

## Zazen and Psychotherapeutic Presence

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*Zen meditation, or zazen, has attracted the interest of many psychotherapists. The teachings and practices of the Soto Zen tradition are understood as encouraging important areas of both psychological and spiritual development. Zen, like the relational psychoanalytic theories, encourages its practitioners to become aware of the fundamentally distorted aspects of an overly individualistic view of human experience. As a spiritual practice, zazen increases the practitioner's tolerance and appreciation of the Wholeness that Buddhists refer to as Emptiness. As a psychological practice, it helps us to be more flexibly and intimately present with our patients. An effective therapeutic process, even of the most secular type, will often contain elements of the meditative process of zazen, and failure to actualize this in psychotherapy can have a negative impact on our ability to understand and help our patients.*

### HOW ZEN CAME FROM THE WEST

It is said that Zen was brought to China in the fifth century C.E. by an Indian monk named Bodhidharma. Buddhism had been practiced in China for over four hundred years, and at that time it existed in a form that emphasized studying the sutras (scriptures), doing good works, and accumulating merit towards a favorable rebirth. Emperor Wu of Liang was eager to meet with the new teacher who came from the West, and he summoned Bodhidharma to the palace.

"What merit have I gained by building all these temples and shrines?" the Emperor asked. Bodhidharma's answer, "None whatsoever," was not exactly what the Emperor expected to hear. One imagines he may have been narcissistically injured by Bodhidharma's lack of courtly flattery. He was certainly confused, since this was not the form of Buddhism he knew. "Then what is the holiest truth?" Emperor Wu demanded.

"Vast emptiness, nothing holy," Bodhidharma replied.

It was clear that each was unimpressed with the other's viewpoint. Bodhidharma retired to the Shaolin Monastery where he sat facing a wall in meditation for nine years. Apparently convinced that the Chinese were not ready for his wisdom, he was unmoved by all requests for instruction until

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an aspiring student, Hui-k'o, cut off his arm to demonstrate his sincerity. Zen had found its first Chinese home.

### HOW ZEN IS COMING TO THE WEST

It is probably not immediately apparent from this founding story what Bodhidharma's Zen has to offer the American psychotherapist. Certainly, the student-selection procedure of the First Ancestor in China was more stringent than we typically employ in our various disciplines. His failure to espouse a set of principles and theories would make it hard for him to be published in the scholarly journals. Long periods of silence have been abandoned as proper technique even in the most classical analytic schools. And yet, Bodhidharma's Zen is finding an increasingly warm reception among Americans in general, and psychotherapists in particular.

It is usually the practice of sitting meditation (in Japanese, *zazen*) that initially captures the interest of psychotherapists, but the reality of Zen practice is that it occurs in a larger context of spiritual tradition and personal investment. As Buddhist psychotherapists try to communicate the impact of this practice to our professional colleagues, it becomes difficult to avoid a number of misrepresentations. The two most compelling are the tendency to discuss Buddhist practices as if they were therapeutic techniques to be applied or withheld based on diagnostic or dynamic considerations, and the tendency to present tenets of Buddhism as if they were propositions of psychological theory. Although it is interesting to ask such questions as whether therapists should recommend meditation as part of a treatment plan for specific disorders, or whether ancient teachings about suffering and its cessation can add to our psychological theories, it is important to remember that *zazen* is nothing like a technique and Buddhist beliefs are not a theory of personality. They are an essentially spiritual reality, embedded in millennia of teaching and tradition. For the Zen-practicing psychotherapist, reducing *zazen* to a therapeutic technique would be like describing the Eucharist as a food: the proposition may be strictly true, but without considerable elaboration it would lead to a gross misunderstanding of the subject.

Zen is practiced within a community and a tradition, and its contribution to our psychotherapeutic practice needs to be understood within that context. Despite the excellent descriptions of some forms of Buddhist meditation in the psychological literature (1, 2), readers will not be able to develop a real appreciation for the contribution that may be made by this ancient religious tradition without a multidimensional exposure to the spiritual as well as the psychological face of Zen. Therefore, in this paper, I

will review in some depth the practice of zazen from a single coherent tradition, the Soto school of Zen, and then consider the contribution to psychotherapeutic insight and skill that might be developed from it. My view is that an effective therapeutic process, even of the most secular type, will often contain elements of the meditative process of zazen, and that a failure to actualize this in psychotherapy can have a negative impact on our ability to understand and help our patients. To support this thesis, I will try to convey something about both the psychological and spiritual dimensions of zazen so the clinician can gain an appreciation of the multiple levels of this practice and to provide enough data for readers to begin to formulate their own ideas about its clinical and psychological resonances. At the same time, I want to caution readers that trying to understand Zen by reading and thinking, but without practicing, is a little like trying to appreciate dogs by examining leashes. There is nothing that conveys the reality of zazen like zazen.

### THE PRACTICE OF ZAZEN

In Soto Zen Buddhism, meditation is the cornerstone of spiritual life. At the most mundane level, zazen is sitting in a stable and upright posture and simply being physically and mentally present. In the version practiced in Soto Zen, this effort is called *shikantaza*: "just sitting." The name conveys the directness that is attempted in the practice, a process so radically simple that it is most easily described by what it is not. No attempt is made to focus the mind on a single idea or experience, but the meditator sits with intimate awareness of the present moment. The normal activities of mind, like judging, preferring, concentrating, anticipating, and remembering are understood to be unnecessary complications that actually obscure the experience of the here and now.

Zazen is a kind of decathexis of the mental activity that characterizes ordinary mind. The thirteenth-century Japanese Zen master, Eihei Dogen, recommended that the practitioner "let go of all involvements and let myriad things rest. Do not think good or bad. Do not judge right or wrong. Stop conscious endeavor and analytic introspection. Do not try to become a Buddha" (3, p. 33). This last admonition is in fact extended to all objectives, secular and spiritual, that a person might bring to zazen. Sitting that is guided by ideas of self-development, no matter how lofty, is antithetical to the actual practice of zazen, since the individual intentionality in those projects inevitably has a distorting effect on the experience of the present: "I will try to be in the here and now in order to accomplish a future ideal state" assures the impossibility of being in the present moment.

Among the many things that zazen is not, it is not a vehicle to get you somewhere. "The most important thing is to forget all gaining ideas" (4, p. 49).

To help the meditator establish a wholehearted presence, teachers in the Soto tradition have encouraged shikantaza practitioners to put their awareness at a very basic phenomenal level. Katagiri (5), for example, suggested that "the mind should be with the breath" (p. 171), and Uchiyama (6) often emphasized awareness of the upright posture of zazen. But it is important to note that "with" the breath is not the same as "concentrated" on the breath. Instead, they prescribe a kind of fluid awareness of breathing, posture, and every other element of experience. In the practice Katagiri outlines, "All you have to do is learn to see where your mind is and, if it goes out, bring it back" with a nonjudgmental attitude, like that of a patient mother returning her restless child to his seat.

In any sitting, a practitioner can witness the mind "going out" in dozens of different directions, sometimes with startling realism. Once, having lectured to a professional seminar earlier in the day, I found myself during zazen vividly absorbed in my talk, explaining a point with all of the body language, energy, and affect that would have been present if I had actually been communicating to a room full of people. Finally surfacing from this immersion and returning to the phenomenal present, it was fascinating to also notice the calm regularity of the breath and the fundamental stillness and spaciousness that had been the unacknowledged background to that temporary fantasy, and which now filled my awareness. The process of returning naturally to this presence, without judgment or criticism of the mental cathexis that had come before, is something of what Katagiri described as "bringing the mind back."

It is this simple and intimate presence, rather than a methodical awareness of the breath itself, that is the essential feature of zazen. Suzuki (4) felt that Zen's "true purpose is to see things as they are, to observe things as they are, and to let everything go as it goes" (p. 33). Similarly, Anderson (7) teaches that the true "breath of zazen is to be thoroughly intimate with, and liberated through, all realms of experience" (p. 12).

I hope it can be seen from this description that shikantaza is an essentially formless meditation practice, differentiated from ordinary consciousness by its failure to engage in the typically intentional and manipulative cognitive processes that characterize the latter. It is not that the activities of the mind are magically halted, but that "during zazen, we open the hand of thought that is trying to grasp something, and simply refrain

from grasping" (6, p. 65). Because even a single sitting can provide so much experience in the processes of absorption and immersion, through zazen one gains essential insight into one's perpetual presence in just those dreamlike actions. Endeavoring to be aware of, but not to interfere with, our experience, we eventually discover the extent to which ordinary experience is constructed and manipulated by our interests, fears, and purposes. We realize that the dreamlike absorption in personal intentions that becomes so obvious when we sit is not simply occurring in zazen, but is instead the principal content of daily mental life. On a regular basis, we are engrossed in a mental life that tends to occlude the ever-present reality of world.

To help us penetrate this screen of self-centered activity, the ancient *Uddana Sutta* has recorded Buddha saying:

Please train yourselves thus: In the seen, there will be just the seen. In the heard, there will be just the heard. In the sensed, there will be just the sensed. In the cognized, there will be just the cognized. When for you, in the seen there is just the seen, in the heard just the heard, in the sensed just the sensed, in the cognized just the cognized, then you will not identify with the seen, and so on. And if you do not identify with them, you will not be located in them; if you are not located in them, there will be no here, or there, or in-between. And this will be the end of suffering. (7, pp. 47-48)

The formulaic directness of these instructions does not prepare us for the radical transformation of awareness that will occur if they are followed. It all seems so simple: just let things be. However, actually initiating the process of noticing and relinquishing our busy-ness reveals how rarely we encounter the world simply as it is. We quickly find that long-held prejudices about the nature of perception, understanding, and experience are actually assumptions.

To give an example: Once while practicing zazen at Tassajara, the mountain retreat center of the San Francisco Zen Center, I became aware of footsteps on the gravel path in front of the zendo (meditation hall). Someone was slowly walking past, and it seemed like a pretty simple experience: just the heard in the heard. But the next moment I realized how constructed and manipulated that experience actually was. As close as I can say, my basic experience was that of a series of noises at different pitches and volumes, occurring quite close together in a kind of cluster, followed by a period in which I heard only birds, wind, ambient sounds in the zendo, and then another series of close-together noises, and so on. Crunch, pause, crunch, pause, crunch. To these elemental experiences, I had contributed

many "identifications:" me, here, hearing, not-me, there, human, foot, compressing, loose gravel, pathway, distant, approaching, receding.

My first hearing was a hearing of concepts, whereas my second was a hearing of something closer to sounds. Our notion of "the given" of experience is amazingly cluttered with "the added." Until we reflect on it, we have no idea how much we are adding, how conceptual our so-called bare-bones experience really is. "I hear someone approaching" is nearly as basic as English sentences get, but it rests on a staggering number of assumptions and actually requires a rather high order of conceptualization. Even the most rudimentary embedded mental actions, such as the decision to prefer one aspect of experience as "figure" and to ignore other aspects as "ground," reveals a kind of tinkering with experience, an evaluation of more and less important. Zazen asks us to notice the subtle and the gross levels at which our pattern of attachments and aversions is expressed, and to let them go.

#### THE WISDOM OF ZAZEN

Zazen is a practice that exposes the meditator to a more immediate and less conceptualized contact with life, and what is glimpsed in zazen is that "what is just is of itself" (8). As we begin to learn to sit with less conceptual interference, without doing anything other than to sit, it begins to dawn on us that fundamentally, "what is" is not even "itself." One of the essential insights of Buddhism is that our tendency to experience the world as composed of separate, enduring and independent objects is the product of our conceptual schemata and not an actual characteristic of reality. In actuality, the world is dependently co-arising, and each apparently separate entity is so interconnected with each other "thing" that it can only be spoken of in the same breath with all the rest of the universe. Everything is absolutely embedded in everything else, and there is nothing that is not essential to the whole.

There is an ancient image that describes this, called "The Net of Indra." In Hinduism, Indra was sent by all the Gods to learn the secret of the Universal Self, the *Atman*. What he found was a net of infinite dimensions, and at every knot where two threads were joined was a perfect jewel with an infinite number of facets. Through all of its facets, each jewel reflected every other jewel in the net, expressing the fundamental interpenetration of difference and unity. In Buddhist thought, this is called Emptiness (Sanskrit: *Sunyata*). What appear to us as discrete, individual objects are actually without separate, independent existence. They are "empty" of self.

Likewise, the meditator is not fundamentally him/herself alone, either. Not even the smallest of acts can be done by the self alone, but each has to be done with the support, guidance, and intentionality of the whole. In zazen, even something as simple as the breath is not possible without all of the cosmos doing the breathing. (If you doubt this, ask yourself what is breathed and how it came to be there to be breathed). The act of breathing is most assuredly not accomplished by the individual alone: quite literally, it cannot occur in a vacuum. The upright posture cannot be accomplished or maintained without the support of the very earth and heavens.

Thus, the "simple" practices of breathing and posture eventually demonstrate to us one of the great truths of Buddhadharma, namely, that "individual" is one of those concepts that we add to our experience. If the meditator says, "I am doing zazen," then zazen is not really the activity at hand, or more precisely, the fundamental activity of zazen that is occurring is being obscured by the concepts of independent individuality to which the meditator is attached. Teachers throughout the lineage have encouraged practitioners to sit in the middle of their psychological selves in order to go beyond the limiting concept of the self and to practice with an awareness that is faithful to the nondual reality of zazen. As Anderson (7) says, "This is the breathing of Buddha" (p. 14).

At a spiritual level, zazen is essentially a recognition, or more accurately, a manifestation, of the constant participation of all beings in the reality of each being. Thus, Dogen's famous phrase, "Whole-being is buddha nature" captures the Soto school's understanding of the ultimate nature of things that is revealed and practiced in zazen. The great activity that is the Whole is that each being is simultaneously manifesting in relation to every other being, as the entirety of being. Shunryu Suzuki (4), with his characteristic economy, captured this profound teaching in the simple expression: "emptiness means everything is always here" (p. 114).

Thus, the Zen practitioner/psychotherapist is influenced by a personal spiritual practice that encourages a heightened sensitivity to the interrelated and nondual nature of reality. Dogen wrote about this as the development of "*daishin*," or "big mind," and although it deemphasizes the narrow view of the self, the self is not abandoned to nothingness, but to the awesome support and confirmation of all beings together. Recognizing that the true nature of all individuals is emphatically nonindividual, neither lasting nor separate, is the wisdom of zazen; being affirmed by the entirety of life is its fulfillment.

**ZAZEN IN PSYCHOTHERAPY**

In Zen, psychological and spiritual dimensions are particularly intertwined. Although zazen is an essentially spiritual practice, to the point of not being done individually but as a transcendental activity, we approach it by psychological means (9). We sit with awareness, we observe, we become lost in thought, we awaken to the phenomenal present. In fact, one reason that psychotherapists may be cultivating the growth of Zen in America is that these psychological elements of zazen are not really unfamiliar to us. As therapists, we already know something about the power of neurotic preoccupations to define and limit subjective reality. We try to observe our own psychologies as they obscure and reveal the realities of our patients. We have to learn to find within ourselves a willingness to forgo our individual concerns and preoccupations in service of the therapeutic effort. To truly meet our patient, we have to know something about how to "open the hand of thought." The psychological practice which is embedded in the spiritual practice of zazen is actually occurring in many therapeutic exchanges. This is particularly evident on those occasions in which it fails to occur.

*Clinical Example*

A therapist once asked me for a consultation about a case that was troubling him, a woman who had a long history of serious depression, but who seemed to have manic features as well. Her speech seemed pressured and there was also a puzzling discontinuity to her associations, so that she seemed to change the subject without warning or transition. He brought a tape of a session for us to review, but listening to the tape was a puzzling experience for me. Although the patient spoke with a certain amount of energy, she was not the steamroller that I had pictured, and though she made some changes in topic as she spoke, they were not the radical, nonsensical shifts I had been led to expect. Where was the person who had been described by the therapist? I asked the therapist if he could help me experience the patient as he did. What was his inner process as he sat with her?

He told me about a process of listening to her and forming an idea of what she was talking about. He would wonder whether the story she told about her friend's criticism of her was really a comment about an aspect of her feelings in the therapy. Was she possibly feeling criticized by him? He would wait and listen to what she continued to say to see if he could gain any more clues to her transference. In the waiting, he would inevitably hear something else that made him think he might have been mistaken, and that



she really felt a different way. He would then listen intently for material that would confirm or refute each of his hypotheses. Idea followed idea in rapid succession, and he soon found himself in a mental soup of conceptualizations and topics, some generated by the patient and some by himself. He would then be dismayed to realize that what his patient was now talking about had very little to do with what he was thinking. It seemed to him that she had changed the subject completely.

In other words, the therapist became engrossed in his own intentionality of understanding his patient's transference dynamics, and that overemphasis on his "small self" prevented him from seeing his actual patient accurately. In a way, my recommendation was that he do zazen in the consulting room: not that I wanted him to sit crosslegged with his hands in the *mudra* of meditation, but I invited him to observe that he was "grasping" his thoughts and losing his therapeutic presence as a result.

Although at one level we might understand this clinical situation as a kind of "intersubjective impasse" (10), zazen teaches us that this was not as unusual a situation as we would like to believe. As Uchiyama (6) has observed, "The world in which we live is never something that exists independently of our thoughts and ideas. . . [they] appear to us as a unified whole" (p. 89). Although we may not want to admit it, this therapist's "error" is a type we all make all the time. Not only do we constantly conflate the concept with the thing, our own organizing principles do just that: they select and organize what can be experienced of the world. My preoccupation with delivering my lecture led me to live vividly in that minuscule sector of reality, just as this therapist's preoccupation with complex dynamic formulation led him to experience his patient as frantic and disorganized. The result of all preoccupations is that, in the inevitable focusing of attention that they command, some (or even most) of reality is changed or ignored.

In therapy, as in zazen, our thoughts and concepts are not the problem: we would be depriving our patients of important and curative experiences if we failed to conceptualize our experiences with them. But in this clinical situation, it was the failure to experience the complementary process of letting go of thought that was the problem. This therapist's relationship with his experience was one of grasping and holding, so that confusion was the predictable result. Zazen encourages us to recognize the way in which we create the boundaries of our experience, and to experiment with releasing them.

Interestingly, when we fail to engage in some clinical equivalent of the psychological practice of zazen, we fail to find the corresponding spiritual

practice as well. We cannot appreciate the true extent of our interrelatedness, and so we cannot encounter our patients with the intimacy and the immediacy that we value. Without being grounded in our own emptiness, we cannot experience the real impact of our clinical practice.

Modern psychoanalytic psychology is well aware of the interdependent nature of the therapeutic process. Stolorow and Atwood (10) have argued persuasively against the "myth of the isolated mind" that pervades our clinical models. Relational theorists stress that the actuality of the patient is produced in relation to the therapist and vice versa. Self psychology, for example, clearly recognizes that the very cohesiveness of each personality depends on the availability of affirming selfobject experiences and teaches us how our clients' distress and disorganization can often be worsened if we are insufficiently attentive to selfobject needs (11, 12). Object relations theorists (13, 14) have developed the concept of projective identification as a way to describe the fluidity and indeterminacy of psychotherapeutic presence.

Within a Zen idiom, these authors are observing an aspect of emptiness. In the most radical and far-reaching way imaginable, Zen asserts that we all are absolutely cocreated, on a moment-to-moment basis, by our own actions and the actions of all beings. With reflection, we can all attest to the fact that our experiences as therapists speak eloquently about the mutual influences we have on each other. I would like to describe an interaction with a patient as an example of this interrelatedness, and as an illustration of how the practice of zazen can help us to be more aware of the fluidity of our presence as therapists and to capitalize on that awareness in our clinical practice.

### *Case Vignette*

This interaction took place in a session with a patient who had grown up with a particularly intrusive and critical stepmother. His stepmother often made him feel defective, as if any problem he had was entirely the result of his own shortcomings, and this damaged sense of self was intensified by her frequent and impulsive acts of physical abuse. He was routinely hit, spanked, slapped in the face, and criticized in a demeaning fashion. These assaults would occur unpredictably, sometimes even in the middle of an apparently affectionate interchange. My patient came to have a deep distrust of his stepmother, and to have an attitude of being "at war" with her. His survival as a worthwhile self came to depend on developing the intention to oppose his stepmother at every turn. At a very early age, he had

feelings of wanting to crush her. His adult attempts to talk to her about his childhood experiences foundered on her inability to admit that she had ever physically abused him and her attempts to disavow any hostility by pretending to love him unconditionally. When he thought about her, he felt intense anger, a desire to dominate her, and a wish that he could physically hurt her.

This client suffered from a lifelong depression and a rigid pattern of social isolation. Fuelling both these problems was a relentlessly critical attitude toward himself as well as others. He would characteristically dissuade himself from pursuing any potential friendships, believing that the people he knew now weren't good enough and he would have better possibilities "later." At times, this defensive grandiosity was turned directly against the self. If he got to a bus stop just after a bus pulled away, he would deride himself for being out of touch with the universe and not anticipating the arrival of the bus more accurately. He often would have periods of intense self-hatred because he felt he watched too much TV at night, or slept too late in the morning. Since he was constantly critical of others, one of the less pleasant aspects of treating this man was that I was a recurrent object of this criticism. Especially when he was aware of having made progress through the therapy, or upon my return from a vacation, he would become quite critical of me and complain that I was not helping him.

In the session I relate here, both these conditions prevailed: he had begun to make such noticeable progress in his interpersonal relations that he had actually been able to go out dancing with a group of new friends, and I had also recently had a week's vacation. He complained that he was still getting down on himself, though. I was not helping him enough, and although he was "afraid this might sound critical," the book he had been reading was much more helpful than I was. After some dialogue about this, he asked me, "Do you have the same problems I do?" When I told him that I didn't, he immediately asked, "How come you don't?" A number of very direct questions followed: Do I beat myself up for not getting things done? What do I do instead? I told him, "It's not that I never fail to get things done, it's just that when I recognize that I haven't, I'm also aware of the reason why I haven't, that others things were required of me as well, or that I may not have been able to do a particular thing for a particular reason, possibly I didn't have the energy to get everything done."

"Don't you hate yourself for that?" he asked. I answered that I tried to understand myself instead. His attitude toward me seemed to soften momentarily. "This is helpful, but not enough," he said. He repeated that

his books were better than I. He wanted me to tell him explicitly what he should do to get up in the morning, and how to regulate his television watching at night, so he can get to bed in time. The emotional pressure was quite intense.

I experienced a complex set of feelings, mostly quite unpleasant. I was also aware of another feeling, like the waking from a reverie that might occur in *zazen*. I tried to focus on my experience, and verbalize: "What I am aware of is that you want a very particular relationship with me. . ."

He interrupted, saying, "No, not a relationship, I don't want a relationship, I want concrete answers."

I said, "In a way, you don't feel like you're in a relationship with me at all, you just want information from me. It would be great if I were a book that you could open to any page you wanted. But I'm feeling some tension as we talk, and it's giving me an idea of a tension there might be inside of you, how you may be dealing with different parts of yourself. I think there is a part that feels you need my voice in your head, telling you how to manage some of the most basic things, like getting up in the morning and going to bed at night. And there is another part that doesn't want to be dependent on me. Maybe if you could direct me very thoroughly, you wouldn't have to feel dependent, but you could still get what you need from me."

For the second time I saw his attitude soften. "Hmm, this is starting to make sense, I always want to boss people around," he said. He told me a story about someone at work that he feels really critical of and wants to boss around, without really understanding why he feels this way. As our interaction continued, it was clear that something was shifting in his emotional tone. A blaming stance was superseded by one of reflection and questioning, and the dialogue took on a more collaborative quality. As we processed the interaction that had gone before, I reminded him that in recent sessions, we had been dealing with a very young part of him, one that did not have a chance to depend on anyone or to learn very basic things. "You hated your stepmother by the time you were three, and so couldn't learn from her some of the really important things in life, like how to go to sleep and how to get up, and how to deal with limitations. It didn't even feel safe to ask, or to admit to yourself that you needed her. And I think your efforts to control and criticize others are protecting you from experiencing that vulnerability."

In the rest of the session, he was particularly interested in discussing why he might need to control other people. Was it always out of vulnerability? He thought his anger had something to do with it as well.

## CASE DISCUSSION

I think that this session illustrates some degree of the emptiness that I believe is required for therapeutic dialogue to occur. I want to focus on three points in the process of this session, and to think about the quality of my presence as a therapist at each of these turnings. The first is my patient's questioning about my own internal life. Do I criticize myself for not accomplishing what I set out to accomplish? How do I avoid this experience? I described to him as well as I could the way I experienced and dealt with the reality of partially completed to-do lists, feeling that I had to trust his lead and respond to his direction.

I believe that the significance of this interaction is that I had become my closest approximation of a book, one that my patient could read as he needed. He had approached me as he might approach a volume in the library. Do you have a chapter that is relevant to my situation? What can I read in you about what I am supposed to do? This was much like what went on when he scanned self-help books in the bookstore. In participating, I was entering into my patient's dream of self-sufficiency within (disavowed) neediness. He dreamed that he could get what he needed from me without feeling vulnerable to me or involved with me. He could direct our process and feel in control and safe. My role was to allow myself to be a book and to refrain, at least temporarily, from insisting on my individuality. I was to participate in the dream, much in the same way I might participate in a daydream that might arise in zazen, without either controlling it or being fully carried away by it.

My patient's renewed criticism of me after a temporary softening initiated the second point I want to explore. At the time, I was aware of an increase in tension and discomfort, and a sense of being drawn into an experience that was at once important and painful. My introspection revealed a complex of feelings: I felt hurt and perhaps, after having been more self-disclosing in the recent exchange, vulnerable. Having entered his dream, I was now experiencing something of how it went, and it was not pleasant. I felt that I wanted to run away from him, or to retaliate, fight him, or somehow avoid having to feel like a bad therapist. This was decidedly a bad dream.

It was, of course, the very dream my patient had been living and trying not to live all his life. His stepmother would go without warning from praising him to criticizing him. He had solved the problem of containing his pain and restoring his self-esteem by fighting her, by developing the fantasy of crushing her, and in fact wishing that he could make her feel the part of himself that he was trying desperately not to feel: hurt, vulnerable,

humiliated. It is retrospectively clear to me that, had I fully lived out the projective identification we were having, that I would have had to retaliate, to oppose him as he had opposed his stepmother. This was the inevitable progression of the nightmare that was in fact my patient's daily emotional drama, the one which I came to taste in this interaction. This progression would have escalated the interchange into an enactment, "an affectively driven repetition of converging emotional scenarios from the patient's and the analyst's lives" (15, p. 520).

In the third phase of this interaction, I became aware of the fact that I somehow had to wake up so that I did not have to act on my distress and retaliatory feelings. My solution, again drawing on zazen practice, was to try to be present as best as I could under the circumstances. My initial attempt to be in the present was to notice that I was sitting there with my patient: "You want a particular kind of relationship with me. . ." That turning of attention to the basics of what was happening in the room was, for me, very much like returning to the immediacy of posture and breath. The dialogue and interpretation that followed was my best attempt in the moment to honor our experiences together and yet to finish our daydream empathically rather than cruelly. I attempted to represent the disavowed aspect of himself (his hurt and dependency) as the understandable background to his controlling and aggressive behavior.

Of course, the psychological literature concerning enactments and projective identification has much to tell us about how to handle this type of therapeutic problem (15-17), but the experience of zazen has a real contribution to make as well. First, zazen prepares us to tolerate the dropping away of individual intentionality. In this situation, that tolerance manifested as a willingness to be shaped and directed by his needs, or more precisely, a failure to resist that manipulation entirely. This was a necessary condition to experience the projective identification—a willingness to participate in my nonindividual nature at that moment. Having been empty enough to be a book, could I also taste some of his childhood with his stepmother? Before being aware enough to interpret our interaction, I needed to enter into, even to cocreate, the daydream of who we were at that moment.

Secondly, zazen gives us many opportunities to enter into, and awaken from, dreamlike states. In our daily lives we have countless experiences of becoming absorbed in planning or fantasizing so that we are actually ignorant of the nature of present reality. As practitioners, we gain some experience in recognizing these states and in waking from them. In this session, the experience had to be tasted as my own, and it also had to be

released, relinquished as being only a part of my own, as being less than the whole works. In the release, another voice emerges: Isn't it interesting how we have just been here together? Let me try to describe where we have been.

Chused (16) has suggested that the optimal response to an invited enactment is to provide an interpretation of the relational configuration. When I started to make my interpretation, I had a growing awareness of the affects I was experiencing and their relation to my patient's dynamics, but what I was most aware of was a "letting go" of the current ego state, the practice so vividly described as "opening the hand of thought" (6). In order to begin to speak from a therapeutic perspective, I first had to be in the dream and then to let it go. A particularly deep intentionality had to arise, in me and in my patient, and then one of us had to become aware of it as something constructed, something real and at the same time, something less than the real. This is the activity of zazen.

I was not, and as his therapist could not be, present simply as an individual. As an individual, I would undoubtedly have acted more defensively. My karmic dream, "I am a wonderful therapist who is helpful to and loved by all his patients," would not have permitted me much freedom to choose a nonretaliatory response to my patient's criticism. What I at least partially accomplished was to open myself up to what it felt like to be attached to the particular organizing principles of my patient, what it felt like to bend the world out of shape in the particular way he bends the world out of shape. I found myself reacting with aversion, and more, with a pain that conveyed something about my patient's childhood (and current) distress and the solution he had found to it.

Once "caught in the patient's 'affective net'" (17, p. 295), the process of extrication occurs both within and between the partners. Even if the therapist manages some freedom from countertransference, the patient may remain in a transference-dominated position and incorporate the therapist's behaviors into that framework. For example, my attempt to communicate my understanding to my patient might still have been experienced as a criticism, perhaps a blaming that recapitulated his mother's attacks. Here, I believe that his affective shift into a more reflective, collaborative, and curious posture suggests that he was able to integrate my participation as essentially understanding rather than blaming. The process of emerging from an enactment or projective identification is typically multistaged, with the "awakening" of each member of the dyad stimulating the other to greater freedom. Mitchell (17) feels that the therapist's task is to struggle with countertransference and insight "to find an authentic

voice. . . less shaped by the configurations and limited options of the analysand's relational matrix, and, in so doing, offering the analysand a chance to broaden and expand that matrix" (p. 295).

Zazen practice suggests that the therapist's authentic presence is not as an individual, but must sit somewhere between therapist and client, encompassing the karmic self of both and the larger self of both as well. Without my own sensitivity to criticism, I cannot locate myself in my patient's world; without some freedom from it, I cannot invite the patient into a more reflective dialogue. The therapist has to be present in a way that is not fully invested either in oneself or in the limited version of self that the patient is presenting. I think this is an essential condition of the therapeutic process: our stance and presence need to have a flexibility, a fluidity that is very much like the fluidity with which we meet our experiences in zazen. "Our mind should be soft and open enough to understand things as they are," as Suzuki said of zazen (4, p. 115). The consequence of this "soft mind" may be that we are more naturally drawn into the psychic dramas of our patients. But, in essential counterpoint to helping us to enter the repetitive relational configurations of our patients, our experience of living in zazen without attaching so vigorously to the dreams we witness also enables us to leave the projective identification or enactment with more grace and balance.

Perhaps, like Emperor Wu of Liang, we are misguided to ask what merit we gain by practicing zazen, but the question, "Is it really any different to practice psychotherapy as a Zen practitioner?" seems inevitable at this juncture. It seems to me that the real effect of Zen practice is not to change the therapist's theories or techniques, but to change the therapist. (Indeed, Karasu [18] has noted that this type of personal development is the real basis of any spiritually informed psychotherapy.) But to be more specific, the practice of zazen facilitates our ability to be flexibly present with our patients. Increased ease in handling countertransference issues has been reported by Christensen and Rudnick (19) and Cooper (20), and seems to be a useful area of growth fostered by several styles of Buddhist meditation. Improved affect tolerance has also been suggested by Epstein (21) and Rubin (22). At a very pragmatic level, this meditative practice creates a somewhat larger psychological space within which we and our patients can speak and listen to each other.

Over and above the psychological training accomplished by meditation practice, the spiritual practice of zazen is transformative of the therapist as a person. There is a natural growth of empathy and forbearance that occurs



as the practitioner gains insight into the way in which all beings participate in the same nature. In fact, Zen claims that its most honored virtues—wisdom and compassion—are “not two” but merely different aspects of a single line of spiritual realization. Zazen develops these qualities, not because we try to acquire them but because we learn to tolerate a practice that does not aim to get us anywhere, one that relinquishes improving the self in favor of letting go of obscuring concepts of self. As Anderson (7) notes, zazen is simply “a thorough intimacy with whatever is happening” (p.18). Learning to sit in that intimacy, however incompletely, is a process in which meditators and psychotherapists alike are constantly engaged. My tentative summary of the teaching of the Soto school is that zazen is the continuous effort of all beings to awaken to the reality of each other. As such, it is parallel to, and of benefit to, our therapeutic practice.

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