (2022). *Breath: The New Science of a Lost Art* . Riverhead Books.

Norcross, J.C. (Ed.). (2011). *Psychotherapy Relationships that Work: Evidence-Based Responsiveness* , 2nd Edition. New York: Oxford University Press.

Ochs, M. , Nyengaard, J.R. , Jung, A. , Knudsen, L. , Voigt, M. , Wahlers, T. , Richter, J. and Gundersen, H.J.G. (2004). The number of alveoli in the human lung. *American Journal of Respiratory and Critical Care Medicine* , 169(1), pp.120–124.

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

Perl, O. , Ravia, A. , Rubinson, M. , Eisen, A. , Soroka, T. , Mor, N. , Secundo, L. and Sobel, N. (2019). Human non-olfactory cognition phase-locked with inhalation. *Nature Human*

*Behaviour* , 3(5), pp.501–512.

Pramanik, T. , Pudasaini, B. and Prajapati, R. (2010). Immediate effect of a slow pace breathing exercise Bhramari Pranayama on blood pressure and heart rate. *Nepal Medical College Journal* , 12(3), pp.154–157.

Siegel, D.J. (2010). *The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration* . New York: W.W. Norton & Co.

Stromberg, S.E. , Russell, M.E. and Carlson, C.R. (2015). Diaphragmatic breathing and its effectiveness for the management of motion sickness. *Aerospace Medicine and Human Performance* , 86(5), pp.452–457.

Tang, Y.-Y. , Hölzel, B.K. and Posner, M.I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience* , 16(4), pp.213–225.

Trivedi, G.Y. , Sharma, K. , Banshi Saboo, S. , Kathirvel, A. , Konat, V. , Zapadia, Prajapati, P.J. , Benani, U. , Patel, K. and Shah, S. (2023). Humming (simple Bhramari Pranayama) as a stress buster: A Holter-based study to analyze heart rate variability (HRV) parameters during Bhramari, physical activity, emotional stress, and sleep. *Cureus* , 15(4), e37527.

Vialatte, F.B. , Bakardjian, H. , Prasad, R. and Cichocki, A. (2009). EEG paroxysmal gamma waves during Bhramari Pranayama: A yoga breathing technique. *Consciousness and Cognition* , 18(4), pp.977–988.

Vlemincx, E. , Van Diest, I. and Van den Bergh, O. (2016). A sigh of relief or a sigh to relieve: The psychological and physiological relief effect of deep breaths. *Physiology & Behavior* , 165, pp.127–135.

Vostatek, P. , Novák, D. , Rychnovský, T. and Rychnovská, Š (2013). Diaphragm postural function analysis using magnetic resonance imaging. *PLoS ONE* , 8(3), p.e56724.

Weitzberg, E. and Lundberg, J.O.N. (2002). Humming greatly increases nasal nitric oxide. *American Journal of Respiratory and Critical Care Medicine* , 166(2), pp.144–145.

Winnicott, D.W. (1960). The theory of the parent-infant relationship. *The International Journal of Psycho-Analysis* , 41, pp.585–595.

Zaccaro, A. , Piarulli, A. , Laurino, M. , Garbella, E. , Menicucci, D. , Neri, B. and Gemignani, A. (2018). How breath-control can change your life: A systematic review on psycho-physiological correlates of slow breathing. *Frontiers in Human Neuroscience* , 12(353), pp.01–16.

Zelano, C. , Jiang, H. , Zhou, G. , Arora, N. , Schuele, S. , Rosenow, J. and Gottfried, J.A. (2016). Nasal respiration entrains human limbic oscillations and modulates cognitive function. *The Journal of Neuroscience* , 36(49), pp.12448–12467.

## The Psychoanalytic Stance

Bion, W.R. (1967). Notes on memory and desire. *Psychoanalytic Forum* , 2, pp.272–273, 279–280.

Bion, W.R. (1990). *Brazilian Lectures: 1973, Sao Paulo; 1974, Rio de Janeiro/Sao Paulo* . London: Routledge.

Casement, P. (1985). *On Learning from the Patient* . London: Tavistock/Routledge.

Freud, S. (1912) Recommendations to physicians practising psycho-analysis. In: J. Strachey (Trans & Ed.) *Standard Edition of the Complete Psychological Works of Sigmund Freud* , (vol. 12, 109–120). London: Hogarth Press. Reprinted (1953–1974).

Freud, S. (1923) Two encyclopaedia articles. In: J. Strachey (Trans & Ed.) *Standard Edition of the Complete Psychological Works of Sigmund Freud* (vol. 18, 233–260). London: Hogarth Press. Reprinted (1953–1974).

Hoffer, A. (2020). Psychoanalysis as a two-person meditation: Free association, meditation and Bion. *The American Journal of Psychoanalysis* , 80(3), pp.331–341.

Keats, J. (1899). *The Complete Poetical Works and Letters of John Keats – Cambridge Edition* . Houghton: Mifflin and Company.

Mander, G. (2000). *A Psychodynamic Approach to Brief Therapy* . London: SAGE.

- Parsons, M. (2007). Raiding the inarticulate: The internal analytic setting and listening beyond countertransference. *The International Journal of Psychoanalysis* , 88(6), pp.1441–1456.
- Uchiyama, K. (2004). *Opening the Hand of Thought: Foundations of Zen Buddhist Practice* . Boston: Simon and Schuster.
- Zhang, Y. (2019). Wilfred Bion's annotations in the way of Zen: An investigation into his practical encounters with Buddhist ideas. *Psychoanalysis and History* , 21(3), pp.331–335.

## The Psychoanalytic Stance

- Bion, W.R. (1959). Attacks on linking. *The International Journal of Psychoanalysis* , 40, pp.308–315.
- Bion, W.R. (1962). *Learning from Experience* . London: Heinemann.
- Birksted-Breen, D. (2016). Bi-ocularity, the functioning mind of the psychoanalyst. *The International Journal of Psychoanalysis* , 97(1), pp.25–40.
- Brenman Pick, I. (1985). Working through in the countertransference. *The International Journal of Psychoanalysis* , 66, pp.157–166.
- Busch, F. (2018). Searching for the analyst's reveries. *The International Journal of Psychoanalysis* , 99(3), pp.569–589.
- Busch, F. (2019). *The Analyst's Reveries Explorations in Bion's Enigmatic Concept* . Oxford: Routledge.
- Carpy, D.V. (1989). Tolerating the countertransference: A mutative process. *The International Journal of Psychoanalysis* , 70, pp.287–294.
- Cassorla, R. (2013). In search of symbolization: The analyst's task of dreaming. In: *Unrepresented States and the Construction of Meaning* . London: Karnac.
- Da Rocha Barros, E.M. and Da Rocha Barros, E.L. (2011). Reflections on the clinical implications of symbolism. *The International Journal of Psychoanalysis* , 92(4), pp.879–901.
- Da Rocha Barros, E.M. and Da Rocha Barros, E.L. (2016). The function of evocation in the working-through of the countertransference: Projective identification, reverie, and the expressive function of the mind-reflections inspired by Bion's work. In H. Levine and G. Civitarese (Eds.), *The Bion Tradition* (141–154). London: Karnac.
- Ferro, A. (2002). Narrative derivatives of alpha elements: Clinical implications. *International Forum of Psychoanalysis* , 11(3), pp.184–187.
- Ferro, A. (2006). Trauma, reverie, and the field. *Psychoanalytic Quarterly* , 75(4), pp.1045–1056.
- Ferro, A. and Basile, R. (2004). The psychoanalyst as individual: Self-analysis and gradients of functioning. *The Psychoanalytic Quarterly* , 73(3), pp.659–682.
- Gallese, V. (2009). Mirror neurons, embodied simulation, and the neural basis of social identification. *Psychoanalytic Dialogues* , 19(5), pp.519–536.
- Gallese, V. , Eagle, M.N. and Migone, P. (2007). Intentional attunement: Mirror neurons and the neural underpinnings of interpersonal relations. *Journal of the American Psychoanalytic Association* , 55(1), pp.131–175.
- Heimann, P. (1950). On countertransference. *The International Journal of Psychoanalysis* , 31, pp.81–84.
- Hickok, G. (2009). Eight problems for the mirror neuron theory of action understanding in monkeys and humans. *Journal of Cognitive Neuroscience* , 21(7), pp.1229–1243.
- Iacoboni, M. (2009). Imitation, empathy, and mirror neurons. *Annual Review of Psychology* , 60(1), pp.653–670.
- Klein, M. (1946). Notes on some schizoid mechanisms. *The International Journal of Psychoanalysis* , 27, pp.99–110.
- Longfellow, H.W. (1844). *The Spanish Student: A Play in Three Acts* . Cambridge: John Owen.
- McMillan, R.L. , Kaufman, S.B. and Singer, J.L. (2013). Ode to positive constructive daydreaming. *Frontiers in Psychology* , 4.

- Ogden, T.H. (2004). The analytic third: Implications for psychoanalytic theory and technique. *The Psychoanalytic Quarterly* , 73(1), pp.167–195.
- Parsons, M. (2007). Raiding the inarticulate: The internal analytic setting and listening beyond countertransference. *The International Journal of Psychoanalysis* , 88(6), pp.1441–1456.
- Piedfort-Marin, O. (2018). Transference and countertransference in EMDR therapy. *Journal of EMDR Practice and Research* , 12(3), pp.158–172.
- Pizzamiglio, L. , Aprile, T. , Spitoni, G. , Pitzalis, S. , Bates, E. , D'Amico, S. and Di Russo, F. (2005). Separate neural systems for processing action- or non-action-related sounds. *NeuroImage* , 24(3), pp.852–861.
- Popper, K. (1963). *Conjectures and Refutations: The Growth of Scientific Knowledge* . London: Routledge.
- Racker, H. (1957). The meanings and uses of countertransference. *The Psychoanalytic Quarterly* , 26(3), pp.303–357.
- Rizzolatti, G. , Fadiga, L. , Gallese, V. and Fogassi, L. (1996). Premotor cortex and the recognition of motor actions. *Cognitive Brain Research* , 3(2), pp.131–141.
- Schermer, V.L. (2010). Mirror neurons: Their implications for group psychotherapy. *International Journal of Group Psychotherapy* , 60(4), pp.486–513.
- Vivona, J.M. (2009). Leaping from brain to mind: A critique of mirror neuron explanations of countertransference. *Journal of the American Psychoanalytic Association* , 57(3), pp.525–550.

## Body-Centred Psychotherapy

- Egan, J. and Carr, A. (2008). Body-centred countertransference in female trauma therapists. *Éisteacht* , 8(1), pp.24–27.
- Kerr, C.E. , Sacchet, M.D. , Lazar, S.W. , Moore, C.I. and Jones, S.R. (2013). Mindfulness starts with the body: Somatosensory attention and top-down modulation of cortical alpha rhythms in mindfulness meditation. *Frontiers in Human Neuroscience* , 7(12), pp.1–15.
- Nummenmaa, L. , Hari, R. , Hietanen, J.K. and Glerean, E. (2018). Maps of subjective feelings. *Proceedings of the National Academy of Sciences* , 115(37), pp.9198–9203.
- Ogden, P. , Minton, K. and Pain, C. (2006). *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* . New York, London: W. W. Norton & Company.
- Spiegelman, J.M. (1996). *Psychotherapy as Mutual Process* . Scottsdale: New Falcon.
- Totton, N. (2003). *Body Psychotherapy An Introduction* . Maidenhead: Open University Press.
- van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* . New York: Viking Press.

## Person-Centred Counselling

- Holt, E. (2022). Student counsellors' experiences of mindfulness as a component of their person-centred counselling training: An interpretative phenomenological analysis. *Counselling and Psychotherapy Research* , 23(2), pp.540–550.
- Mearns, D. (2003). *Developing Person-Centred Counselling* , 2nd Edition. London: Sage.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology* , 21(2), pp.95–103.
- Rogers, C.R. (1961). *On Becoming a Person* . Boston: Houghton Mifflin.
- Rogers, C.R. (1980). *A Way of Being* . Boston: Houghton Mifflin.
- Thorne, B. (2003). *Carl Rogers* , 2nd Edition. London: Sage.



## Existential Psychotherapy

- Descartes, R. (1911). *The Philosophical Works of Descartes* (1970), trans. E. S. Haldane . Cambridge: Cambridge University Press.
- Frankl, V.E. (1946). *Man's Search for Meaning* . Boston: Beacon Press.
- Heidegger, M. (1992). *History of the Concept of Time: Prolegomena* . Bloomington: Indiana University Press.
- Husserl, E. (1925) *Phenomenological Psychology* (1977). trans. J. Scanlon . The Hague: Martinus Nijhoff.
- May, R. (1969). *Love and Will* . New York: W.W. Norton.
- Spinelli, E. (2005). *The Interpreted World: An Introduction to Phenomenological Psychology* , 2nd Edition. Los Angeles: Sage.
- van Deurzen, E. (2011). *Everyday Mysteries: A Handbook of Existential Psychotherapy* , 2nd Edition. London; New York: Routledge.
- van Deurzen, E. (2014). Structural existential analysis (SEA): A phenomenological method for therapeutic work. *Journal of Contemporary Psychotherapy* , 45(1), pp.59–68.
- van Deurzen, E. and Adams, M. (2016). *Skills in Existential Counselling & Psychotherapy* . Los Angeles: Sage.
- Yalom, I.D. (1980). *Existential Psychotherapy* . New York: Basic Books.
- Yalom, I.D. (1989). *Love's Executioner and Other Tales of Psychotherapy* . London, England: Penguin Books.

## Mentalisation-Based Therapy

- Allen, J.G. , Fonagy, P. and Bateman, A. (2008). *Mentalizing in Clinical Practice* . Arlington, Virginia: American Psychiatric Publishing.
- Bateman, A. , Bales, D. and Hutsebaut, J. (2014). A Quality Manual for MBT. [online] Available at: <https://www.annafreud.org/media/1217/a-quality-manual-for-mbt-edited-april-23rd-2014-2.pdf> [Accessed 21 October 2023].
- Bateman, A. and Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. *World Psychiatry* , 9(1), pp.11–15.
- Bateman, A. , Fonagy, P. , Campbell, C. , Luyten, P. and Debbané, M. (2023). *Cambridge Guide to Mentalization-Based Treatment (MBT)* . Cambridge: Cambridge University Press.
- Jain, F.A. , Chernyak, S. , Nickerson, L. , Abrams, M. , Iacoboni, M. , Christov-Moore, L. , Connolly, C.G. , Fisher, L.B. , Sakurai, H. , Bentley, K. , Tan, E. , Pittman, M. , Lavretsky, H. and Leuchter, A.F. (2021). Mentalizing imagery therapy for depressed family dementia caregivers: Feasibility, clinical outcomes and brain connectivity changes. *Journal of Affective Disorders Reports* , 5, p.100–155.
- Jain, F.A. , Chernyak, S.V. , Nickerson, L.D. , Morgan, S. , Schafer, R. , Mischoulon, D. , Bernard-Negron, R. , Nyer, M. , Cusin, C. , Ramirez Gomez, L. and Yeung, A. (2022). Four-week mentalizing imagery therapy for family dementia caregivers: A randomized controlled trial with neural circuit changes. *Psychotherapy and Psychosomatics* , 91(3), pp.180–189.
- Jain, F.A. and Fonagy, P. (2018). Mentalizing imagery therapy: Theory and case series of imagery and mindfulness techniques to understand self and others. *Mindfulness* , 11(1), pp.153–165.
- Klein, M. (1946). Notes on some schizoid mechanisms. *The International Journal of Psycho-Analysis* , 27(Pt 3–4), pp.99–110.
- Krakow, B. , Hollifield, M. , Johnston, L. , Koss, M. , Schrader, R. , Warner, T.D. , Tandberg, D. , Lauriello, J. , McBride, L. , Cutchen, L. , Cheng, D. , Emmons, S. , Germain, A. , Melendrez, D. , Sandoval, D. and Prince, H. (2001). Imagery rehearsal therapy for chronic nightmares in sexual assault survivors with posttraumatic stress disorder. *JAMA* , 286(5), p.537.
- Ramírez-Gomez, L. , Johnson, J.K. , Ritchie, C.S. , Meyer, A. , Tan, E. , Madarasmi, S. , Gutierrez-Ramirez, P. , Aldarondo-Hernández, C. , Mischoulon, D. , Banerjee, S. and Jain, F.A. (2023). Virtual mentalizing imagery therapy for Spanish language Latino family dementia

caregivers: A feasibility and acceptability study. *Frontiers in Psychology* , 14:961835, pp.01–07.

Timalsina, S. (2013). Imagining reality: Image and visualization in classical Hinduism. *Southeast Review of Asian Studies* , 35, pp.50–69.

## Other Complementary Techniques

Bratman, G.N. , Anderson, C.B. , Berman, M.G. , Cochran, B. , de Vries, S. , Flanders, J. , Folke, C. , Frumkin, H. , Gross, J.J. , Hartig, T. , Kahn, P.H. , Kuo, M. , Lawler, J.J. , Levin, P.S. , Lindahl, T. , Meyer-Lindenberg, A. , Mitchell, R. , Ouyang, Z. , Roe, J. and Scarlett, L. (2019). Nature and mental health: An ecosystem service perspective. *Science Advances*, 5(7), pp.1–14.

Casement, P. (1985). *On Learning from the Patient*. London: Tavistock/Routledge.

Schertz, K.E. and Berman, M.G. (2019). Understanding nature and its cognitive benefits. *Current Directions in Psychological Science*, 28(5), pp.496–502.

van Deurzen, E. (2011). *Everyday Mysteries: A Handbook of Existential Psychotherapy*, 2nd Edition. London; New York: Routledge.

Van Hedger, S.C. , Nusbaum, H.C. , Clohisy, L. , Jaeggi, S.M. , Buschkuehl, M. and Berman, M.G. (2018). Of cricket chirps and car horns: The effect of nature sounds on cognitive performance. *Psychonomic Bulletin & Review*, 26(2), pp.522–530.

White, M.P. , Alcock, I. , Grellier, J. , Wheeler, B.W. , Hartig, T. , Warber, S.L. , Bone, A. , Depledge, M.H. and Fleming, L.E. (2019). Spending at least 120minutes a week in nature is associated with good health and wellbeing. *Scientific Reports*, 9(1).