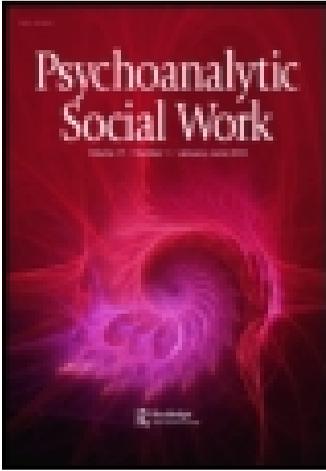


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Meditative Dialogue: Cultivating the Transformative Theater of Psychotherapy

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This article offers a selective review of literature on the use of improvisation and play to promote “the bursting forth from the unknown in the moment” (Kindler, 2010, p. 224) in what I term the “theater of psychotherapy.” It presents an innovative Meditative Dialogue process through which clients and their therapists are able to cultivate and access this “theater” as they co-create creative spaces in which transformative experiences are accessible. A brief vignette offers an illustration of how the Meditative Dialogue process helps to develop intimacy, presence, and focus through a collaborative positioning of curiosity, openness, and enlivenment in the therapeutic relationship.

KEYWORDS *collaboration, creativity, improvisation, mindfulness, play, sacred space, spirituality*

INTRODUCTION

All the world's a stage,
And all the men and women merely players;
They have their exits and their entrances,
And one man in his time plays many parts.

—Shakespeare

I regard the theatre as the greatest of all art forms,
the most immediate way in which a human being can share
with another the sense of what it is to be a human being.

—Oscar Wilde

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One of the compelling truths about the therapeutic relationship that is developed in psychoanalytic and psychodynamic psychotherapies is that it is, at the same time, one of the most intensely real and one of the most unreal relationships in which a therapist and client may ever participate. The fact that this relationship is developed out of time and space, and that it is based on the mining of transference/countertransference responses and interactions, renders it a creative vehicle for enormous and powerful transformation to occur for both client and therapist. As psychotherapists we strive to offer that which can never be delivered—a relatively objective and a relatively neutral relationship, unconditional acceptance and love, availability and focus, embodied presence, radical attention. Although relational and intersubjective analysts have critiqued Freud's theory for its belief in the importance and possibility of a neutral and objective therapeutic interaction, still we work hard to achieve a position that is unobtrusive yet deeply engaged in order for enactments to unfold (Grossmark, 2012). These ideals can clearly never become manifest. We are, after all, as Slochower (2003) has so aptly delineated, only human. In a sense we all develop our own form of theater with our clients, a stage upon which to co-create these enactments. Depending on our theoretical frames and on our idiosyncratic styles, we aim to develop different forms of theater. While some of us might strive toward relative disengagement, others strive to position themselves toward collaborative work that is deeply intimate.

Meditative Dialogue is an innovative collaborative method that strives to facilitate transformative relationships between clients and their therapists. It has the capacity to quickly bring them to the improvisation and play that are the hallmarks of what I term the "theater of psychotherapy." While not all clients and therapists may be open to the processes of Meditative Dialogue, it can be enormously helpful to those who are amenable to mindfulness practices. The Meditative Dialogue process involves engagement in a process of shared energies between therapist and client that strives toward mutuality as we develop what I think of as a "sacred space," a space in which we are at once performance artists, audience, and the play itself.

Sacred space is a term I use to describe the space that is cultivated in the office between therapist and client. We strive to create a safe and inviolable space that is like no other. I think of it as a crucible, a container of sorts in which alchemical forces are encouraged that can withstand and metabolize whatever may come. It is a stage that is co-created by therapist and client and thus becomes whatever they need it to be. For some it may become a space that is imbued with spiritual energies. For many it may be the first space that they have had that is safe and that is theirs.

In a recent National Public Radio (NPR) interview singer-songwriter Harry Belafonte spoke of his first experience of theater. He talked about going to the American Negro Theatre in the 1940s and being profoundly affected by the silence and deep reverence of the audience members. He

remembered feeling that something was “up,” something was coming. He discovered that theater was “power: power to influence, power to know of others and know of other things,” and he was moved to become part of that world (National Public Radio, October 17, 2011). That silence and deep reverence, the anticipation of something coming, the power to influence and to know of others and of other things—all of these life-altering experiences draw us to the theater and, I would argue, draw us to engagement in psychotherapeutic relationships.

An element of psychotherapy that I find fascinating and always challenging is the cultivation of that sense of anticipation, of the sacred space in which those powerful intersubjective interactions through which both therapist and client become enlivened and are transformed can occur. The therapeutic endeavor, like the theater, can be described as a process of “sharing with another what it is to be a human being.” It offers us an experience of wonder, activates us, and helps us to learn how to live. As Davies has written, “in psychoanalysis, it appears that the *effort* to connect with an ‘other’ is as psychologically transforming to both participants as the achievement of understanding. The *process* of trying to apprehend the subjectivity of another is complex, unpredictable, and, when successful, is inevitably altering to both patient and analyst” (2011, p. 550). Meditative Dialogue is an innovative and simple method that I use in my practice to facilitate this process.

Meditative Dialogue arises out of the mindfulness tradition and “combines meditative practices of sitting and listening to the space between the breaths with postmodern collaborative practices of ‘not-knowing’” (Lord, 2007, p. 334). It facilitates a process of tuning in to internal and external dialogues, and to the wisdom and healing energies that arise from the sacred space that is cultivated between client and therapist. Meditative Dialogue is especially consistent with social work values as it emphasizes the importance of human relationships, promotes clients’ self-determination, and encourages them to work to change and address their own needs (National Association of Social Workers, 2008). In my work with clients who are open to experiential and mindfulness practices I use a Meditative Dialogue process at the beginning of each session to enhance our focus and cultivate improvisation and play as we work toward accessing the theater of therapy.

This article offers a selective review of literature on the use of improvisation and play to promote “the bursting forth from the unknown in the moment” (Kindler, 2010, p. 224) that I think of as the “theater of psychotherapy.” It describes a Meditative Dialogue process through which clients and their therapists are able to access this “theater” through the cultivation of creative sacred spaces in which transformative experiences can be accessed. A case vignette offers an illustration of how the Meditative Dialogue process helps to develop a collaborative positioning of curiosity, openness, and enlivenment in the co-constructed therapeutic relationship.

BACKGROUND

In a commentary on Ringstrom's (2007) paper about the use of improvisation in psychotherapy, Daniel Stern spoke of the evolution of theory. He discussed an improvisational view as a "logical next step in the field" (2007, p. 101) of relational psychoanalysis that serves to carry relational work further. As we become more intersubjective and relational in our work, it is critical that we entertain clinical approaches that have the capacity to move us to more "present moments," "now moments," and "moments of meeting" (Stern, 2004, p. 220). The theater of therapy can be enhanced through interacting more openly, improvising, becoming more playful, and cultivating the creative energies of change processes that can be accessed through engaging together in the Meditative Dialogue process. While certainly improvisation and play can be part of any therapeutic interaction, the Meditative Dialogue process tends to enhance and focus the work, bringing participants more readily to the development of a sense of sacred space and positioning them for increased opportunities for improvisation and play.

Mindfulness and Meditation

Over the past twenty years there has been a growing body of psychotherapy literature that has focused on the use of meditation and mindfulness tools in therapeutic practice (Bell, 2009; Blanton, 2007; Brown & Ryan, 2003; Brown, Ryan, & Creswell, 2007; Germer, Siegel, & Fulton, 2005; Griffith & Griffith, 2003; Hick & Bien, 2008; Kabat-Zinn, 1994; Krasner, 2004; Linehan, 1993; Perez-De-Albeniz & Holmes, 2000; Surrey, 2005; Walsh & Shapiro, 2006). This literature has focused on such issues as the importance of respecting and incorporating clients' spiritual beliefs in therapeutic work (Blanton, 2007; Griffith & Griffith, 2003), the enhancement of relationship skills that mindfulness practices can offer (Bell, 2009; Blanton, 2007; Brown & Ryan, 2003; Germer et al., 2005; Hick & Bien, 2008; Linehan, 2003; Surrey, 2005), stress reduction and self-regulation (Kabat-Zinn, 1994; Linehan, 1993), and the cultivation of curious and open co-constructive and collaborative relationships between therapists and clients (Lord, 2010; Surrey, 2005).

Mindfulness is a state of being, cultivated through a meditation or a contemplation practice that encourages presence, openness, compassionate acceptance, and witnessing (Bishop et al., 2004; Gehart & McCollum, 2007; Gehart & Pare, 2008; Germer et al., 2005; Kabat-Zinn, 1994; Walsh & Shapiro, 2006). Germer and colleagues (2005) defined mindfulness as "moment-by-moment awareness" (p. 6), while Kabat-Zinn (1994) defined it as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (p. 4). Mindfulness practices are particularly appropriate to the therapeutic endeavor, as they position client and therapist to focus on

the present moment and to reverently open themselves to the creativity and improvisation of the theater of therapy.

Co-Meditation

Although much has been written about the use of mindfulness and meditation practices outside of the therapy session, Surrey (2005) is the only other author to my knowledge who has described a relational therapy in which therapist and client are engaged in “co-meditation” during sessions. She spoke of the deep connection that became possible through co-meditation, and of a collaborative process that “enlarged” the therapy process. She described a deep connection that went “beyond the nature of relationship as customarily described in object relations, relational, or intersubjective psychology literature” (pp. 94–95).

The Meditative Dialogue process, a form of co-meditation, is instrumental in cultivating collaborative sacred space in psychotherapy. The discipline of sitting facing each other and meditating together in session allows for an intimacy and a depth of “just being” in the presence of each other that can become a huge resource for therapists and clients, and for the theater of therapy that they co-construct. It facilitates the development of a container capable of handling the painful and complex enactments that arise in the interaction between client and analyst, helping them to use these enactments to further the therapeutic process.

Containment and the Holding Environment

Wilfred Bion’s (1962) concept of a container or of the process of containment had to do with the unfolding of the relationship between mother and child as they interacted and the mother was able to metabolize the child’s anxieties and other affects. He spoke of how the mother’s capacity for reverie helped her to understand what the child was experiencing and, through modeling, helped the child to develop the capacity to handle strong affects. His classic example was of the infant projecting a fear of dying onto the mother’s breast, and the mother accepting the infant’s anxieties and returning them in a contained and detoxified form such that they had become palatable for the infant. He believed that the infant had a capacity to think and project meaning onto the mother, who then responded in ways that helped the infant to grow and develop.

This was similar to, but different from Winnicott’s (1963) concept of “holding,” in which he emphasized the importance of the infant’s total dependence on the caregiver to provide an environment of nurturing and responsiveness. As the infant progressed along the continuum from complete dependence toward independence, it was important that there had been a “good-enough mother... (which) starts off with an almost complete

adaptation to her infant's needs" (Winnicott, 1971, p. 10). While Bion emphasized the child's abilities and the existence of a separate internal world capable of interacting with that of the mother, Winnicott emphasized the child's complete dependency on the mother for making meaning of what was happening and for meeting the child's needs.

The Meditative Dialogue approach seems to fit with Bion's theory of containment in that therapist and client are focused on developing a capacity for reverie in order to cultivate the expansion of inner worlds. This form of dialogue, which aims to be collaborative, openly empathic, and compassionate, can be extremely healing and has the capacity to move clients along in their development of internal structures. It offers new relational experiences that can lay down pathways for healthy relationships. Somehow the act of meditating together intensifies the authenticity, enlivenment, focus, and presence of those participating in the therapeutic process. It can change the therapeutic dialogue, deepening and broadening therapeutic conversations and working to facilitate the development of intimacy, improvisation, and play in the interaction. The cultivation of the space in between works to bring therapeutic dialogue to new "moments of meeting" (Stern, 2004).

Transformative Space in Between

These moments of meeting and the cultivation of transformative space are the goals of the Meditative Dialogue process. It is a process through which clients and therapists are able to access and cultivate forces of transformation. Together they fan the flames through meditation and open themselves to the energies of the unknown where creative forces of change can be readily accessed. While these transformative forces can be accessed more generally in any therapeutic setting, the Meditative Dialogue process is able to draw focused energy that brings client and therapist more rapidly to positions of openness to change processes and to Stern's "present moments, now moments and moments of meeting." This transformative space in between has been discussed in the literature as a space of thirdness.

Thirdness

The concept of the third has been used in psychoanalytic literature to describe a level of mental processing that is deemed important to psychological development and to healing. While conceptualized differently by different theorists, the third position seems to share a common denominator of being identified as a position of transformation and creativity. Britton, in his 1998 book *Belief and Imagination: Explorations in Psychoanalysis*, spoke of a third that had to do with unknowable "forever unseen" imaginative fantasies that he identified as "the bedrock of psychic reality" (p. 119). He identified the origin of the third position as arising out of an imaginary Oedipal place

as the child became aware of the relationship between his or her parents and of his position in relation to them while imagining that relationship.

Winnicott (1971) spoke of the third area as potential space or transitional space, an intermediate area between external and internal reality that offered a space for creativity and play. It was an area that had to do with the development and expansion of the capacity for symbolic exploration of meaning that he thought was critical to the development of creative expression.

Ogden (1994) spoke of an “analytic third” that arose out of the intersubjective interaction between analyst and patient and was not reducible to either one. He viewed this third as a place in which creative transformation might occur.

Jung (1973) also identified a third space, a space through which the numinous could be accessed. Using images taken from alchemy, he spoke of approaching the numinous (or the divine) as integral to the processes of growth and transformation. He viewed accessing the numinous as a necessary part of achieving a balance or wholeness.

While not all of the transformational spaces of thirdness described here include a spiritual aspect, I would argue that the sacred space accessed through Meditative Dialogue has the potential to become a therapeutic space imbued with spiritual energy for those who are seeking that energy in the theater of therapy that they cultivate. I have written elsewhere about the cultivation of a spiritual sacred space in psychotherapy through a discipline of using Meditative Dialogue guidelines to connect with the energies and wisdom of the numinous and access change processes (Lord, 2010). This sacred space is “a place that I experience as not me, not my client(s), and not the jointly created field of the intersubjective third (Benjamin, 2002, 2004, 2006; Ogden, 1994, 1996, 2004; Stolorow & Atwood, 1992), but rather a fourth space, a disciplined and carefully tended crucible that we develop together as a source of spiritual energy and healing” (2010, p. 270).

Whether or not it engenders a spiritual aspect, the Meditative Dialogue process offers an energized space of silence and reverence, a space of deep listening and connection, and a space of enlivenment that vibrates with authenticity and challenge. It is a space of containment in which transformative enactments can unfold, and can offer an experience of sitting, alone in the presence of another, that is so integral to the evolution of self.

Alone in the Presence of Another

Winnicott (1958) spoke of the importance of the capacity to be alone in the presence of another as a developmental sign of maturity. He described sitting in silence in the presence of another and “just being” as a process that could help to develop the sense of self or “I-ness” that is critical to authenticity and enlivenment. “After being—doing and being done to. But first, being” (Winnicott, 1971, p. 99).

The therapeutic relationship is, for many, one of the only relationships in which one can be in the presence of another human being and focus on one's own internal world without that other person intruding on that world. The presence of a caring other who is interested in nurturing one's inner process can be very healing. It helps to develop a sense of self and offers an opportunity to develop structures that were not possible to develop in other relationships. The Meditative Dialogue process, when used in session, offers the opportunity to have that experience of "just being" in the presence of an "other." There can be an intimacy and a clear separate-but-with process that is rare for many. Clients who have come to us with histories of intrusive or abandoning traumatic experiences may have difficulty at first "just being," as they have needed to hypervigilantly guard their inner worlds, usually at great cost to their internal structures. For these clients a gradual acculturation to the process of co-meditation is required.

Some may need to enter into the Meditative Dialogue process gradually, following a period in which they have developed a relatively trusting relationship with the therapist. They may need to begin with sitting in silence with eyes open and practice focusing on breathing in the presence of another. Acceptance and "just being" is critically important at this juncture, as gradually the process of co-meditation is introduced, learned, and experienced. It may take a significant period of time to reach a point at which the Meditative Dialogue process becomes possible.

Illustration

Karen was a 42-year-old divorced White mother of 2 adolescent daughters who came to therapy seeking help with symptoms of anxiety and depression which she related to a significant trauma history and difficulties with intimate relationships. She had heard about the Meditative Dialogue process and, though she said she was interested in learning about it and using it in session, her anxiety and difficulties with trusting others were initially in the way of her engaging in the process with me. We began slowly, giving her time to become comfortable with meditation, with silence, and with sitting in the presence of another.

In the beginning we practiced deep breath work and sitting in silence with eyes open for a few minutes at the beginning of each session. We focused on the designs on the carpet in between us and gradually increased the amount of time that we sat together in silence. She told me that she had asthma, and that focusing on her breathing tended to make her extremely anxious. She said that she had had a belief as a child that if she held her breath she would not be contaminated by the breath that her abusive family members breathed out. She said that she felt that she was beginning to trust me, and that she believed that she could breathe in without becoming contaminated, though her body needed to be taught to take in air and to

expand. She talked about a fear that she might hyperventilate and become dizzy, but slowly and gradually she was able to take in deeper and fuller breaths and relax into a feeling of “letting her body breathe her, rather than trying to control the breath.”

She decided to begin using the mantra “I am,” which she had learned at a meditation center she had attended. Eventually she was able to close her eyes and sit for a period of 10 minutes, able to *just be* comfortably “alone” in my presence. As time went on and we continued this process she was able to relax into the work and we were able to become more improvisational and playful in our interactions.

Spontaneity and Improvisation

Irwin Hoffman, in his 2001 book *Ritual and Spontaneity in the Psychoanalytic Process: A Dialectical-Constructivist View*, wrote about the interplay between interactive and intrapsychic explorations that the structures of the therapeutic relationship offer. He emphasized the balance that is important to achieve between the constraints of constructed realities and the potential to develop and create one’s own narrative.

Kindler (2010) was careful to distinguish between spontaneity and improvisation as two distinct aspects of her therapy with children that she identified as important to the psychoanalytic dialogue. Spontaneity implies freedom from constraint. It refers to a subjective experience an individual may have, of being able to take action without having to attend to how that action might be received or responded to. Improvisation must consider the structures and implicit rules in a relationship between people so that there is a form and an element of constraint to the interaction. According to Kindler and Gray (2010), the dynamic that develops between client and analyst becomes enlivened and effective when the analyst acknowledges that the work develops through improvisation.

Ringstrom (2007) spoke of moments achieved through improvisation that “move each one beyond the constraints of their personality organization into considering the heretofore unimagined, unthought, and unspoken” (p. 69). These moments can bring each to the development of new internal structures. He advocated for the cultivation of improvisational interactions in the therapeutic relationship as they are able to “communicate to the patient a special instance of authenticity that may well be antidotal to the crushing and pervasive inauthenticity of the patient’s inner life and his life with respect to others” (2001, p. 749).

These moments of improvisation can help to develop new and unfamiliar structures and ways of being. They heat up the interaction and can be likened to the requisite play that Winnicott (1971) spoke of as necessary for psychotherapy to take place.

Play

Play involves improvisation and is said to be critical to the practice of psychotherapy (Winnicott, 1971). In his 1971 book *Playing and Reality*, Winnicott spoke of the importance of play in children's psychological development, and its importance to the work of psychotherapy. He described psychotherapy as involving "two people playing together," and a goal of the work as helping to bring the client to "a state of being able to play" (p. 45). He said that one's experience of life is built from playing. "We experience life in the area of transitional phenomena, in the exciting interweave of subjectivity and objective observation, and in an area that is intermediate between the inner reality of the individual and the shared reality of the world that is external to individuals" (p. 75).

According to Ringel (2003), the participation of both therapist and client in creative play is important to the processes of change and can be an opportunity for transformation of both client and therapist. While Winnicott spoke of transitional phenomena between subject and object, Ringel spoke of play as taking place in a shared space of thirdness, a "potential space for experimentation and for the practicing of new interactive modes" (p. 376).

I propose that through the practice of meditating together therapist and client are able to mutually access this "potential space" in each of their minds, bodies, and psyches, the energies of which can be used to enhance growth. This space offers creative and enlivened new ways of being to both therapist and client. Much like Ringstrom's improvisation, it moves each "beyond the constraints of their personality organization into considering the heretofore unimagined, unthought, and unspoken...[it] challenges each participant's respective personality organization, necessitating their *accommodation* of a new structure" (2007, p. 69). Enlivenment, authenticity, transformative energy, the cultivation of "the unimagined, unthought, and unspoken" (2007, p. 69)—all of these are elements of the theater of therapy.

Chaplin Kindler (2005) wrote, "there is a close relationship between the creative responsibility required in the psychotherapy or analytic session and that which occurs in a two-person dramatic improvisation. Both are endeavors involving the imaginative collaboration of two participants" (p. 89). She described the rules of dramatic improvisation:

1. The play space is sacred.
2. Follow the lead of the other participant.
3. Do not challenge or deny.
4. There should be unconditional acceptance of the other's reality.
5. Listen and watch carefully.
6. The actor must clarify, enhance, and facilitate the action so that the scene can move forward. (Chaplin Kindler, personal communication, as cited in Kindler [2010, p. 225]).

Chaplin Kindler's rules of dramatic improvisation are remarkably aligned with the Meditative Dialogue guidelines that I use in my practice with clients who are open to this process, all of which are instrumental in cultivating the theater of therapy.

MEDITATIVE DIALOGUE

The Meditative Dialogue process helps to facilitate the development of the capacity to be alone in another's presence and the development of a solid core sense of self. It offers silence and connection within, without, and between, and helps to co-construct a container that can handle and facilitate therapeutic enactments.

The Meditative Guidelines are as follows:

1. Focus on the breath, body sensations, and on the space in the middle of the room.
2. Reflect, contemplate, pause.
3. Listen deeply.
4. Allow speech to arise from silence.
5. Experience the space.
6. Notice assumptions.
7. Notice reactions and judgments.
8. Give the process full attention.
9. Say only what really wants/needs to be said.

We use these guidelines as we begin each session with 10 minutes of sitting and meditating together. When we open our eyes following the period of meditation, we sit and wait for the speech to arise from the space in between. An intimacy is possible that was not there before. We are able to co-construct new and authentic ways of being and to move into more "present moments," "now moments," and "moments of meeting" (Stern, 2004). The structure of the dialogue guidelines enhances a flow and helps us to achieve positions of openness and connectedness. The commitment to say only what really wants or needs to be said helps us to focus. Often the critical "door-knob conversations" that are initiated as we are preparing to end sessions are the conversations with which we begin. We access heretofore unattainable levels of engagement in which we are able to be alone in the presence of another, and potentially experience healing and generative interactions that are different, heightened by the energies of having meditated together.

Illustration

David was a 42-year-old neurologist who came seeking help with anxiety issues and with difficulties in his relationship with his female partner of 20 years. He had begun to have trouble handling the pace, responsibility, and stress of his work, and he and his partner had settled into a “sexless friendship.” He was interested in finding ways to feel more engaged, enlivened, and authentic in his life and in his relationship and had come to me because he knew of my Meditative Dialogue practice and thought it would be helpful. We had been working together for about a year, and had been using the Meditative Dialogue process from the beginning. At first David had found it difficult to settle into the practice of meditating with me. He said that his mind was very busy and that he felt an increased anxiety when meditating. We worked together on deep breathing and relaxation, and he became able to just observe his thoughts as they passed through without judging them. He became more able to engage in the process after four or five sessions, and as time has gone on he has talked about his awareness that he has shifted from a position of defensiveness and avoidance to a deeper trust and openness that has allowed for more intimacy and playfulness in sessions. I too have found myself able to be more present, focused, and available as time has gone on, and we have engaged in this discipline of meditating together and following the Meditative Dialogue guidelines.

David said, “I just want to live my life present to the present moment and content in the present moment. I spend so much of my time telling myself ‘that’s neurotic, that’s impractical.’ I don’t listen to my life; I argue with it. Why is it so hard to do the things that I know will help me to feel better?”

Though he was successful in his work, he described himself as “always uncomfortably anxious.” He struggled with intimacy and he and his partner shared a mutually agreed upon distance. He had been married before, and had been criticized and ridiculed by his wife, as he was unable to have children. She had become verbally abusive and he had become unable to “perform” sexually. In his current relationship he was frequently impotent, a source of much humiliation and shame for him. He described his partner as emotionally nurturing and sexually aggressive, which, he said, scared him. They had done some couples therapy with a sex therapist and, while things had improved, the going was slow. It was difficult for him to separate out his relationship with himself from his relationship with his wife, in which he tended to focus on trying to please her and “do the right thing to make her happy and keep the peace.”

David had grown up in a small town in a family that valued intelligence, education, and creativity. His mother had been emotionally absent and his father had been physically abusive to his mother and to him, and was “always critical and angry.” He had never been able to live up to either parent’s

expectations and had chosen to follow his own difficult path as a neurologist. He was a jazz musician on the side, and found this challenging, rewarding, and relaxing. He had recently taken up the saxophone again, having “given it up” in college, and occasionally played out at local establishments with a group of musicians. He thought about his music as an expression of his authentic self—someone he said he had abandoned years ago. His father had told him that it would not be practical to become a musician and so he had pursued medicine. He spoke of his music as a safe haven, offering respite and joy. He had begun taking lessons and practiced three hours each day; he jokingly called this “saxophone school” and said that it was one of the only times in his life that he felt free.

David tended to be self-punitive and controlling of his behaviors and those of his partner. He said that he had lost sight of who he was and had difficulty “just being” in his life. In his work with me he spoke of a belief that I was judging and criticizing him, saying that he felt vulnerable and defensive. “It’s so hard to talk about things that are hard.” There were fleeting moments in which we could sit together and focus on his life. “I feel close to you sometimes. I wish I could figure out how to get to that place of trust. I don’t know how it happens.” These moments did seem to be unpredictable and not easily accessible, though the Meditative Dialogue process seemed to facilitate more of these moments.

Through engaging together in the Meditative Dialogue process over time, we became able to access more present moments, more moments of mutuality, and a place of increased trust. David spoke of the feeling of being able to sit with me and “just be” that felt different for him: “I so want to use the time that I have with you. To clear away the debris and the surface stuff and get to what matters.” We began each session with 10 minutes of sitting, facing each other and meditating together. When we opened our eyes there was a moment of deep connection and shared intimacy that felt overwhelming for me. I had to work to stay present, reminding myself to breathe into the silence and to wait for words to arise from the space in between us. This became easier for me as time went on. The following is an example:

David’s eyes were unfocused as he gazed into the middle distance. “I am feeling afraid. Out of control. I don’t know what is going to happen . . . I guess I am afraid of you. Of what you might do to me. I know that doesn’t make any sense. That it’s about the abuse and not about now. It’s scary. I know that you always say ‘Not knowing is the place to be.’ And you ask, ‘Are you scared or excited?’ I guess I don’t know the difference.”

I asked David, “Are you breathing?”

He took a deep breath and sat, silent. I was aware of a heightened sense of the importance of the moment, and a feeling of my own anxiety that I needed to contain. I didn’t want to blow this. I needed to meet him and just be. I breathed deeply. Waiting. He sat forward, leaning in. I moved in a

bit, not wanting to overwhelm him and avoiding my instinct to back away. I breathed into the moment, softening, opening.

He said, "This feels like one of those chemistry-changing moments. . . . What I am really feeling is loved and loving and the reality is I don't know how to be."

I took another deep breath, and paused. "Loved and loving?"

"Yes. Expanded. Lighter."

"Huh. I am too." It seemed important to respond and so I dove into the moment. "It reminds me of times when you talk about your music."

His face lit up. "Yes! It feels like that. Like the times when I just take off. All of the practicing drops into place and I just am. Lined up and playing, pure joy!"

In this improvisational moment our mutual breath work and deep listening, our playfulness, opened up space for David to have an alternative experience in which his anxiety and fear of me and of what I might do, coupled with my contained anxiety about the intimacy of the moment, moved into a mutual experience of lightness and pure joy. The theater of this moment offered him a choice and a visceral embodied "now moment" that he would perhaps be able to call upon at other times when he felt anxious and triggered. We were able to "play off of and with" (Ringstrom, 2007, p. 73) what was given in the moment and, through our shared humanness, we arrived at a delightful new place.

As I sat with him I was reminded of how as an adolescent I used to climb Mt. Washington in New Hampshire. I would lean out on the wind that blew up from a valley onto a cliff on the Lion Head Trail, trusting the elements to support me and reveling in the feeling of being fully alive and aligned. Meditation offers a similar experience of leaning out on the elements.

Though I had never spoken of this with him, as if reading my mind, David said that as he worked with me in this way he was becoming more confident and experiencing more energy in his work and in his relationship. "I am no longer being dragged along by circumstance. Rather than passively responding, I am leaning into my life and doing things from a place of fluidity and just being. I am more and more making a decision to believe what I know to be true from the inside out." He said that he was beginning to develop a sense of strength and solidity at his core, and felt more able to "be" in the presence of his partner. He said that he could imagine that he might be able to begin talking with her about their relationship and what he wanted to have happen there.

CONCLUSION

Meditative Dialogue offers a powerful and simple tool through which therapists and clients are able to cultivate the wonder of the theater of

psychotherapy. It encourages improvisation and play in the therapeutic relationship. It helps to access more “present moments,” “now moments,” and “moments of meeting” (Stern, 2004) in the therapeutic interaction.

The theater of therapy offers clients and their therapists visceral experiences of new ways of being. These “heretofore unimagined, unthought, and unspoken” (Ringstrom, 2007, p. 69) ways of being can be called upon at any moment, freeing them from the constraints of who they have been and moving them forward toward enlivened and authentic expressions of who they might choose to become.

The collaborative practice of meditating together in psychotherapy can intensify and deepen the connection between client and therapist as they work together toward sharing a sense of what it is to be human.

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