

Masters in Gestalt psychotherapy

Effects of Buddhist
meditation on Gestalt
therapists: a
qualitative study

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Abstract

With the goal of investigating the common area between Buddhist meditation and Gestalt psychotherapy, the study takes up the effects (as experienced) of Buddhist meditation practice on Gestalt therapists in their individual therapy work with clients.

Six active Gestalt therapists who also practice some form of Buddhist meditation were selected via personal contacts and a letter broadcast to the Swedish Association of Gestalt therapists. The selected therapists were interviewed and the interview data was transcribed and analyzed, using the *Interpreted phenomenological analysis* method. The analysis yielded as inductive, empirical results 12 higher themes. The themes were of two types:

- Effects of meditation as experienced by the respondents, both on themselves and on how they conduct therapy;
- Respondents' reflections, seeing themselves, meditation and Gestalt therapy within a larger picture.

The 12 themes can be summarized further as: *Mind training, presence, unfolding, and a larger view*. The aspects of mind training and presence match well qualities mentioned in the reviewed literature, while the aspect of unfolding presents several novel points and the aspect of developing a larger view is mostly novel compared to the reviewed literature.

The reviewed literature consists of published work on Western psychotherapy and Buddhism, and on Gestalt therapy and Buddhism, with the particular contribution of Claudio Naranjo.

Finally, some dialectic tensions presented by the study are discussed, as well as its direct relevance to the practice of Gestalt therapy and its possible use, both pedagogical and theoretical, within the Gestalt community and in dialogue with other therapy schools.

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In particular, I want to thank this participant who told me: - *Off the record, what we therapists do is an act of love!* (I hope I will be forgiven for quoting this here).

TABLE OF CONTENTS

ABSTRACT	2
THANKS	3
1. BACKGROUND AND INTRODUCTION.....	7
2 GOAL AND RESEARCH QUESTION.....	8
3 RELEVANT PUBLISHED WORK	10
3.1 BUDDHA AS A PSYCHOTHERAPIST	10
3.2 WESTERN PSYCHOTHERAPY AND BUDDHISM.....	11
3.3 GESTALT THERAPY AND BUDDHISM	13
3.3.1 <i>In the early days of Gestalt therapy</i>	13
3.3.2 <i>The contribution of Claudio Naranjo</i>	15
3.3.3 <i>Within current Gestalt therapy</i>	16
3.4 SEEDS OF A THEORETICAL PERSPECTIVE	17
4 METHOD	20
4.1 METHOD.....	20
4.1.1 <i>Choice of method</i>	20
4.1.2 <i>Design</i>	21
4.1.3 <i>Sampling</i>	22
4.1.4 <i>Interviewing</i>	22
4.2 ANALYSIS	23
4.2.1 <i>Transcribing</i>	24
4.2.2 <i>The analysis process</i>	25
4.2.3 <i>Validity, reliability and generalisability</i>	26
5 ETHICS	28
5.1 ETHICAL ASPECTS	28
5.2 INTERSUBJECTIVITY AND REFLEXIVITY.....	28
6 EMPIRICAL RESULTS	30
6.1 EFFECTS (AS EXPERIENCED).....	32
6.1.1 <i>Mind training</i>	32
6.1.2 <i>Focus</i>	34
6.1.3 <i>Presence</i>	35
6.1.4 <i>Better contact</i>	36
6.1.5 <i>A wider intelligence</i>	38
6.1.6 <i>Meditation expands</i>	39
6.1.7 <i>To be in the process (in therapy)</i>	40
6.1.8 <i>Ways to support the client (in therapy)</i>	42
6.2 REFLECTIONS AND THE LARGER PICTURE.....	44
6.2.1 <i>How Gestalt therapy should be conducted</i>	44
6.2.2 <i>The Gestalt therapist's negative tendencies</i>	45

6.2.3 <i>Perception of reality and the spiritual dimension</i>	46
6.2.4 <i>Being human in a larger context</i>	46
6.3 OTHER REMARKS	47
6.4 ABSTRACTING EVEN FURTHER FROM THE THEMES	48
7 DISCUSSION	49
7.1 EMPIRICAL RESULTS IN THE LIGHT OF RELEVANT LITERATURE	49
7.2 DIALECTIC TENSIONS IN THIS STUDY.....	50
7.3 GENERAL DISCUSSION.....	51
8 REFERENCES	53
ANNEXES (SWEDISH TEXT)	57
EMAIL TO THE MEMBERS OF SAG (SWEDISH ASSOCIATION OF GESTALT THERAPISTS)	57
INFORMATION ON THE ETHICAL ASPECTS.....	58
INTERVIEW GUIDE.....	59

My own exploration of meditation shows me that the essence of meditation is also the essence of art, the essence of religion, the essence of true magic, the essence of psychotherapy, the essence of doing anything in the right attitude. I believe that to a meditator with the right understanding all life is meditation, and meditation is living.

- Naranjo (1990, p.5)

In our lives, present moment is present moment anytime and anywhere... And yet, it is possible to lose sight of present moment. At that time, present moment is no longer present moment for us.

- Uchiyama (n.d.)

In this kind of meditation practice the concept of nowness plays a very important role. In fact, it is the essence of meditation. Whatever one does, whatever one tries to practice is not aimed at achieving a higher state or at following some theory or ideal but simply, without any object or ambition, trying to see what is here and now.

- Trungpa (1969, p.52)

1. Background and introduction

As the author of this qualitative study, I can say that I am a French-Swedish citizen and that I enjoy using various languages and meeting different cultures, both here in the West but also in the Eastern world. I am writing this study in English; I was lucky to start with English early in life (when I was about 10), and have continued using it all through my life. It has opened many doors to me, in particular many wonderful documents from India or China or Japan, for which the best translations in Western languages often are in English.

About my theme of study, which is Buddhist meditation and Gestalt psychotherapy, I can say the following: I have been meditating (almost) every day for the past 20 years, in the Zen tradition, in different communities, monasteries or by myself, in various countries; for 12 years, I followed the guidance of a true zen master. This experiential knowledge was complemented a few years ago when I did a 2-year yoga teacher training. I consider myself a practicing Buddhist layman, and my values are Buddhist ones. I try to do good, not to cause unnecessary suffering – for instance, I am vegetarian – and to “keep the beautiful flower of my mind pure”, to use the expression of a modern Zen teacher (Nhat Hanh, 1975).

Four years ago, I was introduced to Gestalt psychotherapy and as I started the therapist education, I noticed in me the effects of a new type of training, besides the Buddhist meditation training I was well acquainted with. It was a meeting within me between two trainings which were essentially related. The common ground was learning to be more aware, learning to be more in the here and now (we will come back to these concepts later on). I could notice for myself that meditation had an influence when learning to be a Gestalt therapist. It was mostly a positive influence, of being focused and at the same time relaxed, open to what is. It could also bring some undesirable side-effects. For me, there was the risk of being too “static” in therapy, too quiet, not light-footed enough in moving together with my client.

I also learnt from my Gestalt studies that Zen and Taoism were very much present during the early years of Gestalt therapy in the United States. So during the first years of my

Gestalt therapist education, I was spontaneously drawn to this theme: investigating somehow this area of contact between Buddhist meditation and Gestalt psychotherapy.

2 Goal and research question

At the time of choosing a research topic I knew it would be about *the effect of meditation on Gestalt psychotherapy* and what I needed to do was to choose the most appealing perspective, research question and most appropriate type of method for my question.

The goal that I have arrived at is: To point to a common area between Buddhist meditation training and the practice of Gestalt psychotherapy and to learn more about this common area.

And my research question is: *For Gestalt therapists who regularly practice some form of Buddhist meditation, how does this practice affect their work in individual therapy with their clients?*

In this formulation, I take the perspective of the therapist rather than the client. This is mostly because I assume the therapist is the one most involved in the practice and spirit of Gestalt therapy and also in reflecting about it, and therefore is the richest source of material. Also, I choose not to mix the two practices, like for instance doing a meditation exercise within a therapy session; rather, my question is of the form: *What is the effect of Practice A on Practice B for a group of people who do both in their life?* Where Practice A is the practice of Buddhist meditation in some form and Practice B is the practice of Gestalt psychotherapy.

Also, note that this formulation of the question doesn't rule out the possibility of no perceivable effect at all. And if there is any perceivable effect, it also doesn't take a stand on whether this effect is positive or negative for therapy work.

Finally, a word is in order about the qualification: "Buddhist meditation", instead of just "meditation" in my research question. Why this limitation?

Mostly for two reasons: first meditation without limitation seemed too large for me, it seemed to encompass too many things that were too different from each other to have a real meaning. Second and more importantly, because Buddhism has something specific to say about helping others in their suffering, it contains a psychology and it has developed several meditation systems for this purpose. This will be elaborated on in the following section, about relevant literature.

A reflection here: I received a comment saying that meditation cannot be labeled, as Buddhist or otherwise, in the same way that one cannot talk of Buddhist or Christian swimming. Yes, the core of meditation is not tradition-bound, *but* how you get to the core, with which method and mindset, is to me very much dependent on the tradition context or field, to use a Gestalt term.

3 Relevant published work

What does sitting on a cushion in meditation have to do with relating in psychotherapy?

- Preface in (Germer et al. 2005)

3.1 *Buddha as a psychotherapist*

Buddhism can be described as the most psychological of all major religions (Bornstein, 1994). One of the most important truths in Buddhism, Bornstein (1994, p.14) writes, is that “the causes of suffering in our existence are to be found within us and they can be dissolved by inner meditation work”. The starting point is human suffering, as it manifests in our daily life; this is what moves us to begin a spiritual quest. The second point is that there is a way out of this suffering, and meditation is a central part of this way. Meditation is lived, it is experiential, and it aims at healing, reducing pain in oneself and in others. All these characteristics are also possessed if not by Western psychotherapy in general, at least by Gestalt therapy. These characteristics are within the common ground between meditation and Gestalt.

Some Buddhist practitioners advocate presenting Buddhism as a psychotherapy, since “the teaching of Buddha is freedom from mental disease” (Brazier, 2001b, p.20). More traditionally, the Buddhist path is seen to rest on three legs, called in Sanskrit *Sila*, *Samadhi* and *Prajna*: *Sila* is ethical conduct, or “to cultivate our fundamental ethical nature” (Brazier, 2001b, p.36). *Samadhi* is pure mind, obtained through meditation practice, and *Prajna* is wisdom, seeing into reality.

Another Buddhist concept which is very relevant to psychotherapy is the *bodhisattva*, another Sanskrit word to designate the person oriented towards Buddha, or “who lives on the way to enlightenment, for the sake of all sentient beings. This is the Buddhist model of the ideal therapist”, Brazier writes (2001b, p.14). He also writes: “In Buddhist terminology, a bodhisattva is a person on the way to enlightenment whose effort is turned toward helping others. This is a good general description of a therapist: a person who seeks

the truth¹ and cares about people's suffering" (2001b, p.52). Two aspects derive directly from this model: one is to commit as a therapist to an effort to grow and do her own inner work, and the other is the attitude towards clients, of helping them in their suffering.

3.2 Western psychotherapy and Buddhism

Here I will extract relevant ideas from the following group of authors: contemporary psychologists or psychotherapists in private practice in the West, who are also experienced Buddhist meditation teachers or practitioners (Brazier, 2001b; Bien, 2006; Epstein, 1995; Welwood, 1985). Each of these authors has faced the task of integrating the two practices of meditation and psychotherapy in their lives and written books about it. (Fulton, 2003) is also very relevant here. It is a concise and specific journal article from a conference talk on the theme: Meditation practice "helps us psychotherapists to cultivate certain qualities of mind – in fact ... precisely those qualities which are most conducive to the successful treatment relationship."

One way to present these ideas is to look for common points between meditation and psychotherapy, and their differences. One common point is *healing and opening one's heart*. Welwood (1985, p. viii) talks of "the healing relationship as an intimate encounter that can awaken the heart – of both therapist and client", where the heart, he says, is "a fundamental openness and clarity" or "that part of us where we can be touched." Furthermore, awakening the heart has a double movement: "both letting others into us... and going out to meet them more fully" (ibid).

Certain qualities are helpful for therapy as a healing relationship, which one cultivates with meditation practice:

- To allow for *uncertainty*, mystery, surprise, unpredictable turns: sometimes as a therapist, you have situations when models, knowledge, techniques are insufficient, and it is ok to feel uncertain as to which way to go. More generally, you don't know where the next moment will take you with a client.

¹ Truth here is meant as: what actually is, what actually happens, as opposed to our constructions or ideas about it.

- To draw on one's *intuition*: for instance in situations of uncertainty as a therapist. Welwood (1985, p. x) writes: "Not knowing what to do forces us to slow down, become more attentive, and wait – which allows space for a larger intelligence in us to take over".
- To present an *openness*, to take whatever is given; to make space for whatever obstacles arise.
- To live more *in one's body*, to be more fully in contact with one's body and how it reacts to different situations.
- To be *authentically present*: "Authentic presence is sparked in therapists when they let themselves be touched by the client, when they can really feel what it is like to be in the client's world so they can respond from a place of true empathy and compassion" (Welwood, 1985, p. xi).
- To develop awareness, especially *bare attention* (Epstein, 1995, Ch. 6).
- To develop "*unconditional friendliness to oneself*" (Welwood, 1985, p.49).
- To develop the *ability to surrender*, to let go, not to hold on (Epstein, 1995, p.147).

Welwood identifies two ways in which meditation trains attention, which are valuable for a psychotherapist: "meditation provides a basic practice for awakening the heart – which includes both developing warmth and compassion toward all our fears, insecurities, and emotional entanglements, as well as discovering our basic openness and goodness underneath them" (1985, p. xiii).

As for differences between meditation and psychotherapy, there is specific work with emotions, past traumas, or intimate relations which cannot be accomplished just by meditation. Also there is a level of meditation training as a spiritual practice, where one is no longer "working in order to become comfortable", but which "requires a very deep transformation, a death of who you think you are" (Welwood, 1985, p.39). Work there is no longer within the ego structure; it is about the identification with the ego structure itself. This level, at which the self is an illusion, is usually not touched on in psychotherapy, in which (to put it very simply) one builds a self before being able to let it go.

As a reference to the reader, I should mention here without further detail two other areas of published work on Western psychotherapy and Buddhism. One is research work within

Cognitive behavioral therapy (CBT) on what they call mindfulness, directly derived from Buddhist meditation, in the form of medical studies on various specific groups of subjects, chronic depressive patients for instance (Germer, Siegel & Fulton, 2005; Mace, 2008). Another area is looking at both Buddhist practice and psychotherapy from the angle of individual transformation. For instance, Alan Watts and Claudio Naranjo have done so (Watts, 1961; Naranjo, 2005) and also Ken Wilber, the founder of the field of Integral studies (Wilber, Engler & Brown, 1986; Wilber, 2001, 2006).

3.3 Gestalt therapy and Buddhism

3.3.1 In the early days of Gestalt therapy

One source is Fritz Perls himself, with two exercises to practice awareness. Both exercises would be appropriate for Buddhist meditation practitioners.

The “*concentration on eating*” exercise (Perls, 1969, p.194) is presented by Perls as “the quintessence” of his book, which marked the beginning of Gestalt therapy. It sounds easy, maybe even silly: “we have to be fully aware of the fact that we are eating”. And, Perls tells us, “Once you have decided to become aware of your eating, you will begin to make astounding discoveries” (ibid). This is strikingly similar to Buddhist mindfulness training², although pursuing different aims. Thich Nhat Hanh was once instructing someone about eating a tangerine in awareness: “All I had to say was, ‘You ought to eat the tangerine section you’ve already taken.’”, and he commented that before he intervened, the person “hadn’t been eating the tangerine at all. If he had been eating anything, he was ‘eating’ his future plans” (Nhat Hanh 1975, p.5). It is here the same practice as starting point, also applied to eating!

The next exercise came to be known as the “*awareness continuum*” exercise. It is presented in detail in (Perls, Hefferline & Goodman, 1972) as an experiment in “Feeling

² In a Buddhist context, awareness is called *mindfulness* and refers to “keeping one’s consciousness alive to the present reality” (Nhat Hanh, 1975, p.11). One can see awareness as one aspect of mindfulness, where mindfulness also has a dimension of insight coming from the attention to the flux of what is happening moment by moment.

the Actual”. “Try for a few minutes to make up sentences stating what you are at this moment aware of. Begin each sentence with the words ‘now’ or ‘at this moment’ or ‘here and now’” (ibid, p.31). The object of your awareness can be at this moment in any of the three zones. And again, as we mentioned earlier, after having done the exercise a number of times, the instruction is to even “notice more clearly when and if you leave the present. And if so, where do you tend to go” (ibid, p.37)? You are invited to do the exercise on your own, for instance when sitting in the subway, or you can do it in a therapy session or in group work.

If we now go to other authors from Gestalt therapy in the 70’s, we find documentation of how Zen Buddhism and Taoism had a deep influence on the beginnings of Gestalt therapy in the USA. This area is very interesting, mostly in the form of books from that period (Stevens, 1970; Stevens, 1975; Stevens, 1989; Smith, 1977).

Stevens (1975) has collected early articles by among others Perls, Van Dusen, Barry Stevens, with titles such as: “Body work”; “Wu wei, no-mind and the fertile void”; “Figure/ground: Gestalt/Zen”; or “Gestalt therapy as a meditative practice”. Already in the introduction, *awareness* is presented as central, definitional in Gestalt: “Gestalt is a word for an orientation, a description of the process involved in individual human awareness and functioning” (p. i). One is reminded that all of us therapists have imperfect awareness, and that one can move toward greater awareness with specific Gestalt strategies and techniques. Let us take two more points from this collection. One is from an article by F. Perls (originally published in 1968), in which he states about acting out: “The difference between us and Freud is that he stressed remembering and we stress being aware. We stress the difference between *deliberate acting* and being unaware of living in a certain way” (ibid, p.18). The other point is from an article by Van Dusen (originally published in 1958), in which he describes and values *the fertile void*: holes, loss of memory, loss of meaning experienced in therapy are not deficiencies or something to fill up, “the hole (fertile void) is the very center and heart of therapeutic change” (ibid, p.87). He also connects the fertile void with Taoism and Zen: “The night or the void is the no-mind of Zen. It is not nothing nor is it something. It is a fertile emptiness” (ibid, p.92).

3.3.2 The contribution of Claudio Naranjo

Claudio Naranjo (2000) has had a special contribution as a Gestalt theoretician and practitioner with a long career and who described in depth this common area of Gestalt therapy and Buddhism. Naranjo studied Gestalt with Perls and Simkins and practiced Tibetan Buddhism. He has written about Buddhist meditation and Gestalt therapy, attempting a typology of meditation styles on psychological ground (Naranjo, 1990).

For Naranjo, “meditation is concerned with the development of a *presence*, a modality of being, which may be expressed or developed in whatever situation the individual may be involved” (1990, p.8). According to him, there are three large groups of meditation styles:

1. *The way of forms* or directive approach, concentrating on an object;
2. *The expressive way*, non-directive, guided by the promptings of one’s own deeper nature (surrender and self-expression); and
3. *The negative way*, away from objects, not identifying with anything or any activity (ibid, p.16).

These different styles overlap and are complementary; for instance typical Buddhist meditation styles like zen meditation or vipassana meditation have a large degree of negative way and of expressive way also. To be more specific about these three ways: in the way of forms, “we tell our mind what to do and discipline it” while the expressive way “is a discipline of indiscipline (in the sense of letting the mind go), a discipline of surrender” (ibid, p.132). The negative way is in essence a detachment, a letting go, “letting go of habits, preconceptions, and expectations; letting go of control and of the filtering mechanisms of ego” (ibid, p.75).

Naranjo has also put awareness at the center, the foundation of his conceptualization of Gestalt therapy. For him, Gestalt therapy is primarily a core attitude with three aspects: *actuality* (to be here and now), *awareness*, and *responsibility* (Naranjo, 2000, p.7).

In (ibid, Chapter 2), he describes how awareness, which he calls *present-centeredness*, is more than a technique or a tool. It is also a prescription with direct therapeutic value in itself, and an ideal, an aspect of “good” living. As a technique, awareness is usually practiced in the presence of a therapist, who requests the client to “attend to and express

what enters his present field of awareness”, usually with the instruction of “suspending reasoning in favor of pure self-observation” (ibid, p. 22). Another usual technique of awareness is to “presentify” the past or the future, reenact it in the present and attend to what happens when you do so. The first technique, originally called the “awareness continuum” (see above), is according to Naranjo “very much like a meditation translated into words” (ibid, p.22), It also includes becoming aware and expressing the experience at the point where you avoid or deviate from present-centeredness – say you suddenly want to explain how you felt last week or what you will do next month. At that moment, what is the accompanying feeling?

Awareness is also a prescription for the whole of your life, it is directly applicable to life itself, According to Naranjo, it is compatible with other desirable purposes in life, and with the existing social structure and values. Search of truth, living in the present (Carpe diem), are generally accepted as good prescriptions for living – as long as you are not too keen on embracing truth, which may be dangerous (ibid).

Awareness is also an ideal, or an aspect of “right” life. Within both Buddhism and Taoism, the wise or enlightened one is described as having this awareness as his abiding natural state. “The perfect man, said Chuang-tzu, employs his mind as a mirror; it grasps nothing, it refuses nothing, it receives but does not keep.” (ibid, p.24, quote by Alan Watts). The way to this end state is to shift to it right away, just as “the way to happiness is that of starting to be happy right away, the way to wisdom that of relinquishing foolishness at this very moment” (ibid p.38).

To sum up, awareness can be taken as an ideal, end state; it is a valid prescription for the whole of your life, and in the limits of Gestalt therapy it is trained by experiencing certain techniques. One question is: Is it natural, spontaneous behavior of a healthy person or does it need to be specifically trained? And the answer, it seems, is that it has to be trained, or passed on as a lived experience.

3.3.3 Within current Gestalt therapy

Very few Gestalt researchers today are specifically interested in this area if we look at Gestalt journals (Eynde, 1999; Wolfert, 2000); it seems that it has become almost forgotten

and is now mentioned merely as a historical footnote to Gestalt therapy. On the other hand, if we take a couple of theoretical presentations of Gestalt therapy published in the recent years (Parlett, 2001; Crocker, 2005), we see that this thread is very much present.

Parlett (2001) gives a short, general presentation of Gestalt therapy as an embodied theory, i.e. a lived attitude that therapists have in relation to their model of therapy. Parlett starts by saying “one of the things I try to do is remain ‘in the present’” and, most importantly, “Gestalt – not unlike some forms of Buddhist meditation – provides a means for interrupting the flow of self-talk, inviting us to return to ‘now’, ‘here’, ‘the actual’, in order to be ‘more present’ (p.44).” He also mentions ‘what-is’ as his starting point, “the immediate reality, phenomenologically given” (p.52) and the importance of “investigating somatic experience” (p.53). He concludes, in line with the Buddhist notions of impermanence and interdependence: “In short, the flow of life – to me, through me, out of me – constitutes my being. Self is created moment by moment within a field in flux” (p.63).

Crocker (2005) presents together in a chapter of a major Gestalt textbook two large threads in Gestalt therapy: one is phenomenology and existentialism, and the other is Taoism and Zen. From the first thread, she takes up attending to the immediate experience, and the paradoxical principle of change, directly coupled with *what-is*: “The paradoxical principle is that change cannot happen unless we first affirm and embrace what-is” (ibid, p.72). From the second thread, she takes up from Taoism healthy functioning by “going with nature”, focus on the here and now from Zen, and the fertile void from both Taoism and Zen. She concludes with “wholly embracing ‘what is’ – in this *place* and in this *now*”. This is where Gestalt meets the ideal way from a Taoist/Zen perspective: “the person is simply allowing what-is in the present moment to reveal itself to him and out of that receptivity is responding with ‘no-mind’” (p.79). It is a very inspiring way to function as a human being (but not so easy!)

3.4 Seeds of a theoretical perspective

There is no established theory describing the common area between Buddhist meditation and Gestalt therapy. As a starting point, to provide seeds for such a theory, one can lift up a

few key terms from both Buddhist meditation and Gestalt work and see how they relate, how they echo with each other.

Let us take a few key words from meditation practice:

- *Awareness* (and mindfulness)
- *Bare attention*: observing the mind, emotions and body the way they are.
- *Openness*: accepting what comes to you or in you, not knowing what it will be.
- *Surrender*: surrender into our direct experience, letting go of attachments and identifications.

And a few key words coming from Gestalt work, related to meditation:

- *Awareness*: same concept as the one from meditation
- *Presence*
- *What-is*
- *The fertile void*

Awareness is the most obvious key word in common, the one most readily available. Like awareness, the other key words from meditation, *bare attention*, *openness* and *surrender* are all open-ended; they all are qualities which can be refined without reaching any limit, they can never be “completed” in oneself.

If we now look at the other key words from Gestalt, the first one is *presence*. As Wellings, author of *Nothing to lose* (Wellings & McCormick, 2005), predicted to me in an informal phone conversation, it is a key word for my research question. He defined it as “to be as fully present to your experience as you can”. It is sometimes called “Here and now” or “nowness”. It is definitely cultivated by meditation. In particular, it is enabled by *openness* and *surrender*.

The next key word, *what-is*, is very much at the intersection of Gestalt therapy and Buddhist meditation (Crocker, 2005). It is related to *bare attention*, attending to the situation that presents itself as it is.

The final key word is *the fertile void*, that Perls used and others after him (Stevens, 1975). It can be seen as a reformulation of a “no-mind” experience in Zen meditation (Crocker, 2005). It cannot be felt if one doesn’t stop and attend to what is there when there is no object at all; this is one aspect of *awareness* in Buddhist meditation practice.

Thus one possible way in which these key terms relate to each other is: the mentioned key aspects from Gestalt work can be experienced or enacted to a greater extent if one cultivates in oneself the mentioned key aspects or qualities from meditation practice.

4 Method

4.1 Method

4.1.1 Choice of method

At first, getting answers in a principled way to my research question may seem too difficult. In fact, this was exactly the reaction to my research question I met early on from a teacher: – No, this is too difficult, the participants will not be able to tell you about this and you will not get sufficient data for your study.

So let us take again as starting point the generalized form of my research question: *What is the effect of Practice A on Practice B for a group of people who do both in their life?*

Buddhist meditation practice (Practice A) entails subtle internal effects within the person, which are put to the test, appreciated, and interpreted in the course of daily action.

Specifically, the Gestalt therapist in her work with clients (Practice B³) is feeling, thinking, acting in certain ways. Furthermore she is acting reflectively, i.e. reflecting on her own actions. And in this reflective action, she may, or may not, ascribe some effects to meditation practice.

I conducted first one test interview which went well and indicated that there seemed to be enough material to answer my research question, assuming that my respondent is representative of the whole group of respondents.

My conjecture, which was confirmed by this test interview, was that respondents can talk on three different levels in their answers:

1. The level of *pure experience*: this is not likely, it is difficult, but it can be for instance some striking episode in Practice B that the respondent somehow connects with Practice A. A priori, I don't expect much material at this level.
2. The level of *interpretations* of experience: there the respondent explains his own understanding or interpretation of what goes on in Practice B and what it is that

³ Note that Practice B here denotes the whole of the work with therapy clients: not only the time spent physically together with clients but also preparing for a session, switching between sessions, and going over the work after a session.

helps or has an influence from Practice A. A priori, this is the level at which most material will be.

3. The level of *values*, internal beliefs or political stands: for instance, what it means for the respondent to do Practice A or Practice B or what is the importance of doing Practice A for doing well Practice B. This is the level of belief system, and I can expect some material to come up at this level.

What I expected was thus that a respondent talks about some experience in the role of Gestalt therapist, some experience of Practice B, which is interpreted as related to or affected by, Practice A. Therefore an appropriate method is a qualitative method which considers in the first place some *interpreted, intrasubjective* experience.

This criterion seemed to fall just in between the first two qualitative methods I was exposed to, namely a *purely phenomenological method* and a *grounded theory*. The first one is primarily intrasubjective but addresses in the first place pure experience rather than interpretations. The second one seemed to me better suited for intersubjective phenomena (what subjects do to each other in certain contexts) but could be used for my study (Guvå & Hylander, 2003). There were also two qualitative methods which looked promising to me, i.e. *Interpreted phenomenological analysis* (IPA) (Smith & Osborne, 2003; Huusko, 2007), and *heuristic research* (HR) (Moustakas, 1990; Off 2004).

After some reflection, I decided to choose IPA as the most suitable method for my study. According to Smith and Osborne (2003), IPA has both a phenomenological and a hermeneutics aspect. It aims to describe the participant's personal world (the phenomenological aspect) and it involves the researcher "trying to make sense of the participants trying to make sense of their world" (p.51) (the double hermeneutic aspect). It recognizes the researcher's pre-understanding and interpretation but focuses on the respondents' experience and interpretation, which I thought was very appropriate for this study.

4.1.2 Design

According to Creswell (1998), design means how one plans to implement the research method, the entire process of doing so. For my study, design was:

- Selection of informants based on their double practice of Buddhist meditation and Gestalt psychotherapy,
- Preparation of the interviews and information on ethical aspects
- Semi-structured interviews
- Transcription
- Analysis and construction of results
- Discussion and suggestions for further use of the results

4.1.3 Sampling

I planned to find 5 or 6 respondents, which is a recommended sample size, according to Smith and Osborne (2003). I selected them in two different ways: via personal contacts and via an open electronic letter to SAG, the Swedish Association of Gestalt therapists. The open letter gave no response, so all my respondents came through personal contacts. A possible weakness from this sampling was that my respondents knew that I meditated regularly and they were also known to meditate regularly, otherwise I wouldn't have found them that way. It means it was likely from the start that these persons would ascribe a positive value to their meditation practice. *How* they did so however remains of course as interesting data from the study.

In any case, I found 6 participants, including the respondent for my test interview, plus one extra person, who volunteered to answer quite late, in case I still needed it. One participant backed off, estimating that he/she would be too "exposed" if interviewed. Fortunately, at about the same time, another person I knew spontaneously volunteered to participate. In view of the rich data that it contained, I decided to include my test interview in the study. One drawback from this decision was that one control question, present in all other interviews, was missing in this one.

The respondents were 6 active Gestalt therapists: most of them with a long experience, 4 men and 2 women, with a range of Buddhist meditation practices.

4.1.4 Interviewing

All interviews were conducted during the period July-September 2007. They were in the form of a very open question and some prompts to be used if needed (see the interview

guide in the Annex for details). The intention with this interview style was that respondents would be rather free to answer in their own way.

One of them chose to answer in English, while all the others answered in Swedish. Most interviews were between 1h15 and 1h30 in duration. One interview gave a follow-up interview of 20 min, for the respondent realized immediately after the interview that he/she needed to add some important elements to his/her answers. One interview took about 45 min. to complete.

The respondents appeared very inspired and motivated by the theme of my study. I tried to let them talk and just intervened in two ways:

- in clarifying or specifying follow-up questions,
- in leading them back to their own experiences and interpretations (as opposed to text sources or histories about others).

Several times, I was myself moved by their depth or sincerity, and tempted to shift to a more symmetric inquiry dialogue together with them, but of course our respective roles prevented this and I stopped myself from doing it. Several of them thanked me for this occasion to clarify their own thoughts and perceptions on the subject. For more details on what happened during the interviews, see the section on intersubjectivity and reflexivity.

4.2 Analysis

The general model of the analysis is to go from a more specific to a more abstract level. In this study, it is important to note that the analysis was inductive: it didn't use models or concepts from relevant published work (only the author's representations about the subject) when abstracting from the data.

The analysis proceeds one interview at a time to reach a summary table over all the interviews. Several steps are involved:

1. Noting what is "interesting or significant" in relation to the research question, i.e. possible effects of meditation practice on the respondent in her role as a therapist,
2. Finding some themes for these interesting parts,

3. Clustering these themes into abstracted themes, staying as close to the texts as possible,
4. Reaching a common table of themes and abstracted themes covering all the interviews,
5. Showing the results in the form of a text with representative quotations. The quotations are carefully selected to protect the respondents' anonymity.

The table below is meant as an example to illustrate steps 1 and 2.

Interesting		Theme
<p>Makes it easier for me More flexible and present Different flow in the therapy process</p>	<p>Respondent: <i>I noticed, when I meditated, it made it easier for me to be with, both flexible and present, it was a completely different flow in the therapy process itself.</i></p>	<p>More present, more with the process in therapy</p>

4.2.1 Transcribing

All the data were transcribed by the author as part of the analysis, instead of letting someone else do it. A few rules of transcription were consistently followed: noting self-interruptions, long silences, inaudible parts (very few, because the audio quality was good). Everything was transcribed, even the parts judged irrelevant to the subject matter by the author.

After transcribing, the respondents were given the possibility to comment or correct their texts if they wished. This decision presents both advantages and drawbacks: it may bring clarity or a necessary correction to something that I either didn't hear or heard wrong, but it may also rearrange the initial, spontaneous expression which is more revealing of the actual response of the participant.

Three respondents didn't bring any changes, one made some minor changes, and one besides making some changes, chose to highlight what he/she thought was most important. One respondent was dissatisfied with the text and expressed that it was pointless trying to correct it. In the end, we agreed to keep the interview in the study and having the transcription rechecked by another reviewer under a confidentiality contract before analyzing it.

4.2.2 The analysis process

The analysis process started from the transcribed texts with eventual corrections from the respondents. A first list of themes was made from the first three interviews and then another one from the last three interviews. Put together, these lists comprised about 60 initial themes.

These themes were then structured in two ways: clustering similar themes, and grouping them under three larger categories of effects. For this purpose, small paper tags were used for each theme, which could be moved around freely. At some point it became visible that these three categories were somewhat arbitrary; they overlapped to some extent, but were nevertheless useful to sort out the themes. This yielded 19 higher (more abstracted) themes.

Listening again to each interview with an intention to revise and verify the themes gave new connections where the same idea was mentioned using different words, thus yielding a bit fewer (about 50) themes. It also gave new references between some of the existing themes and the interviews.

Still, the result didn't seem abstracted enough, synthetic enough. About half of the themes were not shared by a majority of respondents. Also, two of the categories, called respectively "Effects on the person" and "Ways of doing in therapy", were "entering" each other. So I tried to see how the result would be by merging these two categories into just one, "Effects", and the result turned out much more satisfactory. 12 higher common themes were thus arrived at, under two larger categories.

These themes were common in the sense of being shared by at least 4 of my 6 respondents.

All themes and more abstracted themes were first expressed and worked with in Swedish, before translating them to English at the end of the analysis.

4.2.3 Validity, reliability and generalisability

This section is about verification of the knowledge obtained in this study, using Kvale (1996).

Starting with *validity*: does the study assess what it was intended to assess, does it answer my research question? One first aspect is that the whole study is *consistent*, in its overall design, in its method, and that as a whole it seems to say something about the subject matter. It is also consistent in the sense of results deriving in a well-supported, straightforward way from the data. All the relevant data was used, none of it was discarded as long as it was relevant to the research question. The study has a *heuristic value*: by reading it, one understands more about the subject matter.

More specifically, the research question concerned effects of Buddhist meditation on Gestalt therapists, and some effects were found as interpreted by the respondents (such that meditation practice was useful training for them or that they considered a certain quality of the therapy they conducted, in connection with their meditation practice). There were of course other elements in their responses, from the context of their life and work, such as their spiritual inclination, religious faith, or how they experienced their work with therapy clients. As long as these elements had some relation with the research question, they were taken into account.

The next aspect in knowledge verification is *reliability*: are the tools used (the researcher, the way of working and analysis) suitable, systematic, and applied in a consistent fashion? Yes, this is the case. As far as possible, the thread from raw data to results was described in each step of the way, in reasonable detail, so that the reader can follow the derivation of results.

Another aspect of reliability is that the tools used didn't introduce unwanted influences. *Interviewer reliability*, in the sense of not influencing the answers in a certain direction, by leading questions or otherwise, was ensured by holding to the interview guide (Cf. the

technique of open questions and prompts) and by the interviewer's conscious effort to remain neutral to the responses. *Analysis reliability* is typical of a qualitative study: another researcher might have abstracted different themes, but the themes obtained are derived in a systematic, transparent application of IPA, with no other influence than the researcher's pre-understanding of the subject matter.

Generalisability, for a qualitative study like this one, means that it says something over and beyond the exact group of respondents. In other words, the study says something not only about the six interview persons, it also says *how it can be* for other respondents. In this respect, we can notice:

1. A convergence on themes among the respondents, and
2. A convergence between themes issued from respondents' data and themes issued from relevant published work.

Both are indications of generalisability in the above sense. On the other hand, the sampling of respondents, as therapists known to practice meditation by their peers, reduces the generalisability of the study, compared for instance to a random selection within a group of therapists practicing meditation.

5 Ethics

5.1 Ethical aspects

At each step of the design, some ethical aspects have to be considered. For the selection of respondents, only the criterion above should be considered. All other factors, sex, age, experience, beliefs, religious views, etc. should not play any part in the selection. For the interviews, one should inform the respondents about the study and their role in it, about their right to withdraw from the study at any time, and obtain their written consent. It is also important to mention confidentiality and ensure it in practice, i.e. present the study in such a way that for instance quotations of interview material cannot be traced to a particular individual. Also, any respondent who requires it should be sent a copy of the final dissertation.

Another ethical aspect with respect to the respondents is to ensure that they do not suffer any damage or negative side-effects as a result of the study. In this case, the worst I can think of is that an respondent would start reflecting too much over his own practice of therapy and thus create problems for himself (somewhat like a person asked to go step by step through tying a tie and not knowing how to do it any longer). This is nevertheless unlikely.

Finally, in the analysis phase, an ethical aspect is to respect the data provided by the respondents without unduly modifying it, and to maintain clarity over the research question. In particular, the author's own pre-understanding and its role in the study should be taken into account (Cf. the section on choice of method).

5.2 Intersubjectivity and reflexivity

Here I reflect on my own influence as a person, what I know of the subject matter, how my respondents see me and what they know about me and what I know, what we share, what my own reactions are, and in general aspects of our interaction over and beyond the strict matter of my study. This intersubjectivity in turn influences the produced interview data. Respondents were selected within a rather small group of active Gestalt therapists who also are known to their peers for practicing meditation. Most if not all of them knew that I also

meditate regularly. So they had an awareness of meditation as a common interest. They could rest on some common background knowledge between us. There was a sort of comradeship around this interest. So a respondent could for instance mention a reference meaningful to him/her and ask if I had read it. Or another would say something like – but you are a Buddhist, you have practiced this yourself, so you know about this. Or someone said laughingly – I was curious about your background with meditation, but reminded myself the next moment that I was the one being interviewed! Most respondents thanked me at the end, for this opportunity to clarify their own thoughts and perceptions on the subject.

Sometimes when the respondent would take up his or her discipline or intensity of practice, I would wonder if it played a role for them, to face me as an interviewer, knowing that I had a regular practice. And by the way, what is regular practice?

Sometimes there was also an emotional contact of being recognized, of being able to talk of this subject matter with someone who can understand it from experience. In a few cases, there were even moments of confluence, beyond the study itself, in which we would both “bow to the beauty of the moment”. There could be a genuine shared laughter, recognizing in oneself what the other said, as when a respondent said – We live in a society rather confused and not so focused!

In some cases, my enthusiasm was obvious for what the respondent was taking up. It was impossible to hide and in fact, I didn't even try to. I could also see a teaching effect on me: I felt at certain times during listening or during analyzing, that I was growing up, both as a Gestalt therapist and as a person, as a result of what my respondents told me. Generally, there was both a seriousness and a joy, an enthusiasm about taking up the subject together. Someone could say – It's interesting and meaningful to have this question from you.

Another point I noticed in myself is that I believe it would be harder to do a good job on this subject if I hadn't meditated myself for some time. This is because meditation gives me a lived, experiential base to relate to and make sense of the respondents' descriptions.

To sum up, I as interviewer and the other person as respondent were peers engaged in this double practice and aware that both were engaged in it. This was for good and bad: it facilitated confidences and a generous, engaged atmosphere, but it may have diminished the scientific value of the knowledge produced from the interviews. I am thinking here of where I stand in the polarity personally engaged - distanced and also the differentiation of my own knowledge from the respondents' knowledge.

6 Empirical results

All 6 interviews were productive, in the sense of producing interesting data, with maybe the exception of one interview, where the respondent obviously had difficulty extracting the effects of meditation on therapy from the intricate fabric of his/her life. Yet even in this case, some very good points were part of the respondent's story.

All respondents except one had more than 10 years' experience as Gestalt therapists, some of them much more than that. All of them had trained some form of Buddhist meditation. Most of them had experience with more than one type of meditative practice, as the table below shows (respondents in randomized order).

Zazen, martial arts
Zazen, tai-chi, TM
Tibetan Buddhist meditation, zazen
Tibetan Buddhist meditation, tai-chi
Tai-chi, zazen, vipassana meditation, yoga
Vipassana meditation

4 of the 6 respondents could remember a specific occurrence that they could relate to their meditation practice. The other two could not remember a specific event or moment but could at least take up a type of event that had happened to them several times, which they related to their meditation practice.

Another meaningful aspect in relation to my research question was which of the two practices preceded the other. For some, they started meditation and Gestalt therapy at approximately the same time. Some others came to meditation from a perceived need in their role as Gestalt therapist. Still some others came to choose Gestalt therapy from a lifestyle with meditation as a background.

In order to roughly sort out all the themes from the interviews, I had started with three larger categories:

1. The effects of meditation on the therapist as a person
2. The ways of doing in therapy which could be related to meditation
3. The larger picture and reflections of the therapist in the larger field

I noticed at some point that categories 1 and 2 especially were “entering” each other and I decided to merge them. Afterwards, I realized that it made perfect sense: the therapist in Gestalt therapy comes forth as a whole person and not just as a professional role, so it is difficult to draw the line between how the therapist is as a person and how she behaves in therapy.

My results consist of:

- 12 themes, under two categories:

1. Effects (as experienced): both on the therapist herself and how she conducts therapy
2. The larger picture; reflections: these are effects which are at another level of reflection for the respondent, seeing herself, meditation or therapy within a larger picture.

- some more specific, isolated remarks.

Table of themes:

I. Effects (as experienced)

- **Mind training**
- **Focus**
- **Presence**
- **Better contact**
- **A wider intelligence**
- **Meditation expands**
- **To be in the process (in therapy)**
- **Ways to support the client (in therapy)**

II. The larger picture; reflections

- **How Gestalt therapy should be done**
 - **The Gestalt therapist's negative tendencies**
 - **Perception of reality and the spiritual dimension**
 - **Being human in a larger context**
-

Each theme is elaborated on below, with a short summary in my own words of what the respondents said on the theme when talking about themselves, some aspects of the theme (with their names underlined) and quotes from the interviews to illustrate them. The quotes are slightly edited to allow for a grammatically correct text and to protect anonymity as well. They all appear here in English, with references of the form (Xn,m) for anonymous respondent X on page n, paragraph m of his/her transcript.

6.1 Effects (as experienced)

6.1.1 Mind training

In short, according to respondents: Meditation is a way of training the mind which is very helpful to be "I and you, here and now" with a therapy client.

Meditation constitutes a form of training which appears important to the respondents; some even say that it is necessary to them for conducting Gestalt therapy. In the words of a respondent:

(I needed) something to help me cleanse myself and make me ready to meet my client, to be there present with my client... For me, "I and you, here and now" is fundamental. It may seem like nice words but this is indeed the base and it can become empty phrases if one doesn't find a technique or a method for oneself to become "I and you, here and now".(X4,9)

Elsewhere, this respondent values his/her meditation practice over other forms of support available to him/her as a Gestalt therapist:

If I compare with reading about theory or getting descriptions or supervision or whatever, I think my zen training is what I most benefit from for conducting therapy.(X10,3)

Another respondent expresses his/her need of training in this way:

There was a need (to meditate), in order to be more present with the clients, for there I could go away in my imaginations and fears and all this; so to stay there in the sense of not going away, moving away in thoughts or imaginations. Then it was almost a condition to be able to be with the clients, to be more meditative and come more to just now, what is happening now.(X2,9)

Both respondents experienced the need to be in a certain way with their client, and apparently this way of being required some form of training; at least for them, it didn't come just by itself without some form of training, besides conducting therapy, going to supervision, studying, etc. Then meditation or some similar practice constituted for them an adequate way to train this way of being, variously called: being present, being in the now, being here and now, etc.

A third respondent evokes the necessity of such training for sheer credibility as a therapist:

To train one's conciousness either with meditation or yoga or taichi is absolutely necessary... It's a must. For me it is a question of credibility: if you don't train your conciousness, how can you possibly use it?(X7,16)

Another aspect is regularity or discipline in the meditation practice. This training must have some regularity; the ability of being here and now must be continuously retrained, must be kept "fresh"; it cannot be acquired once and for all. As one respondent said, it is like charging some form of battery for keeping up this ability. Another said:

It's a continuous training. This is daily training. You cannot just experience it once and then believe that it stays there. You must continue with it all the time. It is a refinement of yourself as an instrument and it is yourself as an instrument that you use in meeting with the clients.(X5,15)

One respondent used for his/her meditation practice the image of an athlete's training sessions:

I can imagine that it is roughly like an athlete who runs a training session; if he didn't do it and just showed up for competitions, he would progressively lose his condition or his base so to speak, his physical base to practice when he needs to, at an event or so. The same way, meditation is a sort of training, daily training that I have with me when I need to, in contact with others, and not least in therapy.(X7,5)

The common theme in all these quotes is meditation as a form of training which is very useful to cultivate a way of being when conducting therapy, especially when this training has a regularity or discipline to it.

6.1.2 Focus

In short, according to respondents: Meditation training improves the capacity to stay focused and directed to the client during therapy.

A majority of respondents mentioned that they were sharper, more focused with the help of meditation. For instance:

I think I have been helped by zen to stabilize myself as a therapist, that is to become actually more grounded and focused in meeting the client.(X2,5)

Another said:

Meditation helps me to keep focus in the therapy room.(X7,6)

I chose to call this capacity: "focus"; one could also say: "quality of attention", "directed attention" or "sustained awareness". The point is to direct one's full attention to the client during therapy and to be able to keep it there and to keep aside everything else at that time – distractions, worries, trains of thoughts or emotions irrelevant to the situation at hand.

An important nuance here is to distinguish focus from concentration. Concentration is more intense and narrower, while focus is wide and encompasses the whole situation. As a respondent described his/her highly focused awareness in a specific therapy situation:

It was a consciousness which was broad and at the same time focused... One includes the whole situation in all directions and at the same time one sees the least tiny movement very clearly.(X4,9)

Focus is closely related to the next theme, presence.

6.1.3 Presence

In short, according to respondents: Meditation training results in a deeper presence to oneself and to the other.

To be present, also called to be here and now or to be in the now, is to attend to whatever manifests itself in the moment, both in the inner and the outer zone. One respondent starts his/her description with these words:

First of all, it is very obvious for me that it had an influence, that it meant something essential that I meditate and have meditated, and in a way, meditation goes hand in hand with Gestalt therapy, the practice of Gestalt therapy since it is about presence, to be conscious of what is happening in the moment, which is also what meditation is about, according to my experience.(X1,6)

This quality is both very central in Gestalt therapy and very much connected to meditation. Meditation seems to help one feel this quality to a deeper extent. Another respondent describes it this way:

Coming back to the fact that I start my day with meditation, the function that I feel it has, it is to come back to myself, whatever my self is, but I come into a deeper sort of presence through my meditation.(X2,4)

A third respondent states this connection between meditation and the quality of presence in Gestalt therapy very clearly:

This is maybe the most important influence from my meditation, which is of course part of the Gestalt method as well, to be with what is. (X1,8)

Another aspect is the perception of now, the relation of the person to the present moment. One respondent mentioned being more relaxed and perceiving the now as a permanent ground to rest in, as opposed to a sequence of many different now following each other. He/she mentioned *this eternal now which always exists here to come back to. (X4,1).*

Another respondent took up the trust that everything is contained in the now:

I stay very much in the now, relying that everything is in the now, and the more I can center myself in the now, the more I can be attentive and pay attention to small details, which may refer to the past or be a link to the future.(X1,6)

Reflection: It strikes me with these quotes and when I try to present them that this quality of presence is not easy to talk about; the words have to correspond to a lived experience, both for the person expressing them and for the person listening or reading, otherwise they are just words. This is part of a larger issue in this study, which is taken up in the Discussion section.

6.1.4 Better contact

In short, according to respondents: Meditation training results in a better contact with oneself and a finer perception of signals from the client during therapy.

This quality is closely related with presence: it is to develop a finer perception and acceptance of what is going on with oneself and also of what comes from another person or from the interaction, and to be able to distinguish which is which. Here are more specific aspects of this quality.

According to one respondent, meditation was necessary to feel more at peace with him/herself as a therapist; he/she wanted to enjoy conducting therapy instead of struggling and stressing him/herself and meditation was helpful for this purpose.

Others mentioned perceiving and accepting for instance their inner state on a particular day, or an emotional movement or inner conflict coming up within, so that they could be aware of them for what they were, and not confuse them with a particular client situation.

For instance:

When I meditate in the morning, I get more in contact with who I am and what I am and which basic feeling I have that day and it also means that when I meet a client, it will be easier for me to differentiate, what are my feelings, my changes of feelings, related to what is happening in the room between me and my client.(X2,8)

Another aspect is to be less caught up in one's own emotions or one's own ideas about how things are, so that one can sooner or more easily return to oneself, regain one's balance.

Regular meditation helps me, supports me. It's not that I don't fluctuate or get emotional, but it's easier for me to find my balance again.(X1,6)

When I get in conflict with myself or find myself melancholic or something like this, it is often because I have lost myself, meaning that I haven't stayed with myself, I have moved away in thoughts or ideas about how things are...meditation can then be a way for me to come back.(Y3,3)

Another important aspect of contact is contact with one's own body, which is crucially important as a Gestalt therapist. It is to be more grounded, to be better able to register a situation, a feeling or a felt sense via body sensations. When one is more embodied, one can also feel freer from expectations.

When I feel that I am more in myself, which is what meditation gives me, above all that I ground myself more in my body, then I am less influenced by special expectations put on me in my role as a therapist.(X8,1)

If we now consider contact outwards, many respondents mention an improved ability to perceive signals from their client, especially the non-verbal or signals which are not immediately visible, and be more confident in their perception ability. Examples:

It is a refinement of yourself as an instrument and it is yourself as an instrument that you use in meeting the clients. You need to cultivate this, you need to refine this, either with meditation, yoga, taichi, your own therapy or whatever, all the time, so that you are capable of capturing all the signals that the client sends, otherwise you have to rely on the explicit, what shows and is obvious, and that can be limited.(X5,15)

I can hold on to my thought (of what is happening between me and the client) and I can do it because I know which feeling I came in the room with and I also know that I can notice very clearly how my feelings switch in contact with what we work with in therapy, but it is important to be careful because it can still be a projection from me.(Y3,1)

A better, more refined contact with oneself and with the situation at hand is pointed to here, in connection to meditation and with obvious effects on how to conduct Gestalt therapy.

6.1.5 A wider intelligence

In short, according to respondents: Meditation training seems to tap into a wider intelligence in the form of intuition, direct action, and some almost magical coincidences.

I chose here the term “wider intelligence” in spite of spurious associations from the main meaning of “intelligence”. Here I do not mean the intelligence of intelligence tests, it is not rational intelligence. It is sensitive intelligence, receptivity, a heightened ability to sense, to perceive, to have intuitions and to go into action. It also includes noticing coincidences in time and space which have no rational explanation.

A majority of respondents talked about these abilities and remembered specific episodes when these abilities manifested in a striking way for them. They also made a connection between them and their meditation practice; these abilities seemed more marked or seemed to come up more often during periods when they meditated more intensively or more regularly.

The first aspect of this theme is intuition, in the form of internal images which turn out exact, right on target, exactly fitting the situation. Here is a specific example from a respondent, which happened during a Gestalt workshop with a participant with a deep sorrow in her life:

During this workshop she took up the subject and I got a completely immediate picture of how to do this work, so we arranged a situation. I cannot really say from where this picture came to me; she looked at me and said – How could you know that it looked this way? – I don't know, I said. I just got an inspiration that it looked this way. And she stares at me and this deep sorrow comes up for her. We had arranged a situation that was precisely the type of situation she had wished to experience in order to be able to release this sorrow.(X2,15)

The connection with meditation comes in this respondent's interpretation of what he/she did:

I don't know how I could know it, I only know that I knew and that I dared follow the inspiration, for it was no technique... which led to it, only a consciousness, an openness in me which came from these meditative experiences. I dared catch signals in my unconscious or wherever it was and let it lead me.(X3,1)

A second aspect of the same theme is right, direct action. One could call it intelligent intervention: without computing it or thinking it out in advance, without doubting or debating with oneself, one goes into action, and as with intuition, this action turns out to be exactly fitting the situation at hand. A specific example from a respondent, remembering a special individual therapy session with a client:

I remember a therapy session; it lasted 25 minutes and then we were done. She came to me, I felt very much present and was very much in the here and now. I started an experiment just like that. She came directly where she would. 25 minutes had passed and the therapy session was over. She was done. – It was precisely what I needed, she said. It was precisely this I needed to feel and experience. And all I had done was to be there and trust that this would help... I would never have been so sharp if I hadn't meditated very much in that period and was very much into it.(X12,3)

Here we see on the part of the therapist, as in the previous example: a receptivity, a direct action, feedback showing that the action fitted exactly the situation at hand, and the perceived connection between this and his/her meditation practice.

A third aspect is striking, almost magical coincidences. One respondent reported being concerned about finding therapy clients, being truly preoccupied by it once, and at that time someone calls on the phone, who had looked in the phone book and was looking for therapy. In this respondent's experience, the coincidence was striking, for he/she hadn't had a new client via the phone book in over a year. In his/her own words:

(The phone rings and) it was not even 10 minutes since I sat there and thought this thought, of course it can have been a coincidence but it happens so often, and more often when I meditate, maybe it is because I see the whole, I don't know, but it is as if there were other ways or other help to get, I don't know how to formulate this. It's actually a bit magic.(X4,3)

In these three aspects, there is a receptivity, a sensitivity, something direct and not thought out in advance, which for the respondents is connected to their meditation practice.

6.1.6 Meditation expands

In short, according to respondents: Meditation may expand to the whole of one's life, become a way of life.

In a way, this theme is a counterpoint to the first theme, mind training. Here meditation is perceived to expand and come into the other activities, so that the boundary between what is meditation and what is not tends to disappear.

In a certain meditation one sits and meditates; one does a certain meditation because one is aware of everything one does, I hope one becomes more aware, so that in a way one needs less to sit on a cushion and meditate; so that meditation gradually becomes something that one always does.(X9,9)

Also, meditation then is not used as training for something else but rather has become an integral part of a way of living. Another respondent says:

My meditation and my practice are aligned with the Gestalt way of working, and are aligned with my way of living...It's important for me to stress that it's not something that I do as a kind of preparation for my work. It's really something which is part of my outlook on life, so it's a bigger frame, and in that frame is also my work.(X2,5)

This respondent stresses here that for him/her, meditation is not done in the service of helping Gestalt work as a therapist, it is more encompassing; it is part of something larger where Gestalt work also fits.

Reflection: Here we meet the distinction between the intention when practicing meditation and the side-effects that obtain when one practices. For this respondent, the intention is not to meditate as a help for Gestalt work, but possibly it helps him/her as a side-effect.

6.1.7 To be in the process (in therapy)

In short, according to respondents: Meditation training improves the capacity to be with whatever the process wants to do, to be spontaneous, playful, without a goal, without self-pressure.

Up to this point, all the themes had an influence on the therapist in the therapy situation, but not only there. They described effects which the respondent could notice in all activities, including therapy. This theme and the following theme are more specific to therapy.

I chose to call it “To be in the process”. The process here means this movement from present moment to present moment together with a client in therapy. One respondent called it “unfolding”, a quality of his/her therapy work which for him/her was essential:

If someone said – Choose one word about your work, at this time I would choose “Unfolding”, that the moment unfolds, and I don’t need so much to go into the next moment, trusting that the next moment will come.(X2,3)

There is a strong aspect of trust in this theme: to trust the process, as opposed to having a goal or trying to apply techniques or ideas. One respondent describes:

Maybe one goes and does a lot of strange things, maybe one believes one controls a lot of things that one doesn’t control or one believes one is some type of process driver, what do I know. To live in the process is to actually not have this goal, not to think – I want my client to go there, and I will influence my client in that direction.(X4,9)

And a bit later, this respondent describes process in therapy this way:

Process for me is something that goes in some strange way in a certain direction but I as a therapist actually try to remain on the cross-section of it, that is now, now, now, now.(X7,1)

In this description, process goes a certain way, which cannot be known in advance, and on which the therapist “rides” in each present moment. There is a similarity here with the lived experience of meditation, and this element of trust that I mentioned before:

It is what Gestalt therapy and meditation are about. To dare surrender. It is how I understand Gestalt therapy, it is how I learnt it. To dare surrender, to dare follow what you become aware of. Let it come to expression. Then which expression, we will see, we don’t know it yet.(X4,19)

Another respondent mentions this connection with meditation:

As I see it now, meditation influences me in trusting the process, the process when I sit with a client.(X1,3)

There is also an aspect of playfulness and spontaneity in being in the process. One respondent describes how he/she can think and doubt too much in the therapy situation, and then says:

In the end I contract my spontaneity and my playing space. For me, to be a therapist is also to play a bit. I try things out, I play a bit together to find a way ahead.(X11,10)

Also, it is difficult to be playful, spontaneous, creative if there is pressure to do something or achieve something. Several respondents mentioned this aspect: meditation helped them to feel less pressure to achieve in the therapy room (a well-known problem among beginning Gestalt therapists). Here is an example:

I believe or in any case feel more relaxed with the clients, I am less on the alert so to speak, less so that I must register every nuance and do something of it in some way. What comes up comes up and what shows up is good. And if it doesn't show up, there is nevertheless this peace, I don't need to get excited or disturbed not to find something.(X5,2)

6.1.8 Ways to support the client (in therapy)

In short, according to respondents: Meditation training seems to promote different ways of supporting the client in therapy: supporting her longing for life, helping her disidentify herself, using silence, moving between different levels.

This theme is about ways of helping the client in therapy, which seem related to meditation. A hypothesis is that these ways of helping are uncovered, experienced by the therapist during meditation, and passed on as an experience to the clients during therapy.

A first aspect here is to support clients' longing for life instead of focusing on their problems:

For me being with the clients is not just helping them with problems. It's really more the longing for life, life longing for itself. Through the problems that made people wake up or irritate them, frustrate them so they want to do something and that's why they come, but that's not really the focus. I could say I am not really interested at all in problems.(X2,9)

This is expressed slightly differently by another respondent:

People come to therapy to get rid of their suffering or get rid of their questions or get rid of their bad self-esteem, but not only to get rid of it but to get something else. Get a harmony or a happiness, to feel more in phase with life, whatever it can be, however they formulate it. There it is important that one doesn't focus just on – what is it that you are dissatisfied with and want to get rid of, one must also focus on – and what is it that you are longing for.(X9,7)

Another aspect mentioned is to be more comfortable as a therapist with moments of silent stillness in therapy:

Maybe I wouldn't have allowed it earlier, to just sit silent and still and furthermore experience it as tranquil; I would rather have been stressed by it being silent and think that now I should find something to do.(X5,2)

A third aspect is to help clients disidentify from their thoughts or to help them accept the feelings they have, again supposedly an experience the respondents came in contact with themselves in meditation. From the same respondent:

My way of working is more about disidentifying from what I think, within myself but also in my work as a therapist, to help clients disidentify from their mental content and not to define themselves from it.(X6,1)

Another respondent mentions helping clients accept their shortcomings:

It is an important part of the therapeutic process, when people understand that they are allowed to have shortcomings... That they must not be perfect, that they may make mistakes, may be uncertain, that it is actually ok, that it actually does not have to do with their worth.(X12,7)

Finally, another aspect of helping the client is to move with the client between different states of mind:

I am familiar and I feel at ease in moving between different states of mind, from the everyday awareness to stillness to opening up, expanding into, you could call it peace of mind.(X12,6)

This same respondent differentiates between Gestalt work with boundaries, and two different forms of the boundaryless in the client:

I can discriminate between two different manifestations of the boundaryless: the one completely without boundaries, dissociated or without center, losing yourself – which is not at all spiritual – and then there is the other, the boundaryless expanding from your center, and this has been maybe the most useful, most important influence from meditation, this ability to move between and to tune in, recognize the states and make the discrimination.(X12,6)

Supporting the client then consists in tailoring the work to the state of mind or position where the client is at, and moving together with her.

6.2 Reflections and the larger picture

6.2.1 How Gestalt therapy should be conducted

In short, according to respondents: The Gestalt therapist should have an experience of “Here and now” and a moral and ethical conscience.

A majority of respondents showed a definite opinion of how Gestalt therapy should be conducted. To what extent this itself is an effect of their meditation practice is not clear, but they make the connection themselves with meditation when they take up how Gestalt therapy should be done according to them. A first example:

For me, this thing with zen, it is not just that I benefit from it; the fact that I do zen meditation is also something that I believe is an important, political statement on how I consider that therapy is to be conducted – which in turn is a paradox since it is a preconceived idea built on my experiences and ideas and beliefs about what therapy is.(X5,7)

Another respondent, about conducting Gestalt therapy:

I believe that the best conditions are when the therapist has this type of awareness, presence which are part of the way of working, as I see it, otherwise it is just techniques, and I don't think that works, if one looks at it from a Gestalt perspective...If it is to be Gestalt from a holistic view, I believe one needs to have the presence.(X10,8)

This is echoed by other respondents: the Gestalt therapist should have some lived experience of presence, of Here and now, otherwise it is just techniques and you lose what Gestalt therapy is about. In the words of a respondent:

I wouldn't dare meet clients if I didn't go in therapy myself, trained my awareness, had supervision. How would I know what is right? I would then have to rely on techniques and techniques can be good but they are not everything. It is not just a question of technique.(X7,22)

Another aspect of how to conduct Gestalt therapy is moral or ethical conscience in order to face ethical dilemmas:

As a therapist you get into ethical dilemmas. There are loads of people who don't feel well. But why don't they feel well? Well, because they don't do right things. Maybe they beat their wives, maybe they are criminals, maybe they take drugs. What is it then to do good? What is it to do right? What is it to be a good human being? What is it for them to feel good? Is it to get an understanding that they have

such awful behaviors? No, it is not, but one has to work so that a sort of awareness comes up about how I want to live my life.(X8,13)

Respondents who adopt the Buddhist belief may use as their conscience the bodhisattva model of compassion, of helping others:

Indeed I don't do therapy work with clients for my sake. I do it for the sake of all living beings' sake. I have this bodhisattva aspect in the back of my head all the time. We must move ourselves all of us and I am helping in this process in my own way as well as I can as a therapist.(X8,12)

Just as the experience of presence, a certain degree of ethical conscience is presented by the respondents as a requirement, as part of how Gestalt therapy should be done in their opinion.

6.2.2 The Gestalt therapist's negative tendencies

In short, according to respondents: The Gestalt therapist tends to be narcissistic and risks believing that she knows more than what she does.

This theme came up in answers to a control question in the interviews: -- Do you see any negative effect of meditation practice for you as a Gestalt therapist? (Cf. the interview guide in appendix).

Three respondents mentioned the risk of believing that one knows more than what one does as a therapist, the risk of being presumptuous or going ahead of the client without checking that the client approves. Example:

It is when one believes that one knows more than one knows. It is easy to believe that one is extremely wise when one meditates very intensively. To believe that one has some type of knowledge.(X7,3)

One respondent mentioned his/her perception that Gestalt therapists gathering at a conference for instance show a narcissistic side, or in his/her words: *There is something in the system which makes it ok to develop one's narcissistic side in oneself.(X6,11)*

Reflection: As I see it, this theme is the negative side of the "wider intelligence" theme, or the risk associated with it.

6.2.3 Perception of reality and the spiritual dimension

In short, according to respondents: To disidentify oneself, to contact the spiritual dimension in meditation and in Gestalt work, to realize that the two practices benefit from each other are aspects of the Gestalt therapist' perception of reality.

A majority of respondents mentioned a mutual influence between meditation and Gestalt work, rather than a one-way influence. Here is a typical example:

I notice as I am speaking now that I don't separate therapy and meditation so much, or Gestalt and meditation; it is rather very much so that they are included in each other in some way.(X7,3)

Another respondent was more specific about this cross- influence:

The Gestalt opened for me to receive, to be able to meditate...and then again the meditation helped me to see more the depth of the concepts of oneness and the paradoxical theory of change.(X11,4)

Half of the respondents mentioned spontaneously the spiritual dimension, either in connection to their meditation or to their Gestalt work. For instance:

Gestalt has been the ground and the way for me to enter a sort of spiritual perspective, and then the Gestalt concept as such, i.e. how things are connected, what is connecting... this is the force which in some way is the closest I have come to an image of the divine.(X3,1)

Finally, half of the respondents talked about disidentifying, letting go of the ego, with a clear connection to meditation (this is very much mentioned in the context of Buddhist meditation). One respondent, about why he/she thought Gestalt work was so useful, said:

First you have to develop and sense your own boundaries, you could say your ego, to be aware of your ego and personality, to be able to disidentify and let go.(X11,6)

Reflection: you first need a tangible perception of holding something in order to be able to let go of it.

6.2.4 Being human in a larger context

In short, according to respondents: To contact the essence of being human, embedded in a larger unity, is valuable as a Gestalt therapist.

Three respondents named a deeper understanding of what it is to be human. One said:

All therapists don't need to be Buddhists, but they need to understand the situation of the human being in a larger context and be conscious of it. (X8,3)

Another one remarked that he/she sometimes used Buddhism with clients, in questions for which Gestalt therapy was insufficient. A third one saw part of his/her role as a Gestalt therapist to remind clients that we are all parts of a larger unity, as he/she was reminded of it in meditation.

6.3 Other remarks

More specific remarks by some isolated respondent are presented here for completeness. One respondent had a belief that both meditation and therapy opened up communication between the two halves of the brain; this is an interesting effect if this is so, at a neuropsychological level.

Another respondent stressed the advanced technology existing within Buddhism about mind states and consciousness, and that awareness within Gestalt therapy is “only a scratch on the surface” compared to a regular, long-term, consequent mind training over a lifetime, which in its advanced stages boggles our ordinary minds. He/she used the analogy of outer IT and media high-tech for the inner high technology of consciousness within Buddhism.

Two respondents, each in their own way, mentioned how they saw themselves in society. One noted that our society is “rather confused and at a relatively low morality level”, so that even if the therapist happened to be less present than she could be, it was still perfectly ok within the frame of that society. Another could see that he/she had made a conscious choice at some point to act and talk and have some defects as an ordinary person, and be fully with the community of ordinary people, as opposed to a therapist/meditator who is clearer, wiser and always sees what is right, thus isolating him/herself from the others.

One respondent mentioned something which comes up in meditation and which is helpful in therapy: to consider thoughts or emotions as moving forms, with just as much reality as

a moving physical object. This consideration opens up new possibilities for relating to one's thoughts or emotions and transforming or displacing them.

Finally one respondent expressed his/her joy at noticing that mind training is infinite, that there is always new open space to explore and to grow in.

6.4 Abstracting even further from the themes

Is it possible to be even more synthetic than these 12 themes, at the risk of being more remote from the interview data? I will give it a try, for the reader who wants the quickest possible overview of my results.

For the Gestalt therapists that I interviewed:

- Buddhist meditation in various forms constitutes a useful form of training;
- This training contributes to deepen their quality of presence, focus, contact with themselves and with their client;
- Moreover, this training makes it easier for them to trust the process in therapy, to support their client and to use a wider intelligence as therapist;
- Finally, over time, this training goes together with a reflection, a larger perspective about being a Gestalt therapist, about being human, and about the spiritual dimension of reality.

So if I were to give just a few words or expressions to sum it all up, it would be: *mind training, presence, unfolding, and a larger view.*

7 Discussion

7.1 Empirical results in the light of relevant literature

The empirical results obtained inductively from the interviews fit rather well with the relevant published work reviewed above, especially common points between meditation and psychotherapy, where one cultivates with meditation practice certain qualities which are helpful for a therapist (Fulton, 2003; Welwood, 1985; Epstein, 1995).

Looking at themes at a high level (see Section 6.4), the first point, *Buddhist meditation in various forms constitutes a useful form of training* (for therapists), is precisely the one expanded on by Fulton (2003).

The second point, *this training contributes to deepen their quality of presence, focus, contact with themselves and with their client*, is in some form also in the literature entirely, with the exception of this aspect of contact with the clients mentioned by respondents: a finer, more differentiated perception of what comes from the client in the therapy situation.

The third point, *this training makes it easier for them to trust the process in therapy, to support their client and to use a wider intelligence as therapist*, includes several novel aspects compared to the reviewed literature:

- While acceptance and basic trust are mentioned in the literature, respondents also named feeling less pressure to do or achieve something specific as therapists.
- Intuition, mentioned in the literature for both its cultivation in meditation and its importance for a therapist, was developed by respondents into direct intervention following an image or an inspiration (as opposed to a planned, thought-out use of techniques or debating with oneself about what to do next).
- Ways to support the client in therapy was very much novel material except helping clients disidentify from their thoughts and promoting acceptance of their feelings.

Coming to the fourth point, *the larger perspective about being a Gestalt therapist, about being human, and about the spiritual dimension of reality*, most of the empirical results are novel compared to the literature, with the exception of:

- The Gestalt therapist's negative tendencies – narcissism or losing humility, losing sight of the limits of your capacities is a risk for any therapist, mentioned for instance by Fulton (2003);
- The aspect of disidentifying or letting-go of the ego (abundantly developed in the literature);
- A deeper appreciation of predicaments or issues inherent in being human.

The empirical results, shared by a majority of respondents, thus match well qualities of mind, attitude and embodiment mentioned in the literature. They also present novel perspectives, especially about conducting Gestalt therapy and about developing a larger perspective.

7.2 Dialectic tensions in this study

This study presented interesting challenges, or dialectic tensions. The first one is how to study what has become “*second nature*”, what is deeply incorporated into the participants' experience over many years. It would have been easier (and also shallower) to interview participants who are newer, not as experienced as meditating therapists. The more “*second nature*” an experience is, the more elusive it is to talk about, and at the same time the more interesting it is.

A second difficulty has to do with a research question of the form “What is the influence of A on B?” The study showed that it is difficult to extract the influence of A on B within the interconnections of practices A, B, C, D, E in one's life. The participants spoke of many years of personal development with in-depth experiences in parallel and it was obviously difficult in many cases to sort this out and say what depended on what. Even when restricting oneself to A and B, it was often clearly a mutual influence between A and B rather than a directed one from A to B.

A third difficulty is general to such practices as meditation or Gestalt therapy. It is to talk about subtle, experiential realities and avoid nice, empty words. This is a danger mentioned both by some respondents and in published work, of using nice words without a substance of lived experience behind them. Terms like “here and now”, “presence”, “in the process” are easy to mention but much harder to actually experience. Unfortunately some people use

these terms for various purposes without having actually tasted them in themselves; as far as I could tell, this was not the case for the respondents in this study.

7.3 General discussion

I see this study as directly relevant to the practice of individual or group Gestalt therapy. It could become part of a reflective discussion within the Gestalt community, about how to conduct Gestalt therapy.

What did I learn?

Apart from planning and conducting this type of interviews and applying IPA analysis, I definitely refined my understanding of how Buddhist meditation can be of practical use for Gestalt therapists, as well as the risks associated with it. I learnt from the challenges or dialectic tensions presented above.

In the exchange itself with the respondents, sometimes I learned as a beginning Gestalt therapist and sometimes I learned as a human being trying to make sense of my life. As a byproduct of the interviews, the respondents were at times instructing me, providing very valuable remarks to me as a person and as a therapist in training.

I also learnt that now was a good time to make more explicit this common area between Buddhist meditation and Gestalt therapy; the interest is there, the tools are there, and also ideas about how to integrate the two in group work.

How could this study be used?

It may be used in two broad directions. Its *pedagogical use* could be to argue for the value of meditation training, as an elective part of Gestalt therapist training, either beginner training or ongoing training.

Its *theoretical use* would be to support a theory of Gestalt therapy in which a precise concept of awareness is absolutely central – for reference, see Hostrup (2002) for a basic theory of Gestalt therapy in which one can argue that it is not so. Another theoretical

aspect is for Gestalt therapists today to reconnect with their historical roots; there could be a discussion there of the degree of influence of Zen and Taoism on Gestalt. Maybe it was crucial; maybe it was overrated among the first generation of Gestalt therapists. But at least the question should be raised and could generate interesting theoretical material.

Also, via Buddhist meditation, Gestalt therapists could initiate more cross-communication with CBT and other therapy schools which have put considerable attention on meditation for therapy. Interesting theoretical work is still to be done in order to compare and contrast mindfulness in the sense of CBT with Gestalt work.

8 References

- AMA Samy. (n.d.). *Meditation and therapy – Zen is therapeutic, not therapy*, unpublished manuscript.
- Aronson, H. B. (2004). *Buddhist practice on western ground*, Boston: Shambala.
- Bien, T. (2006). *Mindful therapy*, Boston: Wisdom Publications.
- Bornstein, A. (1994). *Tankar om buddhismen som psykologi*, Stockholm: Svenska Dagbladets Förlag.
- Brazier, D. (2001a). *The feeling Buddha – A Buddhist psychology of character, adversity and passion*, London: Robinson.
- Brazier, D. (2001b). *Zen therapy – A Buddhist approach to psychotherapy*, London: Robinson.
- Creswell, J. W. (1998). *Qualitative inquiry and research design*, Thousand Oaks: Sage Publications.
- Crocker, S. F. (2005). Phenomenology, Existentialism, and Eastern thought in Gestalt Therapy. In Woldt & Toman (Eds), *Gestalt Therapy* (pp. 65-80). Thousand Oaks: Sage Publications.
- Eynde, R. V. (1999). Buddhism and Gestalt, *Gestalt Journal* Vol. 22(2), Fall 1999, 89-100.
- Epstein, M. (1995). *Thoughts without a thinker – Psychotherapy from a Buddhist perspective*, New York: Basic Books.
- Fulton, P. (2003). Meditation and the therapist, *Insight Journal*, volume 21, Fall 2003, 1-7.
- Germer, C. K., Siegel, R. D. and Fulton, P. R. Editors.(2005). *Mindfulness and psychotherapy*, New York: The Guilford Press.
- Guvå, G. and Hylander, I. (2003). *Grundad teori – ett teorigenererande forskningsperspektiv*, Stockholm: Liber.
- Hostrup, H. (2002). *Gestaltterapi – En introduktion till grundbegreppen*, Stockholm: Mareld Böcker.
- Huusko, Sirpa (2007). *Medberoende och gestaltpsykoterapi*, Master of Science Dissertation. Stockholm: Gestalt Akademin i Skandinavien.

- Kornfield, J. (1994). *A path with heart – A guide through the perils and promises of spiritual life*, London: Rider.
- Kvale, S. (1996). *InterViews – An introduction to qualitative research interviewing*, Thousand Oaks: Sage Publications.
- Mace, C. (2008). *Mindfulness and mental health – Therapy, theory and science*, London: Routledge.
- Magid, B. (2005). *Ordinary Mind – Exploring the common ground of zen and psychoanalysis*, Boston: Wisdom Publications.
- Molino, A. (1998). *The couch and the tree – Dialogues in psychoanalysis and Buddhism*, New York: North Point Press.
- Moustakas, C. (1990). *Heuristic research*, Thousand Oaks: Sage Publications.
- Naranjo, C. (1990). *How to be: Meditation in spirit and practice*, Los Angeles: Tarcher.
- Naranjo, C. (2000). *Gestalt therapy – The attitude and practice of an atheoretical experientialism*, Carmarthen: Crown House Publishing.
- Naranjo, C. (2005). *The one quest – A map of the ways of transformation*, Nevada City: Gateways Books and Tapes.
- Nhat Hanh, T. (1975). *The miracle of mindfulness – A manual on meditation*, Boston: Beacon Press.
- Off, B. (2004). *En heuristisk fenomenologisk undersökning av vardagslycka*, Master of Science Dissertation. Stockholm: Gestalt Akademin i Skandinavien.
- Parlett, M. (2001). On being present at one's own life (Gestalt psychotherapy). In Spinelli & Marshall (Eds), *Embodied theories* (pp. 43-64). London and New York: Continuum.
- Perls F. (1969) *Ego, hunger and aggression*, New York: Random House.
- Perls F., Hefferline R. and Goodman, P. (1972) *Gestalt therapy – Excitement and growth in the human personality*, London: Souvenir Press.
- Schön, S. (1978). Gestalt therapy and the teachings of Buddhism, *Gestalt Journal* Vol. 1(1), Winter 1978, 103-115.

- Segall, S. R. (2003). *Encountering Buddhism – western psychology and Buddhist teachings*, Albany: State University of New York Press.
- Smith, E. W.L. (1977). *The growing edge of Gestalt therapy*, Secaucus: Citadel Press.
- Smith, J.A. and Osborn, M. (2003). Interpretative phenomenological analysis. In Smith (Ed), *Qualitative psychology: a practical guide to methods* (pp. 51-80). London: Sage Publications.
- Stevens, B. (1970). *Don't push the river (it flows by itself)*, Moab: Real People Press.
- Stevens, J. O. ed. (1975). *gestalt is*, Moab: Real People Press.
- Stevens, J. O. (1989). *Awareness*, London: Eden Grove Editions.
- Suzuki, D., Fromm, E. and Martino, R. (1960). *Zen Buddhism and Psychoanalysis*, New York: Harper and Row.
- Trungpa, C. (1969). *Meditation in action*, Berkeley: Shambala.
- Unno, M. ed. (2006). *Buddhism and psychotherapy across cultures*, Boston: Wisdom Publications.
- Walsh, R. and Shapiro, S. L. (2006). The meeting of meditative disciplines and Western psychology – A mutually enriching dialogue, *American Psychologist*, April 2006, 227-239.
- Watts, A. (1957). *The way of zen*, New York: Vintage Books.
- Watts, A. (1961). *Psychotherapy East & West*, New York: Pantheon Books.
- Wellings, N. and Wilde McCormick, E. (2005). *Nothing to lose – Psychotherapy, Buddhism and living life*, London: Continuum.
- Welwood, J. ed. (1979). *The meeting of the ways: Explorations in East/West psychology*, New York: Schocken .
- Welwood, J. (1995). *Awakening the heart – East/West approaches to psychotherapy and the healing relationship*, Boston: Shambala.
- Welwood, J. (2002). *Toward a psychology of awakening*, Boston: Shambala.
- Wilber, K., Engler, J., Brown, D. P. (1986). *Transformations of consciousness – Conventional and Contemplative perspectives on development*, Boston: Shambala.
- Wilber, K. (2001). *No boundary*, Boston: Shambala.

Wilber, K. (2006). *Integral spirituality*, Boston & New York: Integral Books.

Wolfert, R. (2000). Self in experience, Gestalt therapy, science and Buddhism, *British Gestalt Journal*, 2000, Vol.9, No.2, 77-86.

Yontef, G. M. (1993). *Awareness dialogue and process. Essays on Gestalt Therapy*. Highland: The Gestalt Journal Press, Inc.

Zinker, J. (1977). *Creative process in Gestalt therapy*, New York: Vintage Books.

Annexes (Swedish text)

Email to the members of SAG (Swedish Association of Gestalt therapists)

Inbjudan från Olivier Winghart att medverka i forskningsstudie om meditations inverkan på gestaltutövare:

Hej till er Gestaltterapeuter,

Jag söker några informanter för en kvalitativ studie till min GA Mastersuppsats, enligt följande kriterier:

Du som jag ska intervjuas borde vara verksam som Gestaltterapeut med klienter i individuell terapi samt praktisera regelbundet någon form av buddistisk (eller buddisminspirerad) meditation.

Mitt ämne är hur utövandet av buddistisk meditation påverkar Gestaltterapeuter i sitt arbete med klienter.

Du som jag redan kontaktat på något annat sätt behöver naturligtvis inte svara på det här utskicket.

Och du som vill svara är välkommen att göra det via epost till o_winghart@yahoo.com.

Vänliga hälsningar,
-Olivier Winghart
Gestaltterapeututbildning T39

Information on the ethical aspects

Hej,

Här kommer information om de etiska aspekter som binder mig när det gäller vår intervju. Du som informant får före intervjun veta syftet med min studie och jag är beredd att svara på frågor. Du behöver inte svara på mina frågor och du har när som helst rätt att avbryta din medverkan i studien.

Jag har krav på konfidentialitet på allt material som tas upp, dvs. att jag spelar in intervjun på band och förvarar det på säkert sätt så att obehöriga inte får ta del av materialet.

Förutom mig är handledaren behörig att se intervjumaterialet, dock inte vilken informant det kommer ifrån.

Materialet kommer endast att nyttjas i studiens syfte. De citat från dig som jag eventuellt redovisar i min studie kommer jag att granska med största aktsamhet så att din anonymitet skyddas så mycket som möjligt, genom att ta bort sådant som kan visa din identitet.

Det insamlade materialet förstörs när uppsatsen är godkänd och klar. Då får du en kopia av uppsatsen om du vill.

Med vänlig hälsning,

-Olivier Winghart
Mobil 0708 792934

Interview guide

Ramen och ämnet: Jag gör den här studien för att jag vill veta om meditation påverkar ditt arbete som Gestaltterapeut och på vilket sätt. Intervjun kommer förmodligen att ta ca en timme.

Något du undrar över innan vi startar?

Huvudfråga: Det jag vill höra från dig är hur den meditation du gör påverkar dig som terapeut, hur du gör som Gestaltterapeut.

Beskriv dina upplevelser och uppfattningar kring detta.

”Prompts” (om huvudfrågan är för svår för informanten):

- Kommer du ihåg någon specifik händelse eller något fall som Gestaltterapeut som du kan relatera till ditt meditationsutövande? Någon fler händelse eller situation?
- I perioder då du inte mediterar eller mediterar mindre, märker du någon skillnad i hur du gör som Gestaltterapeut?
- Hur viktigt är det för dig som Gestaltterapeut att meditera? Hur påverkar det ditt sätt att vara som Gestaltterapeut? Och även negativt?
- Andra reflektioner eller tankar du har kring ämnet, ur din egen erfarenhet?

(På slutet, om det inte kom under intervjun:) Hur länge har du haft terapiklienter? Och hur länge har du praktiserat meditation?