How do Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice?

Adrian Thomas Brooks

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Northern School of Child & Adolescent Psychotherapy (NSCAP) Tavistock and Portman NHS Trust University of Essex

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Abstract

Recent years have seen growing interest in mindfulness within mental health disciplines, yet comparatively little research has explored how psychoanalytic psychotherapists experience personal meditation in relation to their clinical work, particularly within child and adolescent psychotherapy. This qualitative study asked: **How do Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice?** Using Interpretative Phenomenological Analysis (IPA), in-depth semi-structured interviews were conducted with four experienced Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) who had established personal meditation practices. The study sought an idiographic understanding of participants' experiences rather than evidence of clinical efficacy or patient outcome.

Analysis generated four interrelated superordinate themes: **Integrating Meditation into Psychoanalytic Practice; Mindful Psychoanalytic Practice; Meditative Engagement in Psychoanalytic Psychotherapy; and Sustained Presence Beyond the Therapy Room.** Participants described meditation as a philosophical and experiential point of reference, as contributing to qualities of openness, curiosity, non-reactivity and emotional availability, as becoming consciously available as an internal resource during some clinical encounters, and as forming part of practices of reflection, recovery and return beyond the therapy room. Divergent accounts qualified these findings. Meditation and psychoanalysis were not experienced as equivalent; meditation did not prevent emotional disturbance or reactivity; and participants differed in how closely they brought their contemplative practice into

clinical and professional life. Some maintained clear boundaries between personal Buddhist practice and what they would introduce to patients.

The findings suggest that the significance of personal meditation for these practitioners lay principally within the therapist's subjective and reflective life rather than in the introduction of meditation as a clinical intervention. They also highlight tensions between regulation and receptivity, and raise questions concerning religion, spirituality, cultural identity, privacy and professional belonging. The study does not establish effects upon patients or treatment outcomes. Its implications therefore concern reflective consideration within clinical practice, supervision and training rather than prescribing meditation, while identifying patient-centred, prospective and comparative research as necessary before claims about clinical effectiveness can be made.

Chapter 1: Introduction

1.1 Background and Rationale

Meditation and psychoanalysis are traditions with distinct historical, cultural, and philosophical foundations. Psychoanalysis, originating in Freud's exploration of unconscious processes, developed a complex clinical tradition concerned with interpretation, transference, and the transformation of internal object relations (Freud, 1912a/1958; Klein, 1946). Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) are clinicians working with unconscious processes in children and adolescents through intensive therapeutic relationships informed by psychoanalytic theory and technique. In contrast, meditation, particularly within Buddhist and mindfulness-based traditions, emphasises direct awareness of internal states and the present moment (Kabat-Zinn, 2013), offering a different route to insight and transformation.

Despite their separate lineage, recent decades have witnessed a growing interest in the intersections between these disciplines (Epstein, 1996; Rubin, 2009). Writers such as Lanyado (2014), Coltart (1996), and Cooper (2014) have described how meditative practices may support psychoanalytic presence, containment, and the capacity to tolerate psychic ambiguity. Meditation is increasingly viewed not only as a form of self-care, but as a philosophical orientation that may influence the therapist's stance, emotional availability and interpretative depth.

Nonetheless, theoretical tensions persist. Critics question whether meditation's emphasis on equanimity and self-regulation may risk dampening affective immediacy, muting countertransference responses, or inadvertently serving as a defence against engagement (Shafii, 1973; O'Shaughnessy, 1992). This is particularly salient within psychoanalytic work with children where affective intensity, symbolic play, and primitive communication frequently bypass verbal expression (Rustin, 2009; Music, 2015).

While a small number of studies have explored the use of mindfulness or meditative practices within psychodynamic or integrative therapeutic settings (e.g., Germer, 2005; Hick & Bien, 2008; Davis & Hayes, 2011), there remains a notable absence of research examining how personal meditation practice may shape the clinical stance of psychoanalytic psychotherapists — particularly those working with children and adolescents. This study aims to address that gap.

My interest in this question arose from my own position as both a Child and Adolescent Psychoanalytic Psychotherapist in training and a long-standing practitioner of meditation. During clinical training, I became increasingly aware that my personal meditation practice appeared to inform how I encountered emotional intensity, uncertainty and moments in which words or understanding were not readily available. At times I found myself returning to breath, stillness and an internal capacity to wait—not as a technique applied to the patient, but as a personal practice that seemed to shape how I remained present within the clinical encounter. This experience gave the research question personal significance and prompted curiosity

about whether, and in what ways, other CAPPTs experienced a similar relationship between their personal meditative practice and psychoanalytic work.

My proximity to the subject also carried the possibility that assumptions arising from my own experience could influence the research. Rather than attempting to remove this subjectivity, I approached it reflexively as part of the research context. Reflective diaries and research supervision were used throughout the interviews and analysis to identify moments of personal resonance, assumption, countertransference and possible over-identification. The methodological implications of this position, and the ways in which it was managed within the research process, are considered more fully in Chapters 3 and 4.

1.2 Research Aims

At the heart of this study is a question about how personal meditation practice may make itself known within the clinical encounter; can something rooted in silence, solitude, and discipline become known, and how, within the relational depths of psychoanalytic work?

The study was guided by the following research question:

“How do Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice?”

This study does not seek to evaluate the efficacy of meditation or establish objective effects upon patients. Rather, it explores how participants experience, interpret and make sense of the relationship between their personal meditation practice and their psychoanalytic work.

1.3 Methodological Approach

Interpretative Phenomenological Analysis (IPA) was chosen for its commitment to exploring the meaning-making processes of individuals in depth (Smith, Flowers & Larkin, 2009). Rooted in phenomenology, hermeneutics, and idiography, IPA is well suited to studies that examine complex, personal experiences.

The research is grounded in an Idealist ontological stance, which holds that reality is subjectively constructed. This aligns with both psychoanalytic and meditative frameworks that understand experiences as filtered through unconscious, affective, and relational processes.

A Constructivist epistemology supports the co-constructed nature of meaning between participant and researcher — mirroring the psychoanalytic focus on transference, reverie, and interpretative engagement.

This positioning aligns with the epistemological stance of Interpretative Phenomenological Analysis (IPA), which values the researcher's interpretative

involvement and the double hermeneutic — making sense of participants making sense of their experience (Smith et al., 2009).

Within this study, the researcher's own long-standing meditation practice and psychoanalytic training formed part of this interpretative context. This proximity offered experiential sensitivity to the subject matter while also creating the possibility of assumption, over-identification and preferential attention to material that resonated with the researcher's own experience. Reflexivity was therefore treated as an integral methodological process rather than as an attempt to remove researcher subjectivity.

Four CAPPTs were recruited, each with a sustained personal meditation practice and substantial clinical experience. Semi-structured interviews were conducted and analysed using IPA's descriptive, linguistic and conceptual levels of engagement (Smith et al., 2009). Reflective diaries and research supervision were used throughout the interview and analytic process to identify and examine countertransference, assumptions, possible bias and moments of personal resonance.

1.4 Structure of the Thesis

• **Chapter 2 (Literature Review)** explores the historical and conceptual intersections between meditation and psychoanalysis, contemporary and foundational clinical

writing, neuroscientific and empirical research alongside areas of ongoing debate and controversy.

• **Chapter 3 (Methodology)** outlines the philosophical framework, design of the study, participant recruitment, data collection, ethical considerations, and reflexivity.

• **Chapter 4 (Data Analysis)** details the IPA process and development of four superordinate themes, supported by illustrative coding materials.

• **Chapter 5 (Findings)** presents and analyses the four themes: *Integrating Meditation into Psychoanalytic Practice, Mindful Psychoanalytic Practice, Meditative Engagement in Psychoanalytic Psychotherapy* and *Sustained Presence Beyond the Therapy Room.*

• **Chapter 6 (Implications)** explores how these findings speak to psychoanalytic theory, clinical technique, training, and future research.

• **Chapter 7 (Conclusion)** draws together the central contributions of the study and reflects on the evolving role of meditative practice in psychoanalytic work.

1.5 Contribution to Knowledge

This study contributes to a growing psychoanalytic discourse that seeks to understand meditation as more than a technique — conceiving it instead as a lived, reflective orientation with implications for clinical work.

Key contributions include:

• Providing empirical insight into how CAPPTs experience, interpret and understand the relationship between their personal meditation practice and their psychoanalytic stance.

• Illuminating participants' accounts of how meditation related to presence, receptivity, resilience and recovery, while also identifying tensions around neutrality, affective intensity and interpretative spontaneity.

• Raising questions about how personal practices — often held privately because of anxieties around analytic orthodoxy — might be acknowledged and reflected on more openly in training, supervision, and professional discourse.

1.6 Chapter Conclusion

The relationship between personal meditation and psychoanalytic psychotherapy remains a sensitive and under-explored area, particularly within child and adolescent work. By focusing on the lived experience of CAPPTs, this study explores how practitioners themselves understand the ways in which meditation may relate to their emotional availability, clinical stance and capacity to engage with unconscious material.

Rather than offering a prescriptive account or seeking to establish an objective effect of meditation upon clinical work, this research aims to create space for reflection on how personal meditative practices may inform, support or complicate psychoanalytic practice. In doing so, it considers how CAPPTs make sense of the relationship

between two personally and professionally significant traditions, while remaining attentive to areas of tension as well as convergence.

Chapter 2: Literature Review

2.1 Chapter Introduction

The intersection of meditative practice and psychoanalytic psychotherapy represents a growing yet unexplored area of clinical inquiry. This literature review examines how Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) engage with personal meditation practices and considers how practitioners understand these practices in relation to their therapeutic presence, emotional availability and clinical stance within the therapy room.

Following Ridley (2012), the review will:

• Provide brief historical background to the development of meditation and links, stated or implied, to psychoanalytic theory and practice.

• Outline where this study is situated in contemporary research.

• Discuss relevant theories and concepts that underpin the study,

• Introduce relevant terminology and variations in usage.

• Describe relevant research and identify how the study addresses a gap in the field.

Despite growing interest, little empirical research has examined how CAPPTs experience and understand the relationship between personal meditation practices and clinical work. Contributions remain largely conceptual, lack idiographic detail, and often focus on adult psychotherapy. This study addresses this gap by considering how meditation intersects with psychoanalytic psychotherapy for children and young people.

This review therefore explores foundational and contemporary psychoanalytic writings, shared ideas between meditation and psychoanalysis, and their influence within therapeutic settings. It also examines neuroscientific findings and considers controversies surrounding integration across philosophical, clinical, and neuroscientific contexts.

2.2 Search Strategy

The literature search followed a structured and iterative strategy informed by the RAMESES approach (Greenhalgh et al., 2011). The original electronic search drew principally upon APA PsycINFO and Psychoanalytic Electronic Publishing (PEP-Web), supplemented by grey literature, reference and citation searching, psychoanalytic texts, research supervision and professional dialogue.

The original search was organised around three broad concept groups: meditation and related attentional practices; child and adolescent populations; and psychoanalytic psychotherapy/psychoanalysis. Early searching demonstrated a marked tension between specificity and breadth. Combining all three concept groups

using **AND** returned 25 records, while combining the groups using **OR** returned 1,126,904 records. The former risked excluding relevant literature, particularly where psychoanalytic writing did not use child/adolescent or meditation terminology explicitly, while the latter was insufficiently specific for meaningful review. Searches were therefore progressively refined through smaller combinations of concepts, relevant journal and subject filters, and targeted conceptual and citation-led searching.

This iterative process was particularly important because material conceptually relevant to meditation was not always indexed explicitly under that term. Psychoanalytic literature concerning evenly suspended attention, reverie, containment, negative capability and the analyst's internal state therefore became relevant through conceptual as well as keyword correspondence. Conversely, literature explicitly indexed under terms such as *mindfulness* could sit outside psychoanalytic traditions. Literature was consequently prioritised according to its conceptual, clinical and methodological relevance to the research question rather than by numerical search return alone.

Following the viva examination, a supplementary structured APA PsycINFO search was undertaken to strengthen the comparatively limited consideration of meditation and meditative traditions in the original review. This included searches concerning Buddhist traditions, Zen/Zazen, Tibetan Buddhism/Vajrayana, mindfulness, practitioner experience, child/adolescent work, and religion/spirituality. This supplementary search did not alter the participant data or analysis but provided a broader conceptual context for considering participants' accounts and the cultural and religious contexts of meditation. A full sequential account of the original and

supplementary searches, including search terms, combinations, relevance criteria and search returns, is provided in **Appendix 1**, with selected supporting search records in **Appendix 2**.

Through this process, the review identified the principal domains considered below: meditation and meditative traditions, psychoanalytic theory, areas of convergence and tension between meditation and psychoanalysis, neuroscientific findings, clinical implications and areas of continuing debate.

2.2.1 A Slow Change

The convergence between meditation and psychoanalysis has developed only gradually, for reasons that remain difficult to fully explain. Insights into this slow evolution can be traced through Bion's writings and posthumously published supervisions.

In his formal theoretical papers of the 1960s and early 1970s, Bion occasionally used the term meditation when describing the analyst's stance outside of the session (Bion, 2014; e.g., Vol. 4, p. 330; Vol. 5, pp. 59-60, 83, 212, 237; Vol. 6, pp. 41, 227, 323; Aguayo & Malin, 2013, p. 66). These references pointed to the internal transformations arising from analytic work. His later supervision transcripts, published after his death, show a subtle shift: Bion did not dispute comparisons between his stance and that cultivated by spiritual teachers, nor did he reject

analogies drawn between psychoanalysis and meditation[1] (Bion, 1980/2018 pp. 199–200). He also reflected on bringing 'private hunches' from analytic encounters — expressed in language resonant with meditative states — into public discussion (Aguayo & Malin, 2013). These developments suggest he increasingly perceived a convergence between psychoanalysis and meditation, even if he did not fully formalise this in theory.

This period also coincided with cultural shifts: the 1960s to the 1970s saw East and West drawn closer through technological developments (Ghaffari-Farhangi, 1998). While this convergence enabled new communities of exchange, it was also met with scepticism in many quarters (Palmer, 2001), even as it also enabled the growth of cultural enclaves in both regions (Palmer, 2001) that fostered new ideas and communities. At the same time, commentators observed that the increasing use of technological advances complicated distinctions between representation and reality (Ahmed, 1992), underscoring the ambiguities of this exchange while also highlighting the increasing openness of the era.

This openness has, since the 1970s, sparked scholarly interest, reflected in works such as Epstein (1996). Yet translation between traditions remains contested: Western psychological discourses may apprehend contemplative traditions only partially, and meanings can shift when those traditions are recast within psychoanalytic language. More recently, some psychoanalytic writers have described their own meditation practice and its influence on psychotherapy (e.g.,

[1] In the exchange, the participant introduced the metaphor of a 'bridge' between psychoanalysis and spiritual/meditative traditions. Bion, in his reply, did not dismiss this phrasing, instead emphasising the analytic experience as "always the same" (Bion, 1980/2018, pp. 199–200).

Music, 2009; Lanyado, 2014), pointing to a growing recognition of common ground between the two disciplines.

2.3 The Review

The literature review will consider the following areas most relevant to the scope and aims of the study:

1. Meditation
2. Psychoanalysis
3. Links within foundational and contemporary psychoanalytic writings
4. Links and shared ideas between meditation and psychoanalysis
5. Neuroscientific findings
6. Evidence of impact within the therapy room
7. Controversy

2.3.1 Mindfulness or meditation?

Meditation is used in this thesis as a broad term encompassing a range of contemplative practices rather than as a single, uniform technique. Mindfulness, while closely associated with meditation and particularly prominent within Buddhist traditions, represents one form or quality of meditative attention rather than being synonymous with meditation as a whole (Gethin, 1998; Pelled, 2007). Contemporary Western psychological literature has also increasingly employed *mindfulness* in

secular and therapeutic contexts, further complicating the relationship between the two terms (Kabat-Zinn, 2013).

The distinction is important for the present study. Participants described personal practices arising from different contemplative traditions and used terms such as *meditation* and *mindfulness* in ways shaped by their own experience. The literature similarly varies in its terminology. Both terms were therefore retained within the literature search in order to avoid excluding relevant material, while recognising that they refer to overlapping but not identical concepts. Where a specific meditative tradition or practice is identifiable, it is named as such within the review.

2.3.2 Psychoanalysis or Psychotherapy?

While the terms psychoanalysis and psychoanalytic psychotherapy are often used interchangeably, this study focuses specifically on psychoanalytic psychotherapy as practised by Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs). Classical psychoanalysis, developed by Freud, emphasises high-frequency sessions and techniques such as free association and dream analysis (Freud, 1912b/1958). Psychoanalytic psychotherapy draws on these principles but adapts them to suit developmental stages and contexts.

These adaptations require flexibility in technique, including play, non-verbal communication, and attention to the dynamics between child, parent and therapist (Rustin & Quagliata, 2000; Lanyado & Horne, 1999). While the core aims of psychoanalysis — working through unconscious conflict, fostering symbolic thinking,

and supporting psychic integration — remain intact, the analytic frame, pace and communication style must shift to meet younger patients' developmental needs (Rustin, 2009).

Accordingly, in this review, the term psychoanalysis is used in its broader theoretical sense, while psychoanalytic psychotherapy refers to the clinical practice relevant to this study: work with children, adolescents and their families by CAPPTs.

2.4 Key Areas in The Review

The following sections explore the central domains relevant to this research, beginning with key conceptual, historical, and theoretical dimensions of meditation and psychoanalysis, before turning to areas of intersection, neuroscientific and empirical evidence, and points of tension within the existing literature.

2.4.1 Meditation

Meditation does not describe a single or uniform practice. Meditative practices have ancient roots and have developed across diverse cultural, religious and philosophical traditions, with substantial differences in their methods, aims and understandings of mind (Delmonte & Kenny, 1985; Naranjo, 1972). The term is therefore used here as an overarching description while recognising that particular traditions cannot be assumed to be interchangeable.

This distinction is especially relevant to the present study. Participants' practices were broadly Buddhist in origin but included Zazen, mindfulness and Tibetan

Buddhist practice, reflecting differing relationships to technique, philosophy and tradition. Zazen, for example, has a particular lineage within Zen Buddhism and is represented within the thesis through Dōgen's account of practice (Dōgen, 1243/2002), while mindfulness appears both within Buddhist contemplative traditions and, increasingly, within Western psychological and therapeutic discourse (Gethin, 1998; Kabat-Zinn, 2013). These differences make it important not to treat participants' use of the term *meditation* as referring automatically to an identical practice or worldview.

Mindfulness therefore occupies a somewhat ambiguous position within this literature. It may describe an aspect of meditative awareness, a formal contemplative practice, or a term adopted within contemporary Western therapeutic settings. As outlined in Section 2.3.1, mindfulness and meditation are consequently treated as overlapping but not synonymous concepts. Retaining both within the review allows relevant literature to be considered while preserving distinctions between particular practices and traditions.

Within psychoanalytic literature, explicit engagement with meditation has remained comparatively limited. Epstein (1996) describes the gradual movement of meditative ideas into Western psychotherapy, while subsequent psychoanalytic writers have increasingly explored areas of possible correspondence. This movement between traditions is not conceptually neutral: meanings may alter when contemplative ideas originating within Eastern religious and philosophical contexts are translated into Western psychological or psychoanalytic language. The relationship is therefore approached here as a dialogue between distinct traditions rather than as evidence that their concepts are equivalent.

This cultural and conceptual convergence has evolved over decades. In the 1960s and 1970s, psychoanalytic theorists, such as Bion (1980) began to tentatively acknowledge similarities between psychoanalytic attention and meditative receptivity, with later supervision transcripts reflecting openness to analogies with Eastern traditions. This shift mirrored broader technological and cultural changes — including global communication advances — that brought Eastern and Western thought into closer dialogue (Ghaffari-Farhangi, 1998; Palmer, 2001).

The mechanics of meditation have been theorised in various ways. Shafii (1973) describes it as a practice centred on breath or mantra, with attention gently returning when the mind wanders. This cultivates calm, receptive attentiveness and reduces repetitive thought. Shapiro (1982) distinguishes between concentrative and mindfulness-based approaches, both of which sustain focus while allowing mental phenomena to arise and pass without judgement. These attentional modes prioritise presence over analysis, trusting the natural unfolding of experience. These distinctions provide useful broad descriptions of attentional practice but should not be taken as an exhaustive classification of the diverse religious, philosophical and contemplative traditions within which meditation occurs.

Meditative states may facilitate access to unconscious material through an expanded internal space. Delmonte (1995) suggests that concentrated awareness can alter consciousness, allowing hidden processes to surface. This aligns with Epstein's (1996) assertion that meditation slows the perception of mental activity, offering a psychological space in which the mind may encounter its own defensive structure

with increased clarity. Meditation, in this light, becomes a mode of self-inquiry concerned with understanding and alleviating mental suffering.

However, distinctions remain. Bond et al. (2009) highlight an important epistemological divergence: while psychoanalysis privileges the articulation and interpretation of unconscious content, some meditative approaches place less emphasis on verbal elaboration and greater emphasis upon direct observation of experience. This distinction raises important questions about whether the two modes represent complementary paths or potentially incompatible orientations to the unconscious. Park and Pyszczynski (2019) similarly argue that meditation promotes emotional regulation and flexibility through a non-judgemental stance that enhances present-moment awareness.

Together, these perspectives suggest that while distinct in method and aim, meditative practice may offer a complementary state of mind to psychoanalytic work — one that supports emotional regulation, deepened attention, and a more open stance towards unconscious experience. This potential complementarity, however, must be carefully interrogated: if meditation fosters equanimity, might it also risk muting the rawness of affect essential for analytic interpretation? Such tensions invite further exploration into how meditative dispositions interact with the analytic requirement to remain open to disturbance.

To understand how meditation might be situated in relation to psychoanalytic thought, it is necessary to first revisit the core tenets of psychoanalysis and how

these have evolved to accommodate new understandings of the therapeutic relationship.

2.4.2 Psychoanalysis

Psychoanalysis, founded by Sigmund Freud in the late nineteenth century, is a therapeutic method and theoretical framework aimed at uncovering unconscious motivations and conflicts (Freud, 1917/1963). At its core lies the belief that early developmental experiences — particularly those shaped by unconscious drives — profoundly influence personality, emotional life, and behaviour (Freud, 1905/1953). Key concepts such as the id, ego, and superego, alongside mechanisms of defence like repression and denial, provide the structural vocabulary through which psychoanalytic theory conceptualises psychic life (Freud, 1923/1961).

The central aim of psychoanalysis is to make the unconscious conscious. Techniques such as free association, dream interpretation, and the analysis of transference allow hidden meanings and conflicts to emerge within the therapeutic encounter (Freud, 1900/1953; Freud, 1912b/1958). Through the gradual articulation of these unconscious dynamics, psychoanalysis seeks not only to alleviate symptoms but to facilitate greater insight and psychic integration (Shedler, 2010).

Over time, psychoanalysis has diversified into multiple schools of thought, including Jungian, Lacanian, and object relations theory, each extending and revising Freud's foundational ideas (Mitchell & Black, 1995). While traditional psychoanalysis

emphasises intensive, long-term work, contemporary approaches such as psychodynamic therapy have developed more time-limited and pragmatic adaptations (Bateman et al., 2010).

A significant evolution within psychoanalytic thinking has been the growing emphasis on the analyst's own internal state — especially their receptivity, attention, and use of reverie. This introspective turn has opened the door for dialogue with meditative concepts, which similarly privilege inward listening, containment, and attunement.

These developments invite deeper reflection on the analyst's internal state — not merely as a tool for interpretation, but as a potential site of transformation. As subsequent sections will explore, it is within this internal terrain that meditative practices may begin to meaningfully converge with psychoanalytic technique.

2.4.3 Links within *Foundational* and *Contemporary* Psychoanalytic Writings

Foundational Writings

Freud's early writings positioned psychoanalysis as a method for bringing unconscious material into awareness through careful attention to the patient's associations, dreams, and transferences (Freud, 1912a/1958). He described the analyst's role as adopting an evenly-suspended attention, a mode of listening that avoided privileging any single aspect and instead remaining open to the latent content of the patient's narrative. This stance was designed to mirror the patient's free associations and facilitate the emergence of unconscious meaning without

distortion. However, Freud gave little indication on how such mental neutrality could be cultivated.

Later writers such as Meltzer (1978), Rubin (1985), and Epstein (1984) have expanded this idea, emphasising that evenly-suspended attention requires a deliberate discipline of receptivity — an internal posture that is simultaneously open, contained, and attuned. These qualities suggest a conceptual bridge to meditative forms of attention, where similar tensions between neutrality and presence are actively negotiated.

Ferenczi (1928/1955) later described this technique as so untypical of ordinary mental functioning that a special hygiene or discipline would be needed to support its development. This presaged later arguments that the analyst's receptivity is not spontaneous but cultivated — suggesting a conceptual bridge to meditative disciplines. Schachtel (1969) expanded on this idea, arguing that open, relaxed attention facilitates global perception and meaningful engagement, unclouded by premature interpretation. He traced the origins of such attention back to early infancy and maternal attunement, proposing that the capacity for undirected observation is rooted in early object relations and the evolving development of individuality.

Klein's (1946) model of the paranoid-schizoid and depressive positions offers further insight into the psychic conditions that influence receptivity. In her theory, the transition from defensive splitting to integrated ambivalence marks a shift in the

individual's capacity to tolerate psychic complexity. Schachtel's emphasis on attentional openness aligns with this theory, suggesting that analytic presence requires emotional maturity and containment.

In this developmental framing, Schachtel (1969) traced the evolution of attention back to early infancy, where maternal attunement lays the foundation for observational receptivity. He argued that the capacity for emotionally engaged undirected attention may originate in the experience of being held in mind — an idea resonant with both Winnicott's primary maternal preoccupation (Winnicott, 1956/1984) and the therapist's internal stance.

Britton (1998) later reinforced Klein's view, highlighting the ongoing movement between psychic positions as a developmental process supported by the presence of a reliable other — thus placing emotional integration within the context of relational stability.

Ogden (2004), elaborating Klein's theory of psychic positions, framed the ever-in flux movement between paranoid schizoid and the depressive position in intersubjective terms. Where Klein focused on the individual's capacity to integrate love and hate, Ogden located this within the analytic third — a dynamic, co-created space in which both analyst and patient are momentarily subsumed. This field is not a simple fusion, but a tension between separateness and shared subjectivity.

In this view, projective identification becomes not only a defence but a developmental process through which each party relinquishes rigid self-definition in order to enter into a transformative exchange. Such a formulation resonates with meditative practice, where the loosening of ego boundaries — when held safely — allows for new modes of experience and relation. The therapeutic task, like the meditative one, becomes one of sustaining presence within this shared field long enough for symbolic thought and psychic differentiation to re-emerge.

Alongside these developments, countertransference — initially viewed by Freud as a hindrance (1910/1957) — was later reconceptualised as a vital tool for analytic understanding.

Heimann (1950) argued that the therapist's emotional responses form part of the dynamic communicative field, offering insight into the patient's internal world. Bion (1962a/2019) and Meltzer and Harris Williams (1988) expanded this further, framing countertransference not merely as a reaction but as a containing function: the therapist's capacity to receive, process, and symbolise unconscious communications. Pick (1985) deepened this by likening countertransference receptivity to the baby's experience of the maternal breast — both nourishing and containing emotional turbulence.

This conceptual shift echoes Winnicott's (1954, 1971, 1987) view of early maternal care as foundational for psychic development. His notion of primary maternal preoccupation describes the mother's immersive attunement to the infant's needs,

fostering a sense of safety in which the true self can begin to emerge. For Winnicott, the therapeutic relationship — like the maternal one — requires authenticity, emotional availability, and the capacity to tolerate dependence and regression. These ideas offer a compelling parallel to meditative practice, which also prioritises non-intrusive presence, holding, and receptivity. As later sections explore, these qualities form the basis of the therapist's internal stance — a potential site for convergence between psychoanalytic and meditative traditions.

These qualities — emotional availability, authentic presence, and attuned receptivity — not only reflect Winnicott's maternal model but also prefigure the analytic concept of reverie. This mode of internal listening, which becomes central in later analytic writing, links therapist receptivity to a maternal function of unconscious containment — an idea Bion (1962a/2019) would later formalise in his theory of alpha function and the container-contained relationship.

Bion's contributions brought the question of analytic attention to the forefront. His recommendation that the analyst approach the sessions without memory or desire (Bion, 1967) reflects an effort to describe a state of mind capable of receiving the patient's unconscious communication without distortion. In supervision seminars a more informal echo of his position appeared, where he remarked:

> '…the appropriate state of mind of the psychoanalyst: no countertransference, no nonsense of that sort, free-floating attention. Or, as I have put it, get rid of your memory and your desire, so that you expose yourself to the full treatment'.

(Aguayo & Malin, 2013, p. 85). These ideas reflect an intuitive convergence with meditative principles of non-attachment, receptivity, and presence — though Bion did not explicitly link his thinking to contemplative traditions.

This evolving attention to the internal state of the analyst — particularly as a site of unconscious communication — sets the stage for later conceptual developments such as reverie, a term that will emerge as central in this study.

Contemporary Writings

Contemporary psychoanalytic writings have extended foundational ideas by more explicitly exploring the psychotherapist's internal state and its cultivation. Building on Bion's emphasis on an internal state capable of tolerating uncertainty and disturbance, Ogden (2004) introduces the concept of the analytic third — a co-created psychological space that arises from the dialectical interplay between analyst and patient. Within this shared unconscious field, the analyst's reverie is not merely a passive occurrence or a private mental phenomenon but a vessel for meaning making. Ogden contends that reverie reflects not just a personal countertransference but becomes an intersubjective construction, giving form to what cannot yet be symbolised by either party.

This reconceptualisation aligns powerfully with meditative experience, particularly the emphasis on receptive awareness without premature interpretation. Just as meditation cultivates a state of non-intrusive presence, Ogden suggests that the

analyst's capacity to listen to the seemingly mundane or fragmentary elements of their own experience — bodily sensations, drifting thoughts, or idle fantasies — can become the vehicle through which unconscious communication is metabolised. This mode of analytic listening mirrors the meditative emphasis on tolerating the ordinary and the overlooked, allowing deeper psychic realities to unfold in and of their own volition and time.

Lanyado (1999, 2004, 2014, 2017), writing from her dual stance as a psychoanalytic psychotherapist and meditator, argues that meditative stillness facilitates an analytic posture of 'being' rather than 'doing'. She likens this to a state of reverie — a quiet internal spaciousness that supports receptivity to the patient's unconscious material. For Lanyado, this quality of presence allows the therapist to absorb, contain, and metabolise emotional experiences, fostering a therapeutic atmosphere in which transformation becomes possible.

She further argues that meditation is a disciplined practice — a hard-won skill — that strengthens the analyst's capacity to remain emotionally available. In her account, the therapist's calmness, shaped through regular meditative practice, is unconsciously perceived by the patient, allowing the 'true self' of the therapist to be experienced and internalised. This formulation resonates strongly with Winnicott's (1954, 1971) emphasis on authenticity, emotional holding, and the transitional space between inner and outer reality.

Other analysts have contributed related ideas. Raphael-Leff (2002) described a 'mind-body matrix' through which the analyst becomes receptive to somatic and non-

verbal cues. Drawing on Bion's (1962a/2019) notion of sensory data as the raw material of thought, she suggests the analyst's body becomes part of the interpretative field. In this context, contemplative practices such as meditation may aid the analyst in remaining open to subtle communications and refining their capacity for reverie.

Melzak (1999) and Akashadevi (as cited in Pozzi-Monzo, 2014) argue that the therapist's capacity for meditative receptivity supports the emergence of an observing ego within the patient — a mental position from which internal experiences can be observed without overwhelming or fragmenting the self. In this view, the therapist's quiet, sustained presence fosters a relational field in which patients can begin to reflect on their internal states rather than act them out. This observing ego, once internalised, becomes a stabilising factor in psychic life, allowing greater emotional regulation and symbolic thought.

Emanuel (2001) provides a further contribution by contrasting the ego's disintegration in states of psychic collapse with the spaciousness fostered by meditative awareness. He describes the state of 'black-holeness' as a profound encounter with psychic nothingness which, while painful, may also yield creative potential. This framing echoes Buddhist notions of anatta — 'no-self' — a core concept in which identity is seen as impermanent and contingent rather than fixed or essential (Gethin, 1998). Such states, whether encountered through a crisis or contemplative depth, offer the potential for transformation if held within a reflective and attuned therapeutic relationship.

Taken together, these foundational and contemporary perspectives reveal notable conceptual resonances between psychoanalytic and meditative states of mind. Both disciplines place high value on the analyst's internal stance: a capacity for negative capability (Bion, 1970/2007), emotional containment (Bion, 1962a/2019), and attentiveness to unconscious processes (Winnicott, 1960b; Ogden, 2004). However, despite these overlapping concerns, there remains a lack of empirical enquiry into how personal meditative practice shapes the therapeutic practice of psychoanalytic practitioners—particularly within child and adolescent settings. This study seeks to address this gap by investigating how CAPPTs experience and integrate meditation into their clinical presence.

These contemporary perspectives suggest that meditative presence may function as an internalised emotional holding environment — echoing analytic reverie while introducing new possibilities for therapeutic containment.

Having established the psychoanalytic concepts that resonate with meditative practice — particularly around attention, receptivity and emotional presence — it is now necessary to consider more directly the explicit points of convergence between meditation and psychoanalysis as evolving, interrelated traditions.

2.4.4 Links and Shared Ideas Between Meditation and Psychoanalysis

While historically developed in different cultural and philosophical contexts, meditation and psychoanalysis increasingly reveal areas of conceptual overlap. Both

practices are concerned with deepening awareness of internal states, tolerating uncertainty, and encountering aspects of the self not readily available to conscious thought. As psychoanalysis has become open to interdisciplinary influences, these intersections have moved from implicit resonances to more explicit theoretical and clinical engagement.

Jung (1954/1958), diverging from Freud, referred to meditation as the ‘royal road to the unconscious’. This reworking of Freud’s earlier formulation — where dreams were described as the ‘royal road’ (Freud, 1900/1953) — illustrates the early divergence between analytical and meditative understandings of unconscious access. Where Freud privileged verbal symbolisation, Jung was more open to the transformative potential of symbolic imagery and non-verbal states of unity.

For Jung, meditation offered access to a timeless, undifferentiated state foundational to psychic life. This closely parallels psychoanalytic interests in the archaic layers of the self and the integration of split-off parts.

Shafii (1973) and Maiello (1995) explore the psychodynamic implications of silence — a core component of many meditative traditions. Shafii links meditative silence to early experiences of maternal separation, suggesting that silence can evoke both primal anxieties and the opportunity to metabolise them. Maiello extends this by associating silence with the paranoid-schizoid position. She argues that the absence of maternal sound may stir unprocessed early anxieties, making the silent space of

meditation — or indeed the analytic setting — potentially re-traumatising unless carefully held.

Fromm (1977, 1981) contributes further by conceptualising meditation as an altered state of consciousness, akin to early preverbal experience. In her later work, she argues that experienced meditators engage with the process of the mind itself, rather than with specific thoughts, aligning with psychoanalytic ideas about the observing ego and the differentiation of thought from affect. This is elaborated by McGilchrist (2009), who situates such meditative awareness within a broader neuropsychological model of the intuitive versus analytic brain.

Winnicott's (1971) concepts of transitional space and being alone in the presence of another have been drawn into dialogue with meditation. Lanyado (2014) interprets these ideas as directly relevant to the meditative state of mind. For her, the therapist's capacity to inhabit a reflective, grounded presence parallels the infant's developmental task of playing alone while held in the maternal mind. Meditation, in this view, strengthens the therapist's capacity to create and sustain such a transitional space.

Coltart (1996) describes how breath-focused meditation may involve a withdrawal of energy from the ego. She suggests that this withdrawal enables unconscious material to surface more freely, bypassing the usual ego defences that structure conscious awareness. In her account, the therapist's altered state fosters receptivity

akin to Bion's alpha function (Bion, 1962a/2019, 1970/2007), enabling raw sensory impressions to be symbolised through reflective containment.

She draws parallels with Bion's concept of sense impression and alpha function — the capacity to transform raw sensory input into symbolic thought — a process felt to be integral for dreaming, unconscious thought, cognition, and memory storage (Bion, 1962a/2019). This altered state, Coltart argues, supports both the therapist's self-reflection and their capacity to remain open to unconscious processes in the clinical setting.

Such openness facilitates the emergence of the true self, echoing Winnicott's concept (Winnicott, 1960a/1965) or, as conceptualised by Bion (1970/2007), the movement toward 'O' — a state of ultimate reality or truth that lies beyond memory, desire, and understanding, and must be approached through emotional experience rather than knowledge.

Clement (2005) similarly likens meditative stillness to the mother-infant dyad in moments of attuned reverie. For both Bion and Winnicott, reverie is a maternal function that transforms the yet to be mentalised experience into meaning. Meditation, as a cultivated state of non-intrusive attention, may enhance the therapist's reverie capacity, allowing emotional states to be held, symbolised, and eventually communicated.

Cooper (2014), building on these ideas, discusses analytic reverie as a technique enhanced by meditation, quoting Zen teacher Shiegmatsu, who likened this process to reflecting an image without leaving anything on the surface — a concept that echoes Freud's analogy of analysis to observing the changing view from a train window.

Epstein (1996) suggests that meditation reduces defensiveness and enhances ego strength, thereby supporting genuine free association. He sees meditative practice as complementary to analytic aims, particularly in its capacity to foster openness to unconscious process and to support the integration of mind, body, and object relations — paralleling Klein's work on splitting and the movement toward wholeness (Klein, 1946).

Pozzi-Monzo (2014), in interviews with meditators and therapists, explores how the transition and lifelong fluctuation between the paranoid-schizoid and depressive positions — characterised by ambivalence, loss, and reparation — mirrors the Buddhist concept of impermanence. She argues that emotional maturity lies in accepting separateness, change, and mortality — capacities that are fostered through both analytic and meditative discipline. She also observes that meditation heightens the therapist's sensitivity to bodily and emotional cues, supporting the management of internal turbulence and fostering therapeutic clarity.

Finally, Dowling (as cited in Pozzi-Monzo, 2014) reflects on the interplay between the psychoanalytic self and the Buddhist no-self, suggesting these are not contradictory

but mutually informing, drawing on the metaphor of connectedness between the cloud and rain — inseparable yet distinct — to describe the interdependence of self and other, reflection and dissolution.

These contributions suggest that meditation and psychoanalysis, while originating from divergent traditions, share a deep concern with internal truthfulness, emotional containment, and the capacity to think in the face of unthinkable experience. This convergence continues to evolve, particularly through the lived experiences of psychotherapists who practice meditation alongside clinical work — a development explored in the chapters that follow.

While the conceptual intersections between meditation and psychoanalysis have become increasingly recognised, recent neuroscientific research has added empirical weight to these dialogues, illuminating how meditative practices may influence brain functions in ways that resonate with psychoanalytic aims such as emotional regulation, reflective capacity, and the transformation of internal states.

2.4.5 Neuroscientific Findings

Advances in neuroscience have provided new insights into the effects of meditation on the brain, offering empirical grounding for many of the psychological and experiential claims associated with both meditation and psychoanalytic practice. Functional neuroimaging techniques such as fMRI have enabled researchers to

observe structural and functional brain changes resulting from sustained meditative practice, with implications for therapeutic engagement and clinical responsiveness.

Several studies have reported increases in cortical thickness and grey matter density in areas associated with attention, emotional regulation, and self-awareness, particularly within the prefrontal cortex (Hölzel et al., 2011; Lutz et al., 2014; Lush et al., 2016). These changes are associated with enhanced executive functioning, such as impulse control and decision-making — capacities that support the therapist's ability to remain present and responsive within complex therapeutic encounters.

Conversely, meditation has been linked with decreased activation in the amygdala, a brain region central to fear and stress response, suggesting that meditation can moderate emotional reactivity (Goldin & Gross, 2010).

Further research has shown that meditation alters patterns of neural connectivity. Tang et al. (2015) observed increased coherence between networks involved in attentional control and emotion processing. Such findings echo psychoanalytic formulations of the mind's integrative capacity — the movement from raw affect and unprocessed experience toward reflective thought. Walsh and Shapiro (2006) frame this as the development of traits such as equanimity, lucidity, and emotional intelligence, suggesting that meditation fosters forms of psychological maturity aligned with therapeutic presence.

Porges' (2011) polyvagal theory offers a particularly relevant neurobiological framework, describing how three branches of the autonomic nervous system — the ventral vagal, sympathetic, and dorsal vagal pathways — mediate responses to safety, threat, and disengagement. Meditation, particularly mindfulness-based approaches, has been shown to enhance vagal tone and heart rate variability (Davidson, 2000; Music, 2017), supporting emotional regulation and physiological resilience. These processes are central to the therapeutic stance of containment, mirroring the psychoanalytic concern with tolerating affective states and fostering a sense of inner steadiness.

Porges also highlights the foundational role of early attachment experiences in shaping the development of these autonomic pathways. Secure maternal attunement, particularly in infancy, lays the groundwork for affect regulation through right-hemisphere brain development (Schore, 2009). This offers a compelling link between early psychobiological experience and later therapeutic function: just as maternal presence regulates infant distress, the therapist's presence — potentially supported by meditation — can offer a neurobiological holding environment for the patient.

Contemporary psychoanalytic writers such as Emanuel (2004, 2021) and Music (2006, 2014, 2015, 2022) have embraced these neuroscientific findings to support clinical theory.

Emanuel argues that integrating neurobiological insights can deepen psychoanalytic understanding of the body-mind interface, particularly in relation to fantasy, regression, and the transformation of sensory experience.

Music draws on mirror neuron research to explore how empathy and attunement are neurally encoded and emphasises the importance of creating a therapeutic environment that facilitates integration and repair. While not writing extensively on meditation, Music (2017) makes a passing reference to meditation teachers (p.105) and consistently emphasises the role of inner regulation and reflective presence in therapeutic work.

Together, these findings suggest the idea that meditation fosters neuroplasticity in regions linked to analytic attentiveness, emotional containment, and non-reactivity — capacities that lie at the heart of psychoanalytic work. While neuroscience cannot replace the nuanced understanding psychoanalysis brings to the inner world, it offers a valuable complement, illuminating the embodied and relational substrates of clinical practice. In this light, the personal meditative practices of psychoanalytic psychotherapists warrant closer examination — not only for their impact on mental functioning, but for how they may shape therapeutic stance, presence, and capacity to think under pressure.

While neuroscience research has helped to substantiate the effects of meditation on attention, emotional regulation, and therapeutic presence, it is equally important to consider how these qualities manifest in the therapy room. The following section

explores the emerging evidence for the influence of meditation on therapeutic presence, including studies situated within child and adolescent psychotherapy.

2.4.6 Evidence of Impact Within the Therapy Room

An increasing body of research has begun to document the influence of meditation on clinical effectiveness, particularly through its impact on therapist presence, emotional regulation, and countertransference management. This literature suggests that meditation not only supports internal states conducive to analytic work but may also enhance therapeutic outcomes through heightened attunement and responsiveness.

Dunn et al. (2013) found that mindfulness practices undertaken immediately before therapeutic sessions enhanced both therapist and patient perceptions of presence and efficacy. Similarly, Fatter and Hayes (2013) reported that meditation fostered increased therapist self-awareness and reduced reactivity to countertransference, particularly among trainees in existential and transpersonal psychotherapy modalities. These findings suggest that meditative practice may strengthen a reflective stance that supports analytic neutrality and emotional containment.

Grepmair et al. (2007) conducted a controlled study of psychotherapists-in-training, demonstrating that those who engaged in daily meditation reported improved patient outcomes compared to those who did not. Gelso and Hayes (2007) propose that mindfulness enhances therapists' cognitive flexibility, supporting a more adaptive and

nuanced engagement with the therapeutic process. These observations align with psychoanalytic understandings of the analyst's internal world as a crucial component of therapeutic efficacy — particularly when navigating complex transference-countertransference dynamics.

More recent research has explored these dynamics specifically within the context of child and adolescent psychotherapy. Music (2015) highlights the role of mindfulness in enhancing the therapist's ability to read non-verbal cues, particularly in preverbal or traumatised children, where embodied countertransference[2] may carry important unconscious communication. Lanyado (2014) similarly notes that a meditative stance fosters greater emotional sensitivity, supporting the therapist's capacity to listen beneath the surface of the child's communication.

Cooper (1999) argues that personal meditation practice expands the therapist's perceptual field, aiding in the recognition and interpretation of subtle transference enactments. McLoughlin (2010) explores how mindfulness stabilises the therapist's emotional state in the face of therapeutic chaos, strengthening the containing function that is essential to analytic work with children. These studies suggest that the therapist's capacity to hold, think, and respond — core psychoanalytic functions — may be enhanced by sustained meditative practice.

[2] The term 'embodied countertransference' refers to the therapist's somatic and sensory responses to the patient's unconscious communications. These bodily reactions, often outside of conscious awareness for the therapist, can serve as an interpretative instrument when carefully reflected upon within the analytic frame (Geller & Porges, 2014; Lanyado, 2014)

Rubin (2016) introduces the concept of meditative psychoanalysis, proposing a hybrid model in which mindfulness practices inform and deepen analytic listening. Though not yet widely adopted, this model reflects a growing interest in how contemplative disciplines can support the technical demands of analytic work, particularly in emotionally intense or developmentally complex cases.

Taken together, these findings offer preliminary but compelling support for the clinical value of meditation within psychoanalytic settings. While much of the literature remains focused on adult psychotherapy, the emerging work in child and adolescent contexts suggests that meditation may enhance the therapist's capacity for reverie, containment, and emotional holding. This supports the central concern of the present study: to explore how Child and Adolescent Psychoanalytic Psychotherapists experience and integrate meditation in ways that inform and sustain their clinical presence.

Despite growing empirical and clinical interest in the intersection of meditation and psychoanalysis, this convergence remains contested. The integration of meditative practices into psychoanalytic thinking has provoked debate — not only over theoretical coherence, but over broader identity and boundaries of psychoanalysis itself.

2.4.7 Controversy

Psychoanalysis has long been marked by internal debate and ideological division. The early ‘controversial discussions’ within the British Psychoanalytic Society, particularly those surrounding Melanie Klein and Anna Freud, exemplify a discipline deeply concerned with its theoretical foundations and boundaries (Robinson, 2015). Klein’s (1932, 1946, 1952) emphasis on early internal object relations and psychic positions diverged sharply from Anna Freud’s (A. Freud, 1936/1965, 1966) developmental and ego-psychology framework, resulting in significant institutional and intellectual splits. These historical tensions have left a lasting imprint on psychoanalysis and have contributed to a general wariness about integrating concepts from outside of the traditional canon (Robinson, 2015; Fonagy, 2003).

Such concerns persist in contemporary discourse. Blass (2010) notes that debates continue regarding what constitutes ‘authentic’ psychoanalytic practice — that is, whether practices remain faithful to the foundational principles of Freud and his successors, or whether that can evolve to include influences from other traditions such as mindfulness or neuroscience. This is especially salient in the context of growing pressures for evidence-based approaches within publicly funded health systems. In child and adolescent mental health in particular, decades of underinvestment have led to an increased demand for short-term, measurable interventions. Within this context, psychoanalysis is often positioned as costly, opaque, or insufficiently evidenced (England, 2019).

Although neuroscience and outcome studies are beginning to close this gap, there remains a scepticism within parts of the psychoanalytic community regarding the

epistemological compatibility of empirical research and analytic method (Fonagy, 2003). Midgley and Kennedy (2011) argue that psychoanalysis has at times failed to engage with emerging evidence bases, particularly in child psychotherapy, where methodological tensions remain unresolved.

The IMPACT study and accompanying reviews (Midgley & Target, 2005; Midgley et al., 2006, 2013, 2017; Midgley & Kennedy, 2011; Midgley, 2009), provide compelling evidence that psychoanalytic psychotherapy can lead to lasting improvements in emotional and behavioural functioning in young people.

It also highlights the enduring importance of the therapeutic relationship as a factor in facilitating meaningful therapeutic engagement and emotional development, suggesting that the relational stance promoted by psychoanalysis and meditative practice may be more congruent than some critics have acknowledged.

Third-wave therapies, such as mindfulness-based cognitive therapy and functional analytic psychotherapy — have further complicated the landscape. While some clinicians view these approaches as evidence of a more integrative future, others fear they represent a dilution or supersession of psychoanalytic values (Hayes & Hofmann, 2017; Frosh, 2016).

Core principles in these third-wave approaches, such as attention to the present moment, acceptance, and emotional regulation, resonate closely with aspects of

meditative practice. However, their increasing institutional prominence has prompted anxiety within psychoanalytic communities about identity, legitimacy, and the risk of theoretical erosion (Fonagy, 2001; Pick, 2018).

In response to funding constraints and the demand for brief treatment, short-term psychoanalytic psychotherapy (STPP) has been developed to retain analytic depth within time-limited frames (Cregeen et al., 2017). Yet, practitioner-research (e.g. Hole, 2022) suggests that this shift can produce significant tensions for clinicians, particularly when organisational imperatives conflict with the relational pace and containment central to psychoanalytic work. Meditation may be seen by some as a further complication, inviting questions about what can or should be integrated into psychoanalytic technique without undermining its conceptual integrity.

Nevertheless, several writers have proposed that meditation and psychoanalysis may be mutually enriching. Coltart (1996), Rubin (2016), and Bobrow (2003) argue that contemplative practices can deepen the therapist's internal state and enhance analytic functioning. In *Seminando nell'inconscio,* Thich Nhat Hanh (1991) offers a psychology of awareness, attunement, and presence that, while rooted in Buddhist practice, parallels many psychoanalytic aims. Yet, as Epstein (1996) and Magid (2002) observe, efforts to bring these worlds together often encounter resistance — not only due to theoretical concern but because of a deeper ambivalence about change, theoretical pluralism, and the permeability of psychoanalytic identity.

The meeting between meditation and psychoanalysis also brings into view their differing historical relationships with religion. Freud's position towards religion was predominantly sceptical. In *The Future of an Illusion*, he understood religious belief as an illusion shaped by wish fulfilment, human helplessness and the longing for paternal protection (Freud, 1927/1961). In *Civilization and Its Discontents*, prompted by Romain Rolland's description of an 'oceanic' feeling, Freud considered a possible experiential source of religious feeling but sought a psychoanalytic account of it rather than endorsing its religious interpretation (Freud, 1930/1961). This formed an influential reductive strand within classical psychoanalytic thinking about religion. Post-Freudian approaches have, however, become more diverse; Parsons (2021), for example, distinguishes reductive, adaptive and transformational psychoanalytic models of religion.

Meditation, by comparison, should not be assumed to be culturally or religiously neutral. Practices such as Zazen and Tibetan Buddhist meditation arise within particular religious, philosophical and cultural lineages, while mindfulness may be encountered both within Buddhist traditions and in more secularised Western therapeutic settings (Gethin, 1998; Kabat-Zinn, 2013). The broad contrast between a Western psychoanalytic paradigm and an 'Eastern' meditative paradigm is therefore useful only as an initial orientation: neither is internally homogeneous. As contemplative practices enter Western psychological and psychoanalytic settings, they may be interpreted through different conceptual frameworks (Epstein, 1996; Magid, 2002), making it important not to assume equivalence between traditions.

Religion and spirituality may consequently form part of the context through which practitioners understand and experience meditation, rather than constituting

separable background influences. An account of meditation may involve not only attentional practice, but also values, belonging, ethical commitments, spiritual meaning and aspects of personal identity. The present study does not attempt retrospectively to disentangle these dimensions empirically; rather, it acknowledges religious and spiritual positioning as potentially significant to participants' experiences. This is relevant to questions of identity, difference and diversity, and to how personal contemplative commitments may be experienced, disclosed or kept private within a professional psychoanalytic culture.

Questions of difference and belonging are not unfamiliar within psychoanalytic history. Robinson (2015) considers how the Controversial Discussions were shaped not only by theoretical disagreement but also by institutional, cultural and historical pressures surrounding a changing psychoanalytic community. Such history provides a useful context for considering contemporary anxieties about what may be admitted into psychoanalytic thought and practice. In relation to meditation, questions of theoretical difference may therefore intersect with broader questions of cultural and religious identity, professional belonging and the boundaries of psychoanalytic legitimacy.

The integration of meditation into psychoanalytic practice presents both opportunities and tensions. While some view it as a threat to analytic purity, others see it as an evolution of the psychoanalytic stance: an expansion of the internal space from which reverie, containment, and presence can emerge. This thesis responds to these tensions not by resolving them, but by exploring how CAPPTs themselves

experience the interface between these traditions — grounding the debate in lived clinical experience rather than abstract polemic.

2.5 Chapter Conclusion

This chapter has traced the evolving relationship between meditation and psychoanalytic psychotherapy, examining their historical and conceptual foundations, areas of convergence and tension, neuroscientific findings, and clinical literature. Across these literatures, shared emphases emerge around present-moment awareness, emotional containment and the therapist's capacity to remain receptive to complex states of mind. These qualities are particularly relevant to psychoanalytic work with children and adolescents, where therapeutic engagement frequently requires attuned presence, tolerance of ambiguity and receptivity to non-verbal communication.

At the same time, these areas of convergence should not be taken to imply equivalence between meditation and psychoanalysis. Meditation encompasses diverse practices arising within differing cultural, philosophical and religious traditions, while mindfulness has also developed increasingly secularised forms within Western psychological settings. Religious and spiritual positioning may therefore contribute to how practitioners understand and experience meditation, alongside questions of identity, difference and professional belonging. Psychoanalysis itself has held varied and historically changing relationships with religion and contemplative thought. These distinctions provide an important context for considering any dialogue between the two traditions.

Despite growing interest in this intersection, there remains a notable absence of empirical research exploring how psychoanalytic psychotherapists personally experience meditation and understand its relationship to their clinical practice. Existing research has tended to focus upon adult therapy or broader psychotherapeutic populations, leaving particularly limited understanding of the experiences of Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs). The present study addresses this gap by exploring how CAPPTs who engage in regular meditation make sense of their personal practices and of the ways these may inform, support, complicate or otherwise relate to their psychoanalytic stance.

This review has therefore established the conceptual and empirical context for the present inquiry while identifying the distinctions and tensions that require attention rather than resolution. The following chapter outlines the methodological approach through which these experiences are explored, employing Interpretative Phenomenological Analysis (IPA) to examine participants' meaning-making while maintaining attention to the researcher's own interpretative and reflexive position.

Chapter 3: Methodology

3.1 Chapter Introduction

Building upon the literature review, this chapter outlines the methodological framework adopted to explore the integration of meditation in psychoanalytic psychotherapy. Given the study's focus on subjective experience, Interpretative Phenomenological Analysis (IPA) is employed to examine how Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) make sense of their personal meditation practice and how they understand it to inform their clinical practice.

As both a Child and Adolescent Psychoanalytic Psychotherapist in training and a long-standing practitioner of meditation, the researcher occupied a dual position within the field of inquiry. This inside-outside status provided access and complexity: offering rich empathic understanding of participants' perspectives while also requiring a reflexive stance to bracket personal assumptions and countertransference responses throughout the research process.

This chapter first situates the study within its philosophical and epistemological underpinnings, establishing the ontological position of Idealism and the Constructivist approach to knowledge generation. It then details the research design, including participant recruitment and selection, the development of the interview schedule and data collection. Ethical considerations, including confidentiality and informed consent, are thoroughly addressed.

Reflexivity is a central component of this research, given its qualitative and psychoanalytic foundations. The chapter highlights how the researcher's personal experiences influenced data collection and analysis, ensuring transparency in interpretation.

These components provide the foundation for the forthcoming data analysis chapter, where the emergent themes and their implications will be explored in depth. In doing so, the study aims not only to describe how participants experience the integration of meditation into their psychoanalytic practice, but also to consider what this reveals about participants' understanding of the relationship between meditation and their clinical work, within the therapy room and beyond.

3.2 Development of the Research Idea: Why this Research?

This study arose from an intersection within my own life — as a trainee Child and Adolescent Psychoanalytic Psychotherapist and a long-term meditation practitioner. The opening stages of the training and change in emotional intensity of experience felt both profoundly meaningful and quietly depleting. There were times when analytic presence required more than my training had yet cultivated in me. In those moments, I found myself returning — not to theory, but to breath. To sitting. To stillness. It felt that this offered a way to remain close to what was then felt to be unbearable in the therapy room. In these moments of contact and uncertainty I began to wonder whether my meditation practice was entirely separate from analytic work, and whether it might be quietly shaping how I waited, listened, and took in.

Despite this experience, I rarely spoke of it, encountering little in the way of opportunities to do so. In those moments where it was possible, there seemed a degree of professional scepticism — seemingly an implicit boundary between psychoanalysis and meditation. This tension – between the lived integration of meditation and its apparent marginalisation within psychoanalytic discourse – prompted a desire to investigate further.

3.2.1 Development of the Research Question

A preliminary literature review confirmed that while both disciplines explore inner experience, their intersection remains relatively under-theorised. Few studies examine how CAPPTs use meditation particularly in relation to the clinical encounter, countertransference, and therapeutic technique.

These concerns crystallised into the following research question:

“How do Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice?”

To explore this question rigorously, the following section outlines the study’s research paradigm, including its ontological and epistemological positioning, which together inform the methodological and analytic choices that follow.

3.3 Research Paradigm

The study's central aim was to explore how CAPPTs experience and understand the ways in which their personal meditation practice informs their clinical practice.

This study is grounded in an Idealist ontological stance. At its core, this position holds that reality is not a fixed or objective entity existing independently of human perception. Rather, it is shaped through the interplay of mental constructs and subjective experience. In other words, what we come to know as 'real' is always mediated by the mind's activity — our thoughts, feelings, and internal frameworks influence how we interpret and engage with the world (Putnam, 1981).

This philosophical foundation aligns with the nature of the current inquiry, which seeks to explore the personal and interpretive experiences of Child and Adolescent Psychoanalytic Psychotherapists who integrate meditation into their lives. By acknowledging the centrality of subjective meaning-making, Idealism provides a coherent ontological grounding for a study focused on lived experience and the inner dimensions of therapeutic work.

Idealism holds that knowledge is inseparable from human consciousness, aligning with this study's aim to explore how CAPPTs make meaning of personal meditation. Both psychoanalysis and meditative traditions attend to layered, unconscious subjective experience — making Idealism a suitable philosophical framework for their intersection.

This is particularly resonant in psychoanalytic work with children and adolescents, where experience may emerge in symbolic or pre-verbal forms — dreams, play, or reverie. Idealism validates these unseen inner realities as analytically meaningful.

While this research is qualitative rather than empirical in a traditional, positivist sense, the lived experience of participants is treated as valid and meaningfully real—empirical within a first-person phenomenological and interpretative framework.

Epistemologically, this study adopts a Constructivist perspective. This supports the view that meaning is co-constructed between people – including researcher and participant. This is particularly relevant to the psychoanalytic tradition, where understanding emerges within a relational matrix, being fluid and shaped through dialogue and interpretation (Guba & Lincoln, 1994). Meditation's influence is understood as relationally and interpretively co-constructed, not fixed.

This approach underscores the importance of interpretation in gaining knowledge. It recognises that reality, as we understand it, emerges through the interplay of individual perceptions and the meanings we collectively construct. Through this lens, consistent with hermeneutics in both psychoanalysis and IPA, the study seeks to illuminate the potential of personal meditation within psychoanalytic practice, viewing each participant's journey as a valuable and unique source of insight.

This inductive approach reflects psychoanalytic thinking, where meaning arises through relational interplay, allowing unconscious layers to surface and generate new insight. This interplay can then be interpreted and layers of meaning that may not be consciously available can be accessed to enable new learning (Rustin, 2019).

Given that the aim of this research is to explore how psychoanalytic psychotherapists experience and understand the relationship between their personal meditation practice and clinical work, I selected a qualitative research method due to its capacity to delve deeply into the meanings and nature of these experiences (Midgley et al., 2017). Interpretative qualitative research seeks to understand the data rather than merely describe participants' accounts, aiming to access underlying meanings rather than surface-level content. The data here and the interpretation of this do not aim to produce explanatory or generalisable claims. This research attempts to go beyond the surface to explore a deeper meaning (Rogers & Willig, 2017).

IPA is particularly well-suited for this study due to its focus on the detailed examination of individual experiences. Unlike grounded theory, which aims to generate overarching theories from data, or narrative analysis, which concentrates on the stories individuals tell, IPA provides a framework for deeply exploring the personal and subjective aspects of participants' experiences. This method's emphasis on the richness of individual accounts makes it ideal for investigating the nuanced ways in which personal meditation practices are experienced as informing psychoanalytic work. By focusing on the unique insights and meanings each

participant ascribes to their meditation practice, IPA aligns perfectly with the study's goal of understanding the intricate ways these practices influence the clinical encounter.

IPA takes an intimate focus on one person's experience in its own terms. It requires rich data and, as such, is thought to be appropriate for qualitative interviews (Smith, Flowers, & Larkin, 2009), with its origins being rooted in psychology (Rustin, 2009) and the explication of the meaning of experience from individual subjects. Thus, the alignment between Idealism and IPA reinforces the study's commitment to uncovering subjective experiences in the intersection of personal meditation and psychoanalytic psychotherapy.

3.4 Research Methodology

IPA was chosen due to its emphasis on valuing individual perspectives and understanding experiences through the meaning attributed to them by the person (Smith, Flowers, & Larkin, 2009). IPA provides a framework for maintaining psychoanalytic sensitivity during the interviews and for interpreting the data through the language, concepts, and emotions communicated by the participants (Smith et al., 2009).

IPA's phenomenological stance enables a detailed examination of individual experiences, aligning with psychoanalytic methodologies that emphasise subjective meaning. Bion's concept of working without memory or desire (Bion, 1967) reflects

IPA's commitment to openness in the research process, allowing themes to emerge organically rather than being predetermined.

3.4.1 Hermeneutics

Another key aspect of IPA is its incorporation of hermeneutics, which is concerned with interpretation. Hermeneutics allows for the discovery of meaning that extends beyond the explicit claims of an individual (Shinebourne, 2011). IPA employs a double hermeneutic, enabling researchers to adopt two interpretative positions: empathy and questioning. Empathy enables the researcher to strive to understand the participant's perspective, while questioning invites the researcher to reflect on how best to interpret the participants' distinct perspectives (Smith et al., 2009).

This dual approach aligns with a psychoanalytic stance, where the therapist endeavours to be open to the emotional states and experiences of the other, while maintaining a degree of detachment to facilitate the exploration of the individual's internal experience (Paton et al., 2018).

This dual stance — of empathy and critical reflection — parallels the psychoanalytic clinician's task of listening with evenly-suspended attention (Freud, 1912a/1958), while also interpreting unconscious communication (Klein, 1946). Bion (1962a/2019) later conceptualised this as reverie, and Caper (1999) clarified it further as a deeply empathic function, essential to therapeutic containment and meaning-making. Just as therapists seek to understand how patients make sense of their inner world, the

IPA researcher listens to participants making meaning of their experience, allowing for a natural resonance between clinical and research processes.

3.4.2 Reflexive Considerations in Methodological Choice

Before settling on Interpretative Phenomenological Analysis (IPA), a range of methodologies that appeared to resonate with both the subject matter and the researcher's dual position as a psychoanalytic trainee and long-term meditator were considered. This reflexive engagement was essential in ensuring the chosen method could accommodate the complexity, subtlety, and layered nature of the research material.

Autoethnography initially appealed for its focus on lived experience and affective depth, but its emphasis on the researcher risked eclipsing the voices of participants altogether. In a project committed to understanding how other clinicians make meaning of the intersection of meditation and CAPPT, IPA offered a better balance between reflexivity and participant-led interpretation.

The Free Associative Narrative Interview (FANI) method (Hollway and Jefferson, 2000) was also considered. It is designed to access unconscious meaning through narrative flow and non-directive prompts. FANI's openness to unconscious narrative aligned with psychoanalytic thinking, but it placed less emphasis on co-construction — central to this study — and was more suited to bypassing defensive structures than the reflective participants at the centre of this study.

By contrast, IPA supported structured yet interpretative engagement while preserving psychoanalytic sensitivity to emotional nuance, transference, and unconscious material. For these reasons, IPA emerged as the most suitable methodology for the present study.

These reflections informed a design capable of holding participants' subjective richness alongside the interpretative rigour of psychoanalytic inquiry. The eventual choice of IPA reflected this layered consideration. It offered a methodology capable of containing complexity while allowing new meanings to emerge through relational engagement and analysis.

As the interviews and analysis progressed, it became useful to distinguish three related but analytically different ways in which meditation entered participants' accounts. First, meditation could refer to a personal or formal practice undertaken outside clinical work. Second, participants described qualities associated with meditation that they experienced as becoming internalised and carried into their psychoanalytic stance — for example, receptivity, emotional steadiness or tolerance of uncertainty — without necessarily engaging in a deliberate meditative practice during the session. Third, some accounts described more explicit or intentional use of meditative attention or techniques within, immediately before, or in response to clinical encounters. These forms were not treated as mutually exclusive, but distinguishing them helped avoid assuming that a personal meditation practice was equivalent to using meditation as a clinical technique.

This distinction also became important reflexively. My own experience had primarily involved a personal meditation practice outside the clinical hour that I experienced as influencing how I waited, listened and remained with difficult affect, rather than the deliberate application of meditation to a patient. This familiarity created the possibility that I might recognise or privilege similar accounts in participants' narratives. Moments of personal recognition were therefore recorded in the reflective diaries, returned to alongside participants' own language, and considered in supervision. Divergent accounts, including occasions where participants described meditation differently or questioned its usefulness, were retained rather than assimilated into my own experience. The influence of my position upon thematic development is considered further in Chapter 4.

The study also distinguishes participants' perceptions of how meditation informed their clinical practice from evidence about patient outcomes. No patient data or clinical outcome measures were collected, and the research cannot establish whether meditation improved, altered or otherwise affected patients' treatment outcomes. It can instead describe how these CAPPTs understood meditation to relate to their own presence, regulation, receptivity and clinical stance. Whether patients experience these qualities as beneficial, neutral or problematic remains an empirical question for future research.

3.5 Participants

Interpretative Phenomenological Analysis (IPA) favours relatively small, homogeneous samples in order to support detailed idiographic engagement with

each participant's account. Smith et al. (2009) suggest samples of approximately three to five participants for smaller student projects and around 10 for professional doctorates. The final sample of four participants in the present study was therefore smaller than this latter indicative range.

The sample size reflected both the methodological priorities of IPA and the practical realities of recruiting from a small and specialised professional population. Recruitment initially produced two participants, followed by a five-month period without further responses. Additional recruitment routes were subsequently explored, resulting in two further eligible participants. All four met the inclusion criteria of being fully qualified, practising CAPPTs with regular personal meditation experience. Given the richness of the interviews and the study's idiographic aim, the decision was made to retain this smaller sample and prioritise depth of analysis rather than continue recruitment solely to increase numerical size.

This decision necessarily limits the breadth and representativeness of the study. The findings are not intended to be generalisable across the CAPPT profession; rather, they provide detailed interpretative accounts of how four experienced practitioners understand the relationship between personal meditation and their clinical work. The limitations of the sample, including its size and demographic homogeneity, are acknowledged and considered in relation to future research.

3.5.1 Why Participate?

Though not explicitly explored, participants' motivations for taking part revealed emotionally resonant threads — echoing their reasons for engaging in meditation: a sense of belonging, coherence, and emotional survival amidst analytic demands.

The most experienced meditator and psychotherapist hinted at a subtle but long-standing division between her Buddhist commitments and her psychoanalytic training

"My analyst used to say I kept them in separate camps… I think I kept it all very separate, and that enabled me to follow both without having to publicly bring it together."

Participation in the study marked, perhaps, a willingness to symbolically join these camps — to speak aloud what had for many years remained separate. Reflecting on the now-visible meditation cushion and books, it was noted

"I'm not embarrassed it's there anymore."

By contrast, a less experienced meditator and psychotherapist was more tentative. Despite being open about their Buddhist identity, they described a sense of not being invited to speak about it within training and supervisory spaces

"It's not that I felt uncomfortable, but it's not the space for it… there's a need to do going on."

The decision for this participant to be involved may reflect a desire to have meditation legitimated and articulated — to contribute to a space where the personal grounding practice was treated as analytically relevant, not peripheral.

Another participant expressed a more philosophical draw to the research. Meditation was felt to be a close ally in the psychoanalytic endeavour. However, there was also caution expressed about disclosing this within the public domain.

“I’ve tended to not want to talk about it — not to suggest that I have a religious leaning.”

Participation may reflect a careful wish to speak into the analytic frame without breaching professional expectations — a desire to be understood without being misunderstood.

For one participant, meditation emerged after clinical training as a sustaining internal presence. Participation felt like a way to honour that space and acknowledge its clinical relevance.

Taken together, participation offered a space for articulation, legitimisation, and voice — allowing a once-unspoken aspect of analytic identity to be acknowledged.

3.6 Ethical Considerations

Ethics in psychotherapy research have been ethically fraught since Freud's use of identifiable single case studies to develop his theories. Despite efforts to employ less identifiable methods, challenges remain regarding patient anonymity, consent, transparency, non-maleficence, boundaries, and sensitivity (Bacon, 2024).

Prior to recruitment, a full research proposal, including ethical considerations, received approval from the Tavistock and Portman NHS Trust Research Ethics Committee (Appendix 3). Ongoing support was provided through research supervision. Participant information sheets and consent forms were developed to outline the study's purpose and expectations (see Appendices 4 and 5). Participants' anonymity was preserved through the immediate assignment of pseudonyms (Participant 1, 2, 3 and 4), known only to the researcher. All related documents were securely stored in accordance with institutional guidelines.

The research schedule, designed to explore clinical and personal experiences, acknowledged the potential for emotional impact. Participants were informed of this and given contact information for support if needed following the interview. Signed consent forms were collected, and participants' emotional well-being was monitored throughout the interviews. Interviews were paused and participant comfort at recommencing re-confirmed if emotional moments arose.

3.6.1 Inclusion and Exclusion Criteria

This study focused on fully qualified CAPPTs who were registered with the Association of Child Psychotherapists (ACP) which is the accredited register of the professional standards authority and is responsible for regulation of training and standards of child and adolescent psychotherapy across public and private sectors. This criterion was selected to ensure a shared standard of training and clinical experience, while acknowledging that theoretical orientation within the ACP is diverse. Participants were not excluded based on meditative lineage or duration of practice, to remain open to a range of lived experiences.

Trainees and retired practitioners were excluded to focus the inquiry on those actively engaged in clinical work. While these groups offer valuable perspectives, their differing relationships to practice were beyond the scope of this study. Similarly, although participants' meditative practices varied, no specific discipline or duration of practice was excluded, to retain openness to a range of lived experiences. A deeper investigation into how particular modalities of meditation intersect with specific psychoanalytic theoretical perspectives represents a rich area for future research but lay outside of the present study's remit.

Having established the rationale for the chosen research design, attention now turns to the specific methods employed to collect data. This section details the approach to gathering rich, qualitative material from participants.

3.7 Development of the Interview Schedule

A semi-structured interview technique was selected for its flexibility, depth and participant-centred approach. This method supported detailed exploration of participants' lived experiences and subjective meaning-making, in keeping with the principles of Interpretative Phenomenological Analysis.

The development of the interview schedule also required particular attention to researcher bias. As a CAPPT and long-standing meditator, I entered the research with personal experience of the phenomenon under investigation and with the possibility of assuming convergence between meditation and psychoanalytic practice. The schedule was therefore developed and repeatedly reviewed within research supervision to minimise leading questions, presuppositions and language that might invite participants to confirm my own experience.

Questions were framed openly to allow participants to describe positive, negative, ambivalent or absent relationships between meditation and clinical practice. Prompts were used to invite elaboration rather than direct participants towards predetermined concepts such as presence, containment, resilience or therapeutic benefit. Attention was also given to allowing participants to distinguish between their personal meditation outside clinical work, their internal state within sessions and any explicit use of meditative techniques in the therapy room.

The final schedule contained six principal questions with supplementary prompts and was applied consistently across all four interviews. The full interview schedule is provided in Appendix 6, with a text-only version in Appendix 7.

3.8 Recruitment

An initial advert was published in the ACP email bulletin (see Appendix 8), generating two responses within the first week. Both were sent participant information and consent sheets and were offered the option of discussing the study further, though neither took this up. Prior to the interviews — one online and one in person — they were reminded that participation was voluntary and withdrawal possible until analysis commenced. Both agreed willingly, reassured by anonymity despite the limits imposed by the small sample and profession size.

The initial ease of recruitment was followed by a five-month gap before further participants came forward. At this point, alternative strategies were considered, including approaching a meditation group of ACP members. The final two participants were recruited through this group and by word of mouth, both on the same day. Each admitted to hesitating, hoping others might volunteer first, reflecting a low-level anxiety about being identified as meditators. Both interviews were conducted online due to geographical reasons.

3.8.1 Makeup of Participant Group

The final sample comprised four practising CAPPTs, all of whom met the inclusion criteria of being fully qualified, ACP-registered practitioners engaged in current clinical work and having regular personal experience of meditation. The Participant

Characteristics table summarises the principal characteristics of the participant group.

Participant characteristics

Participant	**Gender**	**Clinical experience**	**Psychoanalytic orientation (self-described)**	**Meditation experience/tradition (self-described)**	**Clinical context**
Participant 1	Female	23 years	“Post-Kleinian”	15 years Buddhist	Practising CAPPT, UK
Participant 2	Female	14 years	“Kleinian”	14 years Zazen / Zen Buddhist practice	Practising CAPPT, UK
Participant 3	Female	20 years	“Independent”	8 years Tibetan Buddhism	Practising CAPPT, UK
Participant 4	Female	40 years	“Independent”	40 years “applied Buddhism”	Practising CAPPT, UK

Participant Characteristics

Across the group, clinical experience ranged from 14 to 40 years (mean = 24.25 years), while personal meditation experience ranged from 8 to 40 years (mean = 19.25 years). Two participants self-described their psychoanalytic orientation as Independent, one as Kleinian and one as Post-Kleinian. Participants’ meditative

practices were broadly Buddhist in origin and included Buddhist practice, Zazen/Zen Buddhist practice, Tibetan Buddhism and ‘applied Buddhism’. All participants identified as female and were geographically dispersed across the United Kingdom. The table is intended to provide sufficient contextual information to situate participants’ accounts while preserving anonymity within a small and specialised professional community. More detailed geographical or employment information is therefore not reported where this could increase the possibility of identification.

3.8.2 Reflection on Recruitment Process

The recruitment process revealed a degree of professional caution regarding open identification with meditation. One participant, approaching retirement, reflected with some humour that participation may result in ‘*being put on the naughty step*’. Another described a fear of ‘*being outed (as not being) …purely analytical*’, suggesting that meditation may still be viewed as incompatible with psychoanalytic orthodoxy. These expressions hint at deeper anxieties — not simply about visibility but about deviating from an internalised model of what constitutes legitimate analytic practice and the possible consequences of doing so.

To address this, communication with participants was sensitively framed to emphasise confidentiality and the value of personal reflection. One participant noted that the framing encouraged ‘*careful thinking about being part of the study’*. Despite initial hesitation, participants engaged openly once the interviews began. This dynamic echoes broader themes in the findings, where meditation is often experienced as a privately held or marginal aspect of practitioners’ inner lives —

deeply meaningful yet shaped by complex transference to the analytic tradition and its perceived norms.

3.9 The Interviews

A semi-structured interview schedule was implemented across all four participants. This was applied without modification; however, participants were invited to provide feedback and reflections through the process to ensure the interviews remained responsive and ethically attuned. While no revisions to the schedule were ultimately required, the researcher maintained a reflexive openness to adaptation, in keeping with the iterative nature of qualitative inquiry.

To reduce the likelihood of researcher-led confirmation, the same core interview schedule was used with each participant, and questions were posed in an open, non-directive manner. Where participants introduced experiences that differed from, contradicted or complicated my own assumptions about meditation, these were followed rather than redirected towards anticipated themes. Clarifying prompts were used to explore participants' meanings rather than to seek agreement with psychoanalytic or meditative concepts already familiar to me.

Particular attention was paid to avoiding premature interpretation during the interview itself. Although my psychoanalytic training inevitably shaped how I listened, interpretations were not offered to participants as clinical formulations, and emerging associations were recorded for later reflexive consideration rather than treated as established meaning in the moment.

3.9.1 Setting

Interviews were conducted in settings selected by participants to maximise comfort and privacy. Three interviews were carried out online due to geographical constraints, and one was conducted in person at a mutually convenient location. For online interviews, participants were asked to ensure a quiet, uninterrupted space, and their comfort with the chosen platform was confirmed both in advance and at the outset of the interview.

Prior to each interview, consent forms and participant information sheets were revisited and re-confirmed, including details concerning data storage, security, retention, and eventual destruction. Participants were reminded of their right to withdraw consent at any point prior to data analysis and were informed that interviews would last approximately 60-90 minutes. One interview exceeded this duration with the participant's agreement.

Following each interview, participants were offered the opportunity to debrief with either the researcher or the research supervisor, although this option was not taken up. No data was withdrawn from the study.

3.9.2 Recording and Confidentiality

All interviews were audio-recorded using a transcription service approved by the training institution. Participants were fully informed about the recording process and

the use of this external service, with appropriate assurances provided regarding confidentiality and data handling.

Transcribed material was stored within the University's secure digital infrastructure, entirely separate from clinical systems. Electronic files were password protected and accessible only to the researcher. Physical documents and recording equipment were stored in a locked cabinet, to which only the researcher held the key.

In keeping with the ethical and methodological principles of Interpretative Phenomenological Analysis, particular care was taken to create a respectful and containing interview environment. Participants were given time to speak freely, without interruption or artificial constraint. The semi-structured format supported a balance between consistency and responsiveness, allowing for a nuanced elaboration and the co-construction of meaning in line with IPA's idiographic and interpretative commitments.

3.9.3 Researcher Reflexivity

Reflexivity was integral to the research process, serving as a tool for tracking unconscious dynamics and mitigating potential interpretative biases. Engaging in self-reflective documentation after each interview allowed for a structured examination of countertransference, ensuring the researcher's subjectivity was acknowledged and critically appraised (Shaw, 2010). This aligns with IPA's commitment to transparency in qualitative analysis, in which the researcher's

influence on meaning-making is both recognised and methodologically accounted for (Smith, Flowers & Larkin, 2009).

Drawing on the psychoanalytic concept of countertransference, an interview reflective diary was completed immediately after each interview. This recorded emotional reactions, associative thoughts, moments of surprise, areas of identification and points at which I felt especially drawn towards or resistant to a participant's account. Reflexive documentation therefore provided a structured means of examining countertransference responses, assumptions, moments of resonance and possible over-identification.

Rather than treating researcher subjectivity as something that could be eliminated, these responses were revisited critically alongside the interview transcripts and within research supervision. This helped to identify where my own history as a meditator and CAPPT might be shaping attention or interpretation, and to distinguish, as far as possible, my own responses from participants' accounts. In keeping with IPA, researcher subjectivity was therefore made visible and methodologically examined rather than positioned as external to the process of meaning-making (Finlay, 2002; Smith, Flowers & Larkin, 2009).

For example, extracts of this interview reflective diary, including immediate countertransference notes and post-session reflections on emerging meanings, are provided in Appendices 9A—C.

3.10 Triangulation

Triangulation was employed to enhance the credibility and validity of the study, drawing on multiple sources of data and perspectives (Patton, 1999). In line with qualitative research principles, this study utilised four forms of triangulation:

1. Methodological Triangulation:

The use of Interpretative Phenomenological Analysis (IPA) as the primary method ensured a deep engagement with participants' lived experiences, supported by reflexive notes and ongoing ethical reflection.

2. Data Triangulation:

Perspectives were gathered from a diverse group of participants with varying theoretical orientations, levels of experience, and meditation practices. This enriched the data pool and allowed for a nuanced understanding of the research question.

3. Investigator Triangulation:

Investigator triangulation was supported through regular research supervision and peer discussion, which served to challenge assumptions and bring external perspectives to the interpretative process. While the primary analysis was conducted by the researcher, these supervisory dialogues helped clarify and refine emerging themes.

4. Theoretical Triangulation:

Theoretical triangulation was also employed, drawing from both psychoanalytic and contemplative frameworks – including the works of Bion (1962a/2019, 1970/2007), Winnicott (1960a/1965, 1971) and Buddhist psychology (Epstein, 1996). This enabled the study to hold multiple interpretative lenses in tension without forcing resolution, consistent with Bion's (1970/2007) conception of negative capability and the capacity to remain in contact with O – the unknown.

Together, these forms of triangulation supported analytic rigour by bringing multiple perspectives to the interpretative process, while helping to identify and critically examine researcher assumptions and the complexity of participants' experiences.

3.11 Chapter Conclusion

This study employed a rigorous qualitative framework to explore the integration of meditation within psychoanalytic practice. IPA enabled deep engagement with participants' subjective experiences, supporting exploration of both implicit and explicit meanings.

This approach ensured analytic rigour while remaining grounded in lived experience. Reflexivity, triangulation, and interpretative depth enhanced the study's credibility. These elements supported a balanced view of researcher subjectivity and strengthened interpretative validity in exploring how CAPPTs experience and understand the ways personal meditation informs their clinical practice.

The following chapter presents the analytic process, including line-by-line reading, development of descriptive, linguistic, and conceptual notes, and the emergence of superordinate themes — grounded in the phenomenological and hermeneutic commitments outlined here.

Chapter 4: Data Analysis

4.1 Chapter Introduction

This chapter details the Interpretative Phenomenological Analysis (IPA) process applied to the interview data, following the methodological framework outlined in Chapter 3. The analysis followed a structured coding approach, integrating descriptive, linguistic and conceptual levels of interpretation (Smith et al., 2009). Through this rigorous process, the study investigates the following research question:

How do Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice?

This chapter begins by outlining the individual data set analysis, followed by cross-participant analysis and the process to identify and establish superordinate themes. The final section presents a summary of the thematic development process, highlighting how themes evolved from initial coding to final conceptualisation.

4.2 Step-by-Step IPA Process

The first stage involved a detailed analysis of each transcript, with multiple readings and active engagement with the audio recordings. This process was essential to

ensure accuracy and attunement to the emotional nuances of the participants' narratives (Smith et al., 2009). Notable non-verbal utterances, significant pauses and hesitations were annotated and tracked using a data analysis reflective diary, which supported both the tracking of analytical processes and ongoing researcher reflection.

This was distinct from the interview reflective diary, which was kept during and immediately after each participant interview. Each served a different purpose and was drawn upon within supervision to support reflexive awareness.

The interview reflective diary functioned similarly to a process note — that is, a reflective record of immediate impressions, capturing notable moments, researcher associations, countertransference responses, and emotionally resonant experiences for later reflection.

In contrast, the data analysis reflective diary was maintained throughout coding and re-coding phases. It allowed the distillation of emergent areas of intrigue and supported transparency around the researcher's interpretative focus. When used together, both diaries functioned as complementary tools that helped support an analysis grounded in participants' experiences while making the researcher's own preoccupations and interpretative influence more visible.

This initial reading and re-reading allowed for increasingly detailed notes to be made. This focused on areas of intrigue or stand-out moments of relevance. Potential bias was considered and tracked through the data analysis reflective diary; these were then acknowledged and explored further within supervision. Interviews were also listened to without reference to the transcript to maintain close familiarity with the participants' subjective experience as it was narrated. This was an important stage for the data to be engaged with, explored and protected from premature conclusion.

Following this, a systematic coding approach was applied moving through three interpretative layers:

1. Descriptive Coding: Identifying key content and surface meanings.
2. Linguistic Coding: Examining specific language, tone and phrasing for deeper nuances.
3. Conceptual Coding: Exploring broader theoretical interpretations and implicit meanings.

Each participant was initially treated independently, ensuring their unique experiences were preserved before cross-participant analysis commenced (Smith et al., 2009).

4.2.1 Physical Coding and Thematic Mapping

Once the initial coding of the first transcript was completed, all transcripts were printed and arranged physically to allow for a grouping of emerging themes found through the systematic analysis of each subsequent transcript.

The physical arrangement of printed transcripts facilitated an embodied, spatial form of engagement with the material, aligning with IPA's valuing of intuitive pattern recognition. Patterns were tracked across the data set that may well have not been initially visible. Observations and emerging themes were once more tracked in a data analysis research reflective journal for ongoing personal insight and collaborative exploration within supervision.

Through this iterative process, initial codes were compared within each participant's account and grouped where they appeared to describe closely related experiential meanings. Codes were retained where they were clearly grounded in the participant's language or experience and contributed meaningfully to the research question. Codes were set aside where they were peripheral to the research question, insufficiently supported by the transcript, or substantially duplicated by another code. At this stage, apparently contradictory or unusual material was not discarded simply because it was less commonly represented; such material was retained where it illuminated an important difference within or between participants' experiences.

The physical reorganisation of coded material therefore functioned as a visible record of analytic decision-making rather than as a simple sorting exercise. Developing clusters were repeatedly checked back against the original transcripts, while changes in grouping, naming and interpretation were recorded in the data-analysis reflective diary and considered within research supervision. Appendix 10

(A–D) provides examples of this physical process and subsequent thematic reorganisation.

See Appendix 10 (A–D) for pictorial examples of this initial physical coding and the subsequent reorganisation and development into thematic categories.

4.3 Cross-Participant Analysis and Superordinate Themes

With individual transcript analysis complete, the next stage involved identifying patterns across the data set. This transition ensured the themes remained deeply rooted in the narratives while allowing for broader synthesis.

The key steps in this stage included:

1. Identifying Convergences: Themes shared across multiple participants
2. Identifying Divergences: Unique variations in meditation/practice experiences
3. Thematic Refinement: Adjusting theme labels to capture both shared and individual nuances.

The following table illustrates two examples of how descriptive, linguistic and conceptual coding layers were applied to the data, showing how diverse participant perspectives converged under the superordinate theme, **‘Integrating Meditation into Psychoanalytic Practice.’**

Aspect	**Participant 2**	**Participant 4**
Focus	Embodied neutrality and presence during emotional turbulence	Practical and creative integration of mindfulness in daily psychoanalytic work
Theoretical References	Bion's "without Memory and desire", "Zazen", Winnicott's "Being in the maelstrom"	Winnicott's "transitional space", mindfulness and following the child's lead.
Language Tone	Reflective, contemplative, using metaphors like 'maelstrom'	Down-to-earth, pragmatic, contrasting 'intellectual' with 'daily life'
Method of Integration	Meditation experienced as supporting a stance of receptive neutrality in therapy	Meditation experienced as contributing to flexibility and creativity in psychoanalytic practice
Emergent Theme	Embodied Therapeutic Presence Through Meditation	Integrative Openness in Psychoanalytic Practice
Superordinate Theme	"Integrating Meditation into Psychoanalytic Practice"	"Integrating Meditation into Psychoanalytic Practice"

	Both identify perceived areas of overlap between meditation and aspects of the therapeutic stance	Both identify perceived areas of overlap between meditation and aspects of the therapeutic stance

Coding Layer Table 1

This comparative analysis revealed that while both participants identified points of connection between meditation and clinical practice, their accounts varied in emphasis, highlighting the different ways in which they understood meditation in relation to psychoanalytic work.

A handwritten flowchart summarising the initial coding process and theme evolution is provided in Appendix 11, with an expanded coding flow in Appendix 12 and the finalised coding pathway in Appendix 13[3].

4.4 Thematic Development Process

Following completion of individual transcript analysis and cross participant comparisons, the next step involved consolidating the findings into four emerging superordinate themes. This process was not a simple categorisation but rather an iterative engagement with the data, ensuring that emergent themes accurately reflected the participants' lived experiences whilst retaining their unique voices.

[3] Appendices 11, 12 and 13 are intended to be read as a sequential set. Together, they provide a composite visual account of the thematic development process, from initial coding to final consolidation.

The process of thematic development unfolded in three distinct stages, each building upon the previous to refine and synthesise the data meaningfully. This section details the journey from initial coding to the emergence of the final superordinate themes.

4.4.1 Stage 1: Individual Interview Analysis

The first step in thematic development involved analysing each interview transcript separately to preserve the idiographic focus central to IPA (Smith et al., 2009). At this stage, themes were considered in isolation for each participant, allowing for a deep engagement with individual narratives before any cross-case comparisons were made.

Each transcript was examined through the three levels of descriptive, linguistic and conceptual coding ensuring that both the explicit and implicit meanings were captured.

Descriptive coding focused on identifying key content areas in the participant's account, linguistic coding examined how they expressed their experience (including tone, metaphor and repetition) and conceptual coding explored broader theoretical and psychoanalytical connections.

Throughout this process, the emerging patterns were recorded, and a preliminary list of themes was generated for each participant. While some themes were clear and

distinct from the outset, others evolved as the analysis deepened, revealing complex interconnections between meditation and psychoanalytic practice.

At this stage, themes were not finalised but rather held in suspension to allow for further refinement through the subsequent cross-participant analysis.

4.4.2 Stage 2: Cross-Participant Analysis

Once the individual interviews were analysed, the next stage involved synthesising themes across the dataset. This step built upon the convergences and divergences identified in section 4.3, further refining the shared and distinct experiences across the participants.

Candidate themes from each participant were then compared across the dataset. The purpose of this comparison was not to identify themes solely according to how often an idea occurred, but to examine patterns of convergence, divergence and experiential significance across participants. A candidate theme was retained where it remained clearly traceable to the interview material, addressed the research question, and captured a meaningful aspect of one or more participants' lived experience. Recurrence across participants strengthened the case for a shared theme, but numerical frequency was not used as a threshold for inclusion; an experience expressed by fewer participants could remain analytically significant where it illuminated an important divergence or qualified an emerging interpretation.

Themes were merged where separate codes or preliminary themes appeared to describe substantially the same experiential phenomenon and could be combined without losing meaningful differences in participants' accounts. Themes remained separate where combining them would obscure an analytically important distinction. Labels were repeatedly refined so that they described the participant material as closely as possible, rather than being selected because they corresponded with an existing psychoanalytic concept. Psychoanalytic theory was used subsequently as an interpretative lens, while the developing themes remained grounded in the interview material.

At each stage, proposed groupings were checked back against the relevant transcript extracts and reflective notes. Decisions to retain, merge, rename or set aside material were documented through the developing coding pathway and considered in research supervision. This created an audit trail between the individual transcript analysis, cross-participant comparison and the eventual superordinate themes.

4.4.3 Stage 3: Refining and Grouping

The final stage involved testing the developing thematic structure as a whole. Candidate themes were reviewed for internal coherence, conceptual distinctness and continuing connection to the original participant material. Where two themes captured closely overlapping experiences, they were consolidated; where an important experiential distinction would have been lost through merging, they remained separate. Material that challenged or complicated the emerging structure was revisited rather than removed for the sake of thematic neatness.

Through this repeated movement between coded extracts, individual participant accounts, cross-participant patterns, reflective notes and supervision, four superordinate themes were ultimately retained. These were not intended to represent four discrete or mutually exclusive categories; rather, they provided the most coherent way of organising related but distinguishable aspects of participants' accounts. The sequential development from initial coding through thematic clustering to final consolidation is illustrated in Appendices 11–13, while Section 4.4.4 provides worked examples showing the movement from raw data to emergent and final thematic outcomes.

4.4.4 Detailed Development Tabular Illustration

To illustrate the process of theme development in more detail, the following tables track how themes emerged from raw data through successive stages of refinement. The examples provided highlight how two participants' experiences were coded, analysed and ultimately conceptualised for each of the finalised four superordinate themes.

1. Integrating Meditation into Psychoanalytic Practice.

Stage	Participant 1	Participant 2
Raw Data (Initial Quotes and reflections)	Meditation as a "…the path to…true reality". An ongoing process rather	Meditation as dropping off mind and body, paralleling to Bion's 'without memory

	than an achieved state. Links to Bion's 'O'. **Quote:** "…the path to awareness of what I would consider to be true reality".	and desire". **Quote:** "…just staying with whatever's going on, and not trying to think your way out of it"
Emergent Themes	Meditation "fostering openness to what emerges, aligning with Bion's 'O' and Negative Capability. **Quote:** "It's about openness to what is, whatever that might be".	Meditation seen as staying present in affect, aligning with Winnicott's 'being in the maelstrom'. **Quote:** "…they're very, very similar…just staying with whatever's going on, and not trying to think your way out of it…just letting yourself feel it"
Refinement and Pattern Recognition	Comparison between psychoanalytic stance and meditation, emphasising a philosophical underpinning to clinical work: **Quote: "**Its (meditation) got an aspect	Recognising the parallels between meditation and psychoanalysis, refining meditation as a lived interpretative stance. **Quote:** "they're very, very similar, really".

	of the depressive position…"	
Final Thematic Outcome	**Integrating Meditation into Psychoanalytic Practice**	**Integrating Meditation into Psychoanalytic Practice**

Coding Development Table 1

2. Mindful Psychoanalytic Practice

Stage	Participant 3	Participant 4
Raw Data (Initial Quotes and reflections)	Meditation and psychoanalysis described as "both attempting to avoid reaction". **Quote:** "…both attempting to avoid judgement…reaction…"	Meditation conceptualised as a way of attuning to emotional availability. **Quote:** "I can use a meditation type experience to help me be more emotional available for patients"
Emergent Themes	Presence associated with broader sense of space in mind **Quote:** "…they both try very hard to not make it about myself."	Meditation understood as contributing to emotional availability within psychoanalytic practice. **Quote:** "If I've in a good state, then I can use a meditation…to be more emotionally available."

Refinement and Pattern Recognition	Mindful stance associated with remaining open and non-reactive. **Quote:** **"**They both appreciate there's a bigger story than what's right in front of me".	Meditation understood as contributing to emotional availability within psychoanalytic practice. **Quote:** "….I can use a meditation type experience to help me be *more* emotionally available…for patients.**"**
Final Thematic Outcome	**Mindful Psychoanalytic Practice**	**Mindful Psychoanalytic Practice**

Coding Development Table 2

3. Meditative Engagement in Psychoanalytic Psychotherapy

Stage	Participant 1	Participant 2
Raw Data (Initial Quotes and Reflections)	Meditative attention experienced as available during sessions, allowing for open curiosity and overlapping with psychoanalytic stance. **Quote:** "in your sessions…you need to	Meditation expands affective tolerance, allowing greater openness to emotional intensity. **Quote:** "…there's an expansion of what I feel I can hold, take in…"

	have a certain stance …open curiosity…"	
Emergent Theme	Meditation as a non-judgmental stance, fluid transitions between positions. **Quote:** "…I don't think it's that different in the other (stance)…I think you can switch."	Meditation associated with holding emotional turbulence in the transference and with greater receptivity. **Quote:** "I think this is so much about meditation".
Refinement and Pattern Recognition	Recognising participants' experience of meditation as supporting analytic presence in real-time, but not as a rigid technique. **Quote:** "…There are reasons why we may come away from it…we sometimes achieve it for very short moments.."	Refining participants' understanding of meditation in relation to emotional containment, while raising questions about whether it creates distance in the transference. "… But then, maybe it lets me stay with things I'd otherwise avoid."
Final Thematic Outcome	**Meditative Engagement in Psychoanalytic Psychotherapy**	**Meditative Engagement in Psychoanalytic Psychotherapy**

Coding Development Table 3

4. Sustained Presence Beyond the Therapy Room

Stage	Participant 1	Participant 2
Raw Data (Initial Quotes and Reflections)	Meditation described as a way of being, beyond a session technique, a fundamental way of being **Quote:** "I find myself becoming disturbed…I think about breathing…and the same with phone calls. Anything really"	Meditation as an ongoing, integrated way to live life. **Quote:** "Zazen actually really means practicing living. So, living is Zazen".
Emergent Theme	Meditation as a framework for being. **Quote:** "A lot of time I consciously think (thought) 'Right, Breathe". I still do".	Meditation as background to living. **Quote:** "If I go for a walk, I might be doing a meditation…If I'm at a queue, if I've got 10 minutes between a session."
Refinement and Pattern Recognition	Recognising meditation as a conscious way to experience day-to-day life. **Quote:** "It's a difficult	Recognising meditation as an ongoing, evolving part of life. **Quote:** "I have been doing it a long time

	question to answer if it's automatic. I don't know if it does"	now. Some are very intensive, transformative experiences, integrated into life"
Final Thematic Outcome	**Sustained Presence Beyond the Therapy Room**	**Sustained Presence Beyond the Therapy Room.**

Coding Development Table 4

A more detailed example of coding comparison is provided in Appendix 14.

4.5 Example Cross-Participant Comparison

The following table provides an overview of how each participant engaged with meditation, highlighting both shared and unique variations. This comparative analysis ensures that while common themes emerged, the diversity of experience remains central to the integrity of the findings. These distinctions were carefully considered during the process of final thematic consolidation.

Theme 1: Integrating Meditation into Psychoanalytic Practice

Participant	Core Experience	Shared Element	Unique Elements

Participant 1	Meditation experienced as a way of being, informing presence	Non-attachment, openness to unconscious process	Less focus on specific meditative techniques
Participant 2	Meditation as structured discipline	Tolerance for uncertainty, Winnicott's transitional space	More explicit and structured engagement with meditation
Participant 3	Meditation as embodied attunement	Emotional regulation, affective presence	Somatic emphasis, bodily awareness in therapy
Participant 4	Conceptual overlap alongside deliberate clinical separation	Openness to experience, free association and Winnicott's transitional space	Maintains a clear boundary around overt Buddhist practice and would not introduce meditation to patients

Example Cross-Participant Comparison 1

Following the comparative analysis, themes were carefully reviewed and refined to ensure coherence while maintaining the depth of individual perspectives. Some themes were merged due to conceptual overlap, while others were retained to capture distinct variations in how participants integrate meditation into their clinical

practice. This final stage resulted in four superordinate themes that encapsulate the different ways in which participants understood personal meditation in relation to psychoanalytic work.

While some overlap naturally existed across themes, particular care was taken to distinguish between meditation as a broad philosophical or experiential orientation and the more immediate ways in which meditative attention became consciously available within clinical encounters. Integrating Meditation into Psychoanalytic Practice captures participants' perceived areas of convergence between meditation and psychoanalytic stance, including openness, uncertainty and receptivity to unconscious experience.

In contrast, Meditative Engagement in Psychoanalytic Psychotherapy concerns the more immediate ways in which meditative attention, self-monitoring and internal regulatory capacities became available during clinical work, including more deliberate internal use in some accounts. This distinction preserved thematic clarity while differentiating an internalised orientation from more consciously available meditative engagement within the psychoanalytic frame.

4.6 Final Themes

After extensive review and thematic reorganisation, the following four superordinate themes were finalised:

1. **Integrating Meditation into Psychoanalytic Practice**

This theme captures how participants experienced meditation as providing a philosophical and experiential point of reference that they associated with psychoanalytic principles and with their clinical stance.

2. **Mindful Psychoanalytic Practice**

This theme explores how participants associated qualities such as openness, emotional availability, presence and attunement with an internalised mindful psychoanalytic stance, while recognising that these qualities were neither continuously available nor attributable to meditation alone.

3. **Meditative Engagement in Psychoanalytic Psychotherapy**

This theme examines how participants experience meditative attention, self-monitoring and internal regulatory capacities becoming available within clinical encounters, including more deliberate use in some accounts, while remaining within the psychoanalytic frame.

4. **Sustained Presence Beyond the Therapy Room**

This theme explores how participants experience personal meditation beyond the therapy room as supporting reflection, emotional recovery and the ongoing capacity to sustain psychoanalytic work.

Together, these themes describe the varied ways in which participants understood personal meditation to relate to psychoanalytic work, spanning philosophical and experiential affinity, an internalised relational stance, more conscious internal engagement during some clinical encounters, and reflection and recovery beyond the therapy room.

These themes form the foundation for the findings presented in Chapter 5.

4.7 Reflexivity and Researcher Positioning

Given my background in both personal meditation and CAPPT training, the analytic process required particular attention to the possibility that familiarity with the subject matter might shape what I noticed, valued or interpreted within participants' accounts. Moments of strong identification, surprise, resistance or apparent confirmation of my own experience were therefore treated as occasions for reflexive scrutiny rather than as evidence that an interpretation was necessarily valid.

A data-analysis reflective diary was maintained throughout coding, re-coding and thematic development. This recorded emerging assumptions, countertransference

responses, preferred interpretations and occasions when particular material felt especially compelling or familiar. These reflections were revisited alongside the original transcripts and discussed within research supervision, helping to distinguish, as far as possible, interpretations grounded in participants' accounts from those potentially amplified by my own experience as a meditator and CAPPT.

Several procedural safeguards also supported this process. Each participant's transcript was initially analysed independently before cross-participant comparison, preserving the idiographic emphasis of IPA and reducing the risk of prematurely fitting later accounts into themes identified earlier. Divergent or contradictory material was retained where it complicated an emerging interpretation, rather than being excluded in favour of thematic consistency. Decisions to retain, merge, refine or discard themes were documented through reflective notes and the developing coding pathway, providing an audit trail of how the final four superordinate themes were reached.

Research supervision provided an additional space in which emerging interpretations could be challenged and alternative readings considered. Researcher subjectivity was therefore neither treated as removable nor accepted uncritically; instead, its influence was made explicit and examined throughout the analytic process, consistent with IPA's understanding of meaning as co-constructed through the double hermeneutic (Smith, Flowers & Larkin, 2009).

4.8 Chapter Conclusion

This chapter has outlined the analytical process undertaken in the study, showing how IPA's structured coding framework enabled a rich interpretation of participants' experiences. Moving from individual transcript analysis to cross-participant synthesis ensured that the process retained idiographic depth while also identifying broader patterns across the dataset.

The themes developed here provide the analytical foundation for Chapter 5, where findings are presented with supporting participant excerpts and integrated with theoretical perspectives. These themes resonate with core psychoanalytic principles — Bion's (1970/2007) concepts of negative capability and containment, Winnicott's (1960a/1965) notion of the holding environment, and Heimann's (1950) framing of countertransference as a clinical tool for understanding unconscious communication.

The following chapter examines how participants experienced and understood personal meditation in relation to their clinical practice, highlighting both perceived areas of alignment and points of tension between meditation and psychoanalytic work.

Chapter 5: Findings

5.1 Chapter Introduction

This chapter presents the findings of the study, building on the methodological framework outlined in Chapter 3 and the data analysis process detailed in Chapter 4. These findings examine how the participating Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) experience and understand personal meditation in relation to their clinical work, guided by the research question:

How do Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice?

The interviews revealed that participants described meditation as personally significant and, to varying degrees, as related to their professional identity and clinical approach. Four interconnected themes emerged from the analysis, developed through a systematic process detailed in the previous chapter.

A detailed outline of the criteria and additional supporting evidence for these themes can be found in Appendix 15 (A–D).

The themes developed are:

1. Integrating Meditation into Psychoanalytic Practice.

This theme examines the philosophical and experiential points of convergence participants perceived between meditation and psychoanalytic practice.

2. Mindful Psychoanalytic Practice.

This theme examines how participants associated qualities such as openness, emotional availability, presence and attunement with an internalised mindful psychoanalytic stance. This should not be confused with the introduction of formal meditation to patients; rather, participants described qualities associated with meditation as becoming part of how they experienced and understood their relational presence within clinical work.

3. Meditative Engagement in Psychoanalytic Psychotherapy.

This theme explores how meditative attention, self-monitoring and, in some accounts, more deliberate internal practices became available within the clinical encounter.

4. Sustained Presence Beyond the Therapy Room.

This theme examines how participants experience meditation outside therapy sessions as supporting reflection, recovery and their ongoing capacity to return to clinical work.

These themes are not discrete but interrelated, reflecting different dimensions of how participants understood personal meditation in relation to psychoanalytic work. Their accounts extended beyond individual clinical encounters to include broader personal,

professional and contemplative experience. The chapter presents these findings while retaining attention to convergence, divergence and the limits of attributing particular clinical qualities to meditation alone.

The following sections examine each theme in depth, drawing on participant accounts and psychoanalytic literature to explore how participants understood meditation to relate to their clinical stance, internal experience and capacity for reflection and recovery within and beyond psychoanalytic work. Particular attention is given to differences and contradictory material where these qualified or narrowed the developing interpretation.

5.2.1 Theme 1: Integrating Meditation into Psychoanalytic Practice

Introduction

Across the four participants, meditation was described as more than an auxiliary personal practice and as having a relationship with how they understood and inhabited psychoanalytic work. Theme 1 examines the philosophical and conceptual points of convergence participants perceived between meditative and psychoanalytic traditions, particularly around openness, uncertainty, non-reactivity and receptivity to what emerges. These accounts did not suggest that the two disciplines were equivalent, however. Participants differed in how closely they brought them together, and in the extent to which meditation remained a personal orientation rather than an explicitly clinical practice.

5.2.2 Participant Voices and Comparative Analysis

Across the participants, the relationship between meditation and psychoanalysis was initially expressed through ideas of openness, receptivity and an altered relationship to knowing. Participant 1 described meditation not primarily as a technique but as an orientation towards experience:

"It's more like... the path to awareness of what I would consider true reality. I don't know what that is. But it's a path. So it's a journey towards becoming more in touch with reality... it's something about openness to what is, whatever that might be... All the things I do are designed to stay in the present with what is."

This account is notable for its uncertainty as much as for its conviction. The participant does not claim access to a fixed 'reality' but describes meditation as an ongoing movement towards something that remains partly unknowable. This bears comparison with Bion's concept of 'O' (1970/2007) and negative capability: a willingness to remain with experience before it has been fully formulated or understood.

Participant 2 made the convergence more explicitly psychoanalytic, linking the formal Zen practice of Zazen with Bion and Winnicott:

"Think Bion's without memory and desire. Zazen has a method of practice which is called dropping off mind and body, which is pretty much without memory and desire. There will be differences, but they're very, very similar, really. And it also makes me think about some of Winnicott's writing about just being in the maelstrom of it, just staying with whatever's going on, and not trying to think your way out of it. Just letting yourself feel it."

Here the participant themselves makes the theoretical comparison, while also inserting the important qualification that *"there will be differences"*. The convergence therefore concerns a stance towards experience — remaining with uncertainty, affect

and not-knowing — rather than an assertion that Zazen and psychoanalysis are the same discipline.

Participant 3 similarly described an affinity between the two traditions, but articulated it through the creation of mental space:

> *"My original starting point probably was that Buddhism is like psychoanalysis, and psychoanalysis is like Buddhism. They're very similar in what they're trying to do... meditation in child psychotherapy, it's almost like you're opening up space in the mind in both things. You're opening up a space where something else can come that's not a fixed narrative... we can become still and know or understand something different, like knowing rather than knowledge even."*

This description introduces a distinction between conceptual knowledge and a quieter form of experiential knowing. It also locates the perceived similarity not in particular techniques but in the capacity to create psychological space in which something previously unavailable may emerge.

Participant 4 also identified strong conceptual correspondence, particularly between mindfulness, free association and Winnicottian transitional space. They described *"standing back and reflecting on the changing thoughts going by"*, alongside *"association and following the child"*, adding that *"you could use either language to talk about the same thing"*. Importantly, however, they immediately qualified this: *"There are differences."* Their psychoanalytic practice had, in their view, changed because of Buddhism, *"not in an overt way, but in the way I think about it."*

Taken together, these accounts suggest convergence at the level of stance rather than equivalence of method. Across the interviews, meditation was associated with openness to what emerges, tolerance of uncertainty and a reduction in pressure to arrive prematurely at explanation. The data cannot establish whether these

capacities arose from meditation rather than psychoanalytic training itself; instead, the participants experienced the two practices as interacting in ways that shaped how they understood their clinical stance.

5.2.3 Divergence in Integration

The perceived areas of convergence did not lead participants to collapse meditation and psychoanalysis into a single practice. Their accounts contained important qualifications concerning where the two disciplines differed and how closely they should be brought together clinically.

Participant 2, despite drawing one of the strongest parallels between Zazen and Bion's 'without memory and desire', also emphasised that psychoanalysis offered something that meditation did not. Describing their clinical stance, they reflected that psychoanalysis provides theoretical models through which feelings arising in the room can subsequently be understood, adding that it offers:

> *"something exceptionally useful, and unique perhaps... which the Buddhist meditation practice doesn't, I don't think, so much."*

Meditation and psychoanalysis were therefore experienced as complementary rather than interchangeable.

Participant 3 also complicated an initially strong assertion that *"Buddhism is like psychoanalysis"*. Their sense of affinity depended partly upon psychoanalytic orientation. They described greater identification with Winnicottian and Anna Freudian traditions, while aspects of Kleinian thinking felt closer to *"original sin rather*

than original goodness". The relationship between meditation and psychoanalysis was therefore mediated by the particular psychoanalytic tradition through which the participant understood clinical work, rather than by psychoanalysis as a homogeneous discipline.

The clearest boundary was articulated by Participant 4. Although they believed Buddhism had changed their psychoanalytic practice, they also described deliberately keeping the two areas separate:

> *"I actually agree with people that I keep the two fairly separate... My patients wouldn't know I'm Buddhist."*

This separation extended to technique. Participant 4 was uncomfortable with introducing Buddhist breathing, walking or meditation practices directly into psychoanalytic treatment, explaining that while they might acknowledge such practices if introduced by a patient, "*I wouldn't introduce it"*. Meditation therefore informed the therapist internally without necessarily becoming part of the overt therapeutic frame.

Participant 1 offered a different qualification. They described psychoanalytic psychotherapy and meditation as fitting together *"like a hand in glove"*, but also regarded meditation as addressing something insufficiently represented within psychoanalytic training, particularly bodily and non-verbal experience. Their account therefore contained both convergence and critique: meditation could complement psychoanalysis precisely because, in the participant's view, the two were not identical.

These divergent accounts altered my understanding of the theme. ‘Integration’ did not mean that participants uniformly introduced meditation into psychoanalytic technique. Rather, it ranged from philosophical affinity and an internalised stance to explicit complementarity, theoretical disagreement and deliberate clinical separation. The contradictory material therefore narrowed the interpretation: the finding concerns how personal meditation informs participants’ understanding and inhabiting of psychoanalytic practice, not the creation of a combined meditation–psychoanalytic treatment model.

5.2.4 Core Tensions

The divergent accounts raise a broader psychoanalytic question about the relationship between meditative receptivity and the interpretative demands of clinical work. A meditative stance characterised by non-reactivity and openness may support containment, yet it may also influence how the therapist is experienced within the transference and how readily disturbance is allowed to register within the therapist.

From a psychoanalytic perspective, the therapist is not only an observing subject but also becomes an object within the patient’s internal and relational world (Klein, 1946). A highly regulated or receptive stance might therefore be experienced as containing, but could also potentially alter the availability of frustration, enactment and countertransference through which analytic meaning develops. Conversely, a more embodied engagement may intensify the therapist’s contact with projections and projective identification (Meltzer & Harris Williams, 1988). The data cannot determine whether these differing positions deepen or limit analytic work, but they

identify an important tension between meditative self-regulation and remaining available to the disturbance of the transference.

5.2.5 Critical Reflection

The integration of meditation and psychoanalytic practice presents both opportunities and challenges. Participants 1, 2 and 3 identified meditation as a tool for fostering reflective openness and tolerance for uncertainty. All the participants commented on how meditation was experienced as supporting their capacity for a responsive analytic presence. These qualities resonate deeply with psychoanalytic principles such as Bion's negative capability (Bion, 1970/2007) and Winnicott's holding environment (Winnicott, 1960a/1965).

One participant explicitly linked their mindfulness practice to an increased sense of kindness in their clinical work. While not traditionally emphasised within classical analytic technique, kindness in this context appears to reflect a quality of emotional sensitivity and restraint.

Freud once likened the analyst's stance to that of a surgeon — distanced, precise, and detached from affect (Freud, 1915/1958). In contrast, the kindness described by the participant suggests a stance that is less sharp, less surgically incisive, and more receptive.

Rather than implying indulgence or passivity, it may be understood as a willingness to receive the patient's communication — particularly unconscious or affectively charged material — without premature interpretation or defensive retreat. This

stance softens the immediacy of interpretation not by abandoning analytic aims, but by approaching the patient with a depth of presence that privileges emotional truth over technical precision. In this way, kindness becomes a form of clinical tact, grounded in negative capability (Bion, 1970/2007) and an ethic of care.

However, the differences in how participants embodied meditation reveal the complexities of balancing meditative open receptivity with the interpretive demands of psychoanalytic psychotherapy.

5.2.6 Summary and Transition to Theme 2

Theme 1, **'Integrating Meditation into Psychoanalytic Practice'**, illustrates how participants experienced points of philosophical and experiential convergence between personal meditation and psychoanalytic work, particularly around openness, receptivity and tolerance of uncertainty. Their accounts also demonstrated important limits to this convergence: meditation and psychoanalysis were not experienced as interchangeable, and participants differed in how closely they brought the two together clinically. Integration therefore emerged less as a combined technique than as a range of personal orientations through which meditation could inform the therapist's understanding and inhabiting of psychoanalytic practice. This emphasis on internal orientation and philosophical positioning leads into Theme 2, **Mindful Psychoanalytic Practice**, which considers more closely how these qualities were experienced within the immediacy of the therapeutic relationship.

5.3.1 Theme 2: Mindful Psychoanalytic Practice

Introduction

Theme 2 concerns the qualities participants associated with mindful attention as these became part of their psychoanalytic stance. Unlike the more explicit use of meditative engagement considered in Theme 3, participants here described a way of being with the patient characterised by present-moment attention, emotional availability, reduced reactivity and openness to what might emerge. These qualities were experienced as supporting clinical receptivity, although participants differed in how they understood their origins and function. The theme therefore concerns an internalised mindful stance rather than formal meditation within the therapy session.

5.3.2 Participant Voices and Comparative Analysis

Across the interviews, participants described mindful presence less as a discrete technique than as a quality of attention carried into the therapeutic relationship. Participant 1 described both the meditative and psychoanalytic state of mind in strikingly similar terms. Asked to describe a meditative state, they replied:

"Well, I think, basically, being open and curious. That's the best way to describe it."

When asked to describe the psychoanalytic state of mind, their response was simply:

"The same."

For Participant 1, mindfulness therefore appeared to concern an internal position of openness and curiosity rather than an additional therapeutic intervention. Elsewhere they described trying to remain *"in the present with what is",* suggesting a stance in

which attention is less directed towards immediate explanation than towards remaining available to emerging experience.

Participant 2 described this relational quality through the language of kindness. Reflecting on their development as a therapist, they said:

> *"I think that sometimes something that can be missing in some psychotherapy is kindness... there could be an inclination, or a leaning, at times, perhaps, towards something that was too austere... children who have been traumatised, or who haven't developed enough, need... holding together before they can be helped to deconstruct anything."*

Their account suggested that meditation had contributed to a softer clinical stance characterised by greater empathy, humility, affection and care. Rather than rejecting interpretation, the participant appeared to question whether interpretative work could become overly austere if insufficiently accompanied by relational sensitivity.

Participant 3 emphasised non-reactivity and perspective. Describing how meditative and psychoanalytic states came together in clinical work, they explained

> *"They both are always attempting to avoid judgement, and they're both attempting to avoid reaction. They both appreciate there's a bigger story than what's right in front of me. They both try very hard to not make it about myself. The child is saying it to me, but that's not exactly what's happening, or the child is hitting me, but that's not all that there is to it."*

This account places mindful presence within the relational pressure of the clinical encounter. Non-reactivity was not described as detachment from the child, but as an attempt to hold a wider psychological perspective when immediate behaviour might otherwise invite a retaliatory or overly personal response.

Participant 4 described a related quality in terms of emotional availability. They reflected:

"If I'm in a good state, then I can use a meditation type experience to help me be more emotionally available, I think, for patients."

Their account also linked this to caring for the therapist's own internal state:

"it's caring for yourself... so you can care for yourself first, before you try and heal others."

Mindful presence here was therefore experienced as relationally useful partly because it supported the therapist's capacity to remain emotionally available.

Taken together, these accounts suggest that mindful psychoanalytic practice was experienced less as a uniform technique than as a cluster of relational qualities: openness, curiosity, kindness, perspective, non-reactivity and emotional availability. Participants understood meditation as contributing to these qualities, but the accounts do not establish that meditation alone produced them; psychoanalytic training, clinical experience, personal development and theoretical orientation remained inseparable from how each participant understood their stance.

5.3.3 Divergent Perspectives

Although participants associated mindfulness with greater presence and receptivity, their accounts did not suggest that non-reactivity was uncomplicated or uniformly desirable. The meaning of mindful presence differed according to what each participant believed psychoanalytic work required.

Participant 2's emphasis on kindness contained an implicit critique of an analytic stance experienced as potentially too austere. Their account therefore positioned mindfulness as a corrective towards greater warmth and developmental sensitivity. Participant 3, however, emphasised the capacity not to react when faced with intense behaviour or affect. In their account, mindfulness created enough psychological distance to recognise that *"there's a bigger story than what's right in front of me"*. These positions overlap, but they are not identical: one privileges compassionate responsiveness, while the other stresses restraint from immediate reaction.

Participant 4 introduced a further qualification. Their description of being emotionally available depended upon being *"in a good state"*, suggesting that mindful presence was not experienced as continuously available or automatically produced by meditation. Elsewhere they described becoming irritated, wound up or provoked and needing to notice what had happened internally before returning to a more centred position. Mindful availability therefore emerged as something vulnerable to disruption rather than a stable therapeutic achievement.

Participant 3 similarly resisted an idealised account of meditation. They stated that meditation was not a *"cure"* for becoming emotionally caught by a patient and acknowledged that therapists could still become reactive or feel traumatised. What meditation might do, in their view, was shorten the period before they could return to a more reflective position.

These qualifications altered the interpretation of the theme. Mindfulness was not understood as producing a permanently calm or non-reactive therapist. Rather, participants described it as one resource among others for noticing disturbance,

widening perspective and recovering reflective capacity. The divergent material therefore cautions against equating mindful presence with emotional invulnerability or technical neutrality.

5.3.4 Core Tensions

These accounts raise a central psychoanalytic tension: whether a mindful stance of non-reactivity supports analytic receptivity or risks attenuating the disturbance through which countertransference becomes informative. Participant 3's account is important because it resists an idealised picture of meditation. They were explicit that meditation was not a *"cure"* for becoming emotionally caught by a patient and that therapists could still become reactive or feel traumatised. What meditation might offer, in their view, was the possibility of recognising this state and returning to a more reflective position sooner.

Participant 4 similarly described mindful presence as vulnerable to disruption, recounting occasions of becoming irritated, wound up or provoked before noticing what was happening internally and attempting to regain a more centred position. Non-reactivity therefore did not emerge as an absence of affect, but as a capacity to notice emotional disturbance and create some space before acting from it.

A related tension concerns the relationship between emotional warmth and interpretative work. Participant 2's emphasis on kindness and greater empathy, humility, affection and care raises the possibility that mindful presence may soften an overly austere analytic stance. This need not imply a retreat from interpretation; rather, the participant's account suggests that containment and relational sensitivity may form part of the conditions in which interpretation becomes tolerable and useful.

The data cannot establish whether mindfulness strengthens or limits analytic effectiveness, but they show participants actively negotiating the balance between regulation, receptivity and interpretation.

5.3.5 Critical Reflection

Participants experienced mindfulness as supporting emotional availability, empathy, containment and attunement, qualities that resonate with psychoanalytic ideas such as Winnicott's holding environment (Winnicott, 1960b) and Bion's negative capability (Bion, 1970/2007). At the same time, their accounts suggest that mindful presence is neither automatic nor emotionally neutral. It may involve recognising disturbance, tolerating reactivity and recovering reflective capacity rather than maintaining an uninterrupted state of calm.

Mindful psychoanalytic practice is therefore best understood here as an internal orientation that may shape how participants meet emotional experience, rather than as a separate clinical technique or a guaranteed enhancement of analytic functioning. Its value, and its possible limitations, remain dependent upon how it interacts with the therapist's theoretical orientation, countertransference and the particular demands of the clinical encounter.

5.3.6 Summary and Transition to Theme 3

Theme 2, **Mindful Psychoanalytic Practice**, explored how participants experienced qualities associated with mindfulness — including openness, non-reactivity, kindness and emotional availability — as informing their psychoanalytic stance. These

qualities were not described as producing a permanently calm or invulnerable therapist; rather, participants portrayed mindful presence as something that could be disrupted and recovered within the emotional demands of clinical work. The theme therefore concerns an internalised relational stance rather than formal meditative practice in-session. This distinction leads into Theme 3, **Meditative Engagement in Psychoanalytic Psychotherapy**, which examines the more explicit and intentional use of meditative attention or internal practices within the clinical encounter.

5.4.1 Theme 3: Meditative Engagement in Psychoanalytic Psychotherapy

Introduction

Theme 3 concerns the more immediate ways in which participants experienced meditation as entering the clinical encounter. In contrast to Theme 2, which focused on an internalised mindful stance, participants here described moments in which meditative attention, breathing, self-monitoring or a recognisably meditative state became consciously available during or around a session. This did not necessarily involve introducing meditation to the patient or departing from the psychoanalytic frame. Rather, meditative engagement ranged from deliberate internal regulation to more fleeting states of receptivity, spaciousness or reflective attention within clinical work.

5.4.2 Participant Voices and Comparative Analysis

The participants differed in how explicitly meditation entered the clinical moment. Participant 1 provided the clearest example of a deliberate internal use. Asked how

meditative and psychoanalytic states came together in clinical work, they described analysing countertransference alongside attention to breathing:

"If I'm in a session and I find myself becoming disturbed... then I would think about breathing, slowing my breathing, and then looking at where I was being disturbed. And then working out whether it was my own thing or a countertransference and what it might tell me... certainly a lot of the time I consciously thought, 'Right, breathe.' I still do."

Here breathing did not replace psychoanalytic reflection; rather, it functioned as a means of creating enough internal space to notice disturbance and subsequently think about its possible countertransference meaning. The participant's uncertainty about whether this had become automatic is also important, suggesting that meditative engagement could remain both deliberate and partially internalised.

Participant 2 described something less procedural. Reflecting on how their clinical stance had developed, they said:

"Maybe there's an expansion of what I feel I can hold, what I can feel I can take in, be open to, tolerate. And I think this is so much about meditation, but I think life experiences, and perhaps the ageing process, as well, all of these inform how one responds to what is brought."

This qualification is significant. Although the participant associated greater affective tolerance with meditation, they resisted attributing it solely to meditative practice. Meditation was one influence among clinical experience, ageing and personal life. The finding therefore concerns participants' understanding of meditation's contribution rather than a demonstrable causal effect.

Participant 3 described meditative engagement through the creation of space within the clinical dyad. They reflected that meditation helped them not to react immediately or become wholly pulled into the patient's emotional state, leaving *"more space for the patient"*. They described this as supporting a *"third space that doesn't belong to the therapist at all, but the patient can use in any way that they want"*, adding: *"I think that the meditation helps me give that space."*

This account positions meditative engagement less as self-calming for its own sake and more as a way of protecting psychological space within the therapeutic relationship. At the same time, the participant was explicit that meditation did not prevent the therapist from becoming reactive or emotionally affected; it might instead make the period of being caught shorter.

Participant 4 described both self-monitoring and moments within the child's play that they experienced as meditative. They spoke of a child reaching a point at which they were *"comfortable with you and more comfortable with themselves and can just play",* while the therapist was "just sitting there holding that process". They also described trying to reduce emotional escalation when a child became highly anxious:

"I will try and – not ring a bell – but I will try and calm it down... Particularly if the child is getting very anxious... I think it's containment, isn't it?"

This was not equivalent to introducing a formal meditation exercise. Participant 4 elsewhere maintained a clear boundary around overt Buddhist technique. Their account instead suggests that ideas arising from meditation informed how they understood and responded to moments of heightened affect within an otherwise conventional psychoanalytic frame.

Taken together, these accounts suggest that meditative engagement in the therapy room existed on a continuum. At one end was conscious internal use, such as slowing the breath or deliberately noticing disturbance; elsewhere it appeared as an increased sense of spaciousness, affective tolerance, self-monitoring or containment. The common element was not the performance of meditation as a clinical intervention, but participants' experience of drawing upon meditative capacities while remaining engaged in psychoanalytic work.

5.4.3 Divergent Approaches

The accounts also placed clear limits around the idea of meditation as an in-session technique. Participant 1 described the most explicit deliberate use, consciously returning attention to breathing when emotionally disturbed. Even here, however, the purpose was to become able to think about countertransference rather than to create a meditative state for its own sake.

Participant 2 was more cautious about attribution. Their sense of increased capacity to hold and tolerate experience was associated with meditation, but they also emphasised the influence of ageing, life experience and psychoanalytic training. This complicated any interpretation of meditative practice as an isolated clinical mechanism.

Participant 4 provided the strongest counterpoint to an overtly technical interpretation. Although they described meditation as influencing their internal state and their handling of emotionally intense moments, they were uncomfortable with directly introducing Buddhist breathing, walking or meditation practices into psychoanalytic treatment and stated that they would not introduce meditation to a

patient. Their patients, they noted elsewhere, would not necessarily know they were Buddhist.

These differences altered the interpretation of the theme. ‘Meditative engagement’ could not be understood as a uniform practice of using meditation techniques in-session. Instead, it described varying degrees of conscious access to capacities participants associated with meditation — breathing, slowing, self-observation, spaciousness and affect regulation — while maintaining the psychoanalytic frame. The contradictory material therefore shifted the theme away from a model of combined technique and towards one of internally mediated clinical engagement.

5.4.4 Core Tensions

The central tension within this theme concerns whether meditative self-regulation supports or interferes with the analyst’s use of emotional disturbance. Participants described meditation as helping them notice, tolerate and recover from difficult internal states, yet psychoanalytic work also depends upon remaining sufficiently open to countertransference and enactment for these experiences to become thinkable. A capacity to regulate affect may therefore be clinically useful without necessarily implying that disturbance itself should be reduced or removed.

Participant 3’s account was particularly important in qualifying an idealised interpretation. They explicitly rejected the idea that meditation prevented the therapist from becoming caught in the patient’s emotional world, noting that one could still become reactive or feel traumatised. What meditation might offer was a quicker return to reflective capacity. This suggests that its function may lie less in

avoiding countertransference than in supporting the therapist's capacity to recognise and think about it after being affected.

Participant 4 introduced a different boundary. Although meditative ideas informed how they monitored and steadied themselves, they maintained a clear distinction between this internal use and introducing formal meditation into treatment. Their position highlights a tension between meditation as a personal resource available to the therapist and meditation as an intervention directed towards the patient. The findings support the former more clearly than the latter.

The data therefore suggest that meditative engagement is most compatible with psychoanalytic work when it remains available to reflection rather than becoming a means of extinguishing disturbance. The analytic value may lie not in achieving calm, but in creating enough internal space for affect, countertransference and uncertainty to be experienced without immediately being acted upon or defended against.

5.4.5 Critical Reflection

Participants experienced meditation as contributing to their capacity to notice internal shifts, tolerate emotional intensity and recover reflective space within clinical work. These descriptions resonate with psychoanalytic concepts of containment and alpha function (Bion, 1962a/2019), in which emotional experience must first be received and metabolised before it can become available for thought.

However, the findings do not support a simple conclusion that greater regulation necessarily improves psychoanalytic functioning. If meditation were used defensively

to restore equilibrium too quickly, it could potentially reduce access to precisely the emotional disturbance through which unconscious communication becomes known. Conversely, remaining overwhelmed by countertransference would not in itself constitute deeper analytic contact. The relevant distinction appears to be between regulating experience in order to avoid it and regulating sufficiently to remain capable of thinking within it.

Meditative engagement is therefore understood here not as a supplementary treatment technique, but as one way some participants described managing their own participation in the analytic encounter. Its usefulness remains contingent upon whether it increases rather than restricts the therapist's capacity to remain emotionally available to the patient and to make reflective use of countertransference.

5.4.6 Summary and Transition to Theme 4

Theme 3, **Meditative Engagement in Psychoanalytic Psychotherapy**, explored the more immediate ways in which capacities associated with meditation became available within clinical sessions. These ranged from deliberate attention to breathing and internal disturbance to less procedural experiences of spaciousness, affective tolerance and self-monitoring. Participants did not describe a uniform practice of introducing meditation into treatment; rather, meditative engagement remained principally internal to the therapist and was used, to varying degrees, in support of continued psychoanalytic thinking.

The theme also revealed an important limit: meditation did not make participants immune to countertransference, emotional reactivity or disruption. Its perceived value lay instead in helping some participants recognise these states and recover sufficient reflective space to think about them. This movement from in-session experience to recovery and restoration leads into Theme 4, **Sustained Presence Beyond the Therapy Room**, which examines how personal meditation outside the clinical hour was experienced as supporting the longer-term emotional demands of psychoanalytic work.

5.5.1 Theme 4: Sustained Presence Beyond the Therapy Room

Introduction

Theme 4 explores how participants experienced personal meditation outside the clinical hour as contributing to their capacity to return to, recover and sustain psychoanalytic work over time. Unlike Theme 3, which concerned meditative attention becoming available within the clinical encounter, this theme focuses upon formal practice, everyday meditative activity and restorative moments occurring beyond the session. Participants described meditation as ranging from a regular discipline to something increasingly embedded within ordinary life. These practices were experienced as supporting reflection and emotional recovery, although they did not eliminate disturbance, fatigue or reactivity.

5.5.2 Participant Voices and Comparative Analysis

Participants described markedly different ways in which meditation existed beyond the consulting room. For Participant 1, formal practice retained an important place within everyday life, but their account resisted any idealised picture of unwavering discipline:

"I try and meditate every day, and most days I manage it... Sometimes it's easy to do it and sometimes it isn't... my discipline kind of wavers. So my aim is to do half an hour a day... I aim for half an hour, but quite often it's not as much as that... But I just think, 'Well, I will just do what I can.'"

The participant also described regular silent retreats and meditation as increasingly established over time. Sustained practice therefore did not mean perfect consistency; it involved repeatedly returning to meditation within the practical variability of daily life.

Participant 2 described a different form of continuity, in which the boundary between formal meditation and ordinary living had become less distinct:

"Zazen actually really means practising living. So, living is Zazen... if I go for a walk, I might be doing a walking meditation. If I'm waiting at a queue, if I've got ten minutes between a session... rather than have—when I can, when I get up early enough, I'll do that online. But it's a 6:30 start, and I'm not always up at that time."

This account is notable because integration into daily life coexisted with inconsistency in formal sitting. Meditation appeared less as an activity successfully completed each day than as an orientation capable of appearing in walking, waiting and brief spaces between other demands.

Participant 3 emphasised meditation's role after emotional disruption. They did not describe meditation as preventing the therapist from becoming affected, but as potentially altering the duration of that experience:

"I think how it works is the meditation helps you, or delays you joining... I'm not saying meditation is the cure to that, because it's not... Sometimes what it can do is it can make the time it happens shorter... you can sit back in meditation, or you can come back to your own knowing a bit quicker."

Meditation was therefore experienced as a possible route back towards reflective capacity rather than protection from being emotionally caught in the first place. This distinction places recovery, rather than invulnerability, at the centre of the participant's account.

Participant 4 described a more immediate restorative use within the spaces surrounding clinical work:

"If I'm in a good state, then I can use a meditation type experience to help me be more emotionally available, I think, for patients. And also... just taking a walk around the garden to reset myself. You know, the idea of just sitting under a tree and looking at the leaves for five minutes, that sort of thing."

They linked this explicitly to caring for the therapist: "it's caring for yourself... so you can care for yourself first, before you try and heal others." The qualifying phrase "if I'm in a good state" is significant. Emotional availability was not presented as automatic, but as dependent upon an internal condition that meditation and restorative activity might help support.

Across these accounts, meditation beyond the therapy room ranged from formal sitting and retreats to walking, breathing, moments in nature and a broader

integration into everyday life. Participants experienced these practices as contributing to reflection, recovery and continuity, but none described an uninterrupted state of meditative composure. Sustained presence therefore appeared less as a fixed capacity than as an ongoing process of returning to oneself and becoming available again for clinical work.

5.5.3 Divergent Practice

The participants differed not only in the form of their practice but in what 'sustaining' appeared to mean. Participant 1 described a continuing formal discipline whose regularity could fluctuate. Their acknowledgement that discipline *"wavers"* complicates any assumption that experienced meditators maintain an uninterrupted or ideal form of practice. The capacity to return to meditation despite inconsistency seemed as important as consistency itself.

Participant 2 described perhaps the greatest diffusion of meditation into ordinary life, where *"living is Zazen"*. Yet even this participant did not present formal practice as constant, acknowledging that early-morning sitting did not always happen. The account therefore distinguished between maintaining a formal routine and experiencing meditation as an increasingly internalised way of living.

Participant 3 placed greater emphasis upon recovery following emotional involvement. Their explicit statement that meditation was not a *"cure"* challenged a straightforward interpretation of meditation as resilience-building. The participant could still become reactive, emotionally joined with a patient or feel traumatised; meditation was experienced as potentially facilitating a return from that state rather than preventing it.

Participant 4 emphasised brief restorative practices — morning meditation, walking in the garden or sitting beneath a tree — and connected these with self-care and emotional availability. Their account also implies dependence upon circumstance: restorative space had to be available and the therapist's internal state remained variable.

These differences altered the interpretation of the theme. 'Sustained presence' did not mean that meditation produced continuous steadiness or protected participants from the cumulative emotional demands of psychoanalytic work. Rather, participants described different practices through which they could pause, recover, reflect or reconnect with an internal position from which clinical work felt more possible. The contradictory material therefore shifted the theme away from resilience as a stable outcome and towards sustaining as an ongoing, imperfect process.

5.5.4 Core Tensions

A central tension within this theme concerns the distinction between restoration and avoidance. Participants experienced meditation as offering opportunities to pause, recover and regain reflective capacity after emotional disturbance. From a psychoanalytic perspective, however, recovery is not necessarily synonymous with resolving or working through the emotional material that has arisen. A restorative practice could support subsequent thinking, but it could also potentially become a means of moving away from difficult affect before its countertransference significance has been understood.

Participant 3's account helps hold this tension. Their description of meditation as allowing a return to *"your own knowing"* more quickly followed an explicit

acknowledgement that meditation did not prevent reactivity or emotional involvement. The movement back towards oneself was therefore described after being affected, rather than as protection from affect itself.

A further tension concerns accessibility. Participants described retreats, formal sitting, brief pauses between sessions, walking and restorative contact with the natural environment. These practices require differing amounts of time, privacy and opportunity. The findings therefore do not suggest a single sustainable form of practice that could readily be transferred across clinicians or working environments.

Sustaining psychoanalytic presence is consequently understood here not as maintaining continuous emotional equilibrium, but as negotiating repeated movements between involvement, disturbance, reflection and return. Meditation was experienced by participants as one resource within that process, rather than as a guarantee against depletion or dysregulation.

5.5.5 Critical Reflection

Participants' accounts suggest that the significance of meditation beyond the therapy room may lie as much in the possibility of return as in the achievement of calm. Formal practice, everyday mindfulness and brief restorative moments were described as ways of reconnecting with a reflective internal position following the cumulative emotional demands of clinical work.

These experiences may resonate with psychoanalytic understandings of the therapist's need to process rather than simply discharge countertransference. Meditation could potentially support this process by creating space in which

emotional experience can be noticed and reconsidered. At the same time, the findings cannot establish that such practices improve resilience, prevent burnout or enhance patient outcomes. They describe how these four participants understood meditation to contribute to sustaining themselves in their work.

This distinction is important. Meditation is not positioned here as a professional requirement or universally transferable form of self-care. Rather, it represents one personally meaningful practice through which these participants experienced themselves as recovering reflective capacity and remaining able to return to the demands of psychoanalytic work.

5.5.6 Summary and Transition to Chapter Conclusion

Theme 4, **Sustained Presence Beyond the Therapy Room**, explored how participants experienced personal meditation outside the clinical hour as supporting reflection, recovery and their ongoing capacity to return to psychoanalytic work. Their practices varied considerably, from formal sitting and retreats to walking, breathing and brief restorative moments embedded within everyday life. Sustaining presence did not emerge as uninterrupted steadiness; participants described inconsistency, emotional disruption and the continuing possibility of becoming caught within clinical experience.

The theme therefore reframes resilience less as a stable personal attribute than as an ongoing process of recovery and return. Together with the preceding themes, it illustrates the varied ways participants understood personal meditation to inform their

clinical lives while also demonstrating important limits, differences and tensions in that relationship.

5.6 Chapter Conclusion

The findings illustrate a complex and varied relationship between personal meditation and child and adolescent psychoanalytic psychotherapy. Across four interconnected themes, participants described meditation as informing their understanding of psychoanalytic work, their relational stance, their management of internal experience during clinical encounters and their capacity to recover and return to the emotional demands of practice.

The findings also resist a simple account of meditation as uniformly beneficial or seamlessly integrated. Participants distinguished meditation from psychoanalysis, differed in how closely the two practices were brought together, and described occasions of reactivity, uncertainty and deliberate separation. Meditation did not emerge as a combined clinical treatment or as a means of preventing countertransference disturbance. Rather, participants experienced it in differing ways as contributing to openness, reflection, emotional availability, self-observation and recovery.

These interpretations remain situated within participants' accounts. The study did not examine patient experience or clinical outcomes and therefore cannot establish whether personal meditation improves therapeutic effectiveness. What it can illuminate is how these four CAPPTs understood and made sense of meditation

within their professional lives, including the tensions and limits they encountered alongside areas of perceived value.

The following chapter considers the implications of these findings for psychoanalytic theory, clinical practice, supervision and training. Particular attention is given to the balance between regulation and receptivity, the place of personal contemplative practices within professional identity, and the questions raised for inclusive practice and future research.

Chapter 6: Implications

6.1 Chapter Introduction

This chapter considers what can reasonably be taken from the participants' accounts for psychoanalytic theory, clinical practice, supervision, training and future research. The findings do not demonstrate that meditation improves clinical effectiveness or patient outcomes. Rather, they show how four experienced CAPPTs understood their personal meditation practice to relate to psychoanalytic work in varied and sometimes contradictory ways: as a source of philosophical affinity; through qualities of mindful attention and emotional availability; as, in some accounts, an internal resource during clinical encounters; and as a practice associated with reflection, recovery and return beyond the therapy room.

The implications therefore lie less in recommending meditation as a clinical technique than in identifying areas requiring reflective attention. These include how personal regulatory practices interact with countertransference and emotional receptivity; how supervision can examine rather than idealise such practices; how training cultures make space for personal contemplative, spiritual or religious commitments; and how professional environments may inadvertently encourage aspects of practitioners' identities to remain private or concealed.

The chapter develops these implications across theory, clinical practice, supervision and training. It also considers what more inclusive professional practice might require where meditation is embedded within religious, cultural or spiritual traditions,

and identifies the further research that would be needed before claims could be made about effects upon patients or treatment outcomes.

6.2 Points of Theoretical Convergence

The findings identify several areas in which participants experienced meditation and psychoanalytic practice as conceptually or experientially convergent. These included openness to emerging experience, tolerance of uncertainty, receptivity and a reduced pressure to arrive prematurely at explanation. Participants themselves drew connections with psychoanalytic ideas including Bion's *without memory or desire* (Bion, 1970/2007), Freud's evenly suspended attention (Freud, 1912a/1958) and Winnicott's emphasis on holding and emotional availability (Winnicott, 1960b).

These correspondences are best understood as perceived affinities of stance rather than evidence that meditation and psychoanalysis are equivalent practices. Participants differed in how closely they brought the two traditions together, and some explicitly identified differences or maintained deliberate boundaries between them. The theoretical significance therefore lies in considering how qualities associated with meditative practice may be experienced alongside established psychoanalytic understandings of receptivity, uncertainty and emotional presence, while preserving the distinct histories, purposes and methods of each tradition.

6.3 Points of Theoretical Tension

The same findings also raise a central theoretical tension concerning the relationship between regulation and psychoanalytic receptivity. Participants described meditation as associated with slowing, observing internal disturbance and, in some accounts, recovering sufficient psychological space to think. Psychoanalytic work, however, also depends upon the therapist remaining open to emotional disruption, enactment and countertransference as possible forms of unconscious communication.

The question is therefore not simply whether a meditative stance supports or inhibits analytic work, but what function regulation serves at a particular moment. Greater internal steadiness may enable the therapist to remain in contact with difficult affect rather than becoming overwhelmed by it. Equally, if calm or non-reactivity becomes an aim in itself, regulation could potentially lessen access to disturbance that requires recognition and thought.

This tension places an important limit around theoretical claims arising from the study. Participants' accounts cannot establish that meditation increases emotional availability or improves analytic receptivity. They do, however, suggest a useful area for psychoanalytic reflection: how a therapist may remain sufficiently regulated to think while also remaining sufficiently emotionally permeable to be affected by the transference-countertransference relationship.

6.4 Theoretical Implications

The theoretical contribution of these findings lies in bringing participants' experiences of personal meditation into dialogue with established psychoanalytic ideas concerning attention, receptivity and the therapist's internal state. Meditation is not

conceptualised here as an externally imposed clinical technique, but as a personal practice that participants sometimes experienced as informing qualities already central to psychoanalytic thinking, including reverie (Bion, 1962a/2019), evenly suspended attention (Freud, 1912a/1958) and negative capability (Bion, 1970/2007).

Bion's concept of 'O' (1970/2007) provides one useful point of comparison. His emphasis on relinquishing memory, desire and premature understanding describes a stance in which the analyst attempts to remain receptive to an emotional reality that cannot be fully known in advance. Participants' descriptions of openness, stillness and allowing meaning to emerge sometimes resonated with this position. The comparison does not imply that meditation produces access to 'O' or that the two practices are theoretically equivalent; rather, it illustrates how participants used meditative experience to make sense of a psychoanalytic value placed upon uncertainty and receptivity.

A similar qualification applies to Winnicott's concept of holding (Winnicott, 1960b). Participants associated meditation with emotional availability, containment and the capacity to remain with difficult experience, but the findings also showed that such capacities were vulnerable to disruption. Meditation did not eliminate reactivity, emotional disturbance or countertransference. This suggests that the theoretically relevant issue is not the achievement of an idealised calm state, but the therapist's changing capacity to remain available to experience, lose that position and recover reflective contact.

The findings therefore invite a more differentiated understanding of self-regulation within psychoanalytic work. Regulation need not be understood as the suppression of affect, nor should emotional disturbance automatically be equated with greater

analytic contact. A more useful formulation may be one of bounded openness**:** sufficient internal stability to remain capable of thought while retaining enough permeability for unconscious communication, affect and countertransference to register.

This formulation also clarifies the relationship between the present findings and existing literature. Rubin (2009), for example, draws an explicit comparison between Buddhist meditative attention and Freud's evenly suspended attention, suggesting that disciplined contemplative practice may cultivate qualities relevant to analytic receptivity. The present study cannot demonstrate such cultivation or establish a causal relationship. It contributes instead an idiographic account of practitioners who themselves experienced areas of correspondence between their personal meditation and psychoanalytic stance, alongside important differences, limits and tensions.

The theoretical implication is therefore not that psychoanalysis requires meditation, but that personal contemplative practice can provide one experiential context through which some clinicians understand questions already central to psychoanalysis: how to wait without prematurely knowing, how to receive affect without immediately acting upon it, and how to recover the capacity to think after being disturbed.

6.5 When Meditation Does Not Come: Procedural Presence and the Analyst's Internal Blocks

The findings prompted a further theoretical question concerning occasions when a valued meditative or receptive stance is unavailable. Participants described

becoming emotionally disturbed, reactive or caught within clinical encounters, and their accounts did not suggest that meditation could reliably prevent or immediately resolve such states. Several also described meditation as something whose availability varied across time and circumstance. Building interpretatively upon these accounts, I use the term procedural presence to consider what may happen when the therapist attempts to reproduce the appearance or procedure of receptivity without experiencing the underlying emotional openness associated with it.

Procedural presence is introduced here as a theoretical formulation rather than as a further participant-derived theme. It describes the possibility that stillness, slowed breathing, silence or other familiar forms of self-regulation might, under some conditions, become disconnected from genuine emotional contact. An outwardly composed therapist may therefore not necessarily be an internally receptive one. The same action that at one moment creates sufficient space for thought could, at another, become a means of reducing contact with affect that is difficult to tolerate.

Bion's concept of nameless dread offers one psychoanalytic lens through which to consider this possibility (Bion, 1962b/2019). When raw emotional experience cannot readily be thought about or symbolised, the therapist may be drawn towards something familiar or regulating. Meditation could, in principle, provide sufficient internal containment for thought to resume; equally, if used primarily to move away from psychic disturbance, it might function defensively. The theoretical question is therefore not whether meditation is regulating, but whether the regulation increases or diminishes the therapist's capacity to remain in contact with what is occurring emotionally.

This possibility reflects a broader analytic dilemma between being and doing. When the capacity simply to remain with uncertainty or emotional turbulence becomes difficult, a therapist may feel drawn towards interpretation, action or another familiar procedure. A meditative response could become one such procedure. In this formulation, the difficulty would not lie in breathing, stillness or regulation themselves, but in their function: whether they permit fuller contact with emotional experience or become substitutes for that contact.

Importantly, the absence of a desired state of receptivity need not itself constitute clinical failure. Recognising that one feels blocked, emotionally unavailable or unable to access a familiar internal resource may offer information about the therapist's own state and about the demands of the therapeutic encounter. Casement's (1985) emphasis on learning from internal difficulty is useful here. His caution against becoming preoccupied with "getting it right" suggests that attempts to restore an ideal analytic state may themselves interfere with attention to what is actually happening.

Supervision may therefore provide an important setting in which such moments can be considered without assuming that the therapist should have been calmer, more receptive or more meditative. Rather than restoring a preferred state as quickly as possible, reflection can ask what made that state unavailable and what the therapist's wish to regain it may itself communicate. In this sense, an internal block may become material for thought rather than simply an obstacle to be removed.

Procedural presence consequently names a possibility to be held in mind, rather than a conclusion established by the participant data. It preserves a caution arising from the findings: practices experienced as personally supportive can also require

psychoanalytic scrutiny when they enter clinical work. The inability to access a valued meditative stance may at times be as informative as its availability, particularly if it allows the therapist to notice their own limits, defences and emotional participation rather than attempting prematurely to overcome them.

This distinction between regulation that supports thought and regulation that may distance the therapist from clinically meaningful disturbance provides the basis for the clinical implications considered in the following section.

6.6 Clinical Implications

The clinical implications of these findings concern how CAPPTs reflect upon the relationship between personal meditative practice and their participation in the psychoanalytic encounter, rather than the introduction of meditation as a treatment technique. Participants described meditation as variously associated with openness, emotional availability, self-observation, tolerance of affect and the possibility of recovering reflective capacity when emotionally disturbed. These were participant perceptions rather than demonstrated effects upon clinical outcome, but they identify aspects of the therapist's internal functioning that may be important to consider within psychoanalytic practice.

A first implication concerns the distinction between regulation and analytic availability**.** Participants described occasions in which breathing, slowing, mindful attention or a meditative state helped them notice their own emotional disturbance and regain sufficient space to think. The clinical value of such regulation would therefore lie not in removing countertransference, but in enabling the therapist to

remain in contact with it without becoming wholly overwhelmed or acting from it. The relevant question is less whether the therapist becomes calmer than whether the resulting internal state permits greater contact with the patient's emotional reality.

This distinction is particularly important because countertransference disturbance may itself be clinically informative. Pick (1985) cautions against a form of technically correct analytic functioning in which the analyst has insufficiently digested their own emotional response. Her formulation is relevant to the present findings because an apparently calm or receptive internal position cannot in itself be assumed to represent greater analytic availability. Meditative self-regulation could support the emotional digestion required for thought, but if used to move too rapidly away from irritation, anxiety, confusion or other difficult responses, it might also reduce access to material carried within the transference-countertransference relationship.

Black's (2006, as cited in Lanyado, 2017) warning that apparently more developed states of consciousness can themselves be employed defensively offers a similar caution. From this perspective, the clinical question is not whether meditation is inherently regulating or beneficial, but what function it is serving at a particular moment. A meditative response may create reflective space; alternatively, it may become a form of withdrawal, premature soothing or avoidance of psychic disturbance. The same outward stillness might therefore represent quite different internal processes.

O'Shaughnessy's (1992) emphasis on the patient's relationship with a non-idealised object adds a further dimension. Psychoanalytic treatment requires the therapist to remain available not only as calm, containing or receptive, but also as an object who may be experienced as frustrating, absent, disappointing or difficult to know.

Excessive emphasis on restoring the therapist's equilibrium could potentially interfere with these aspects of the transference if regulation became a means of maintaining an idealised therapeutic position. This places an important limit around the clinical use of personal meditative resources: the therapist's internal steadiness should not become a requirement that overrides the patient's need to encounter and use the therapist within the evolving transference.

A second implication follows from the distinction identified throughout the findings between personal meditation, an internalised meditative stance and more deliberate internal use during clinical work. The present study does **not** provide grounds for recommending that CAPPTs introduce meditation, breathing exercises or other contemplative techniques to children or adolescents as part of psychoanalytic treatment. Indeed, one participant maintained a clear distinction between their Buddhist practice and what they would introduce to a patient. The clinically relevant finding is instead that some participants experienced elements of their personal practice as becoming internally available while they continued to work within a psychoanalytic frame.

This suggests a practical principle: where meditation enters the therapist's internal experience during a session, its use should remain open to the same reflexive scrutiny as any other countertransference response or personal resource. A therapist noticing themselves returning to breath, slowing internally or seeking greater spaciousness might ask whether this is enabling fuller contact with what is occurring, or whether it is reducing an affect that needs first to be recognised and thought about. The aim is not to prescribe a particular answer but to retain curiosity about function.

A third implication concerns recovery beyond the clinical hour**.** Participants described formal meditation, retreats, walking, brief periods of stillness and other personally meaningful practices as ways through which they experienced reflection or return after emotionally demanding work. These accounts suggest that personal contemplative practices may form part of how some clinicians sustain themselves over time. They do not establish that meditation prevents burnout or produces resilience, and such practices should not be positioned as a professional requirement. Their significance lies instead in drawing attention to the therapist's need for forms of reflection and recovery that allow emotional experience to be processed rather than merely discharged.

These implications may be especially pertinent in child and adolescent psychoanalytic psychotherapy, where communication frequently occurs through play, bodily states, enactment and primitive affect rather than through verbal reflection alone. The therapist may therefore be required to remain in contact with intense and sometimes difficult-to-symbolise experience while preserving sufficient internal space for thought. Participants' accounts suggest that meditation was, for some, one personally meaningful resource within this demanding process. The study does not establish that it improves clinical effectiveness, but it does indicate that how therapists regulate, recover and remain receptive to disturbance deserves explicit clinical reflection.

The principal clinical recommendation arising from the study is therefore not that CAPPTs should meditate**,** but that personal contemplative practices, where present, should be thinkable within the clinician's reflective life. Their possible contribution and their defensive potential both require attention. Meditation appears most

compatible with psychoanalytic practice when it supports the therapist's capacity to remain emotionally permeable, curious and able to think, rather than becoming a means of eliminating the very disturbance through which unconscious communication may become known.

6.7 Implications for Supervision and Training Programmes

The findings have implications for supervision and training not because they establish meditation as a competency that CAPPTs should acquire, but because they raise questions about how clinicians' personal contemplative, spiritual and religious practices are recognised, reflected upon and situated within psychoanalytic professional life. Participants' accounts suggest that these practices can form meaningful parts of the therapist's internal world while also being experienced as difficult to name within training, supervision or collegial settings.

Several participants described a degree of caution around disclosure. One reflected that there had been "no way of bringing together these different sides of oneself. So, it was always kept secret, really", and continued to "mostly" avoid discussing the practice with colleagues. Another would disclose only where they perceived "an openness to this", adding that such discussion was "not often invited". A further participant described meditation as "private, certainly personal", while only one recalled a professional environment in which meditation was "never… a hush-hush thing". These accounts do not demonstrate that psychoanalytic institutions are uniformly hostile to meditation, but they suggest that participants' expectations of how such material might be received influenced what they felt able to disclose.

Supervision therefore has a potentially important function in making personal practices thinkable without making disclosure compulsory**.** A supervisor might invite consideration of whatever the therapist draws upon internally when attempting to wait, recover, tolerate confusion or remain with difficult affect, while preserving the supervisee's right to regard aspects of personal spiritual or religious life as private. Where meditation is discussed, the relevant supervisory question is not whether it is intrinsically helpful or unanalytic, but what function it is serving within a particular clinical moment. It may support reflective capacity; it may also become a means of retreating from disturbance. Supervision can help distinguish these possibilities by returning attention to the patient, the transference-countertransference relationship and the therapist's emotional response.

This suggests a practical supervisory stance of curiosity rather than endorsement**.** Supervisors need neither practise meditation themselves nor position contemplative practice as preferable. They do, however, need sufficient openness for a supervisee to explore whether a personal practice is contributing to receptivity, regulation, avoidance, idealisation or emotional distancing. In this respect, meditation can be approached in the same spirit as other aspects of the therapist's subjective life: clinically relevant where it enters the work, but requiring reflection rather than automatic validation.

Training programmes may similarly benefit from distinguishing between teaching meditation **and** creating space to think about meditation**.** Existing psychotherapy literature has proposed mindfulness as relevant to therapist metacognition, presence and clinical attunement (Bruce et al., 2010; Fauth et al., 2007; Vinca, 2009; Davis & Hayes, 2011), and some competency-based frameworks have considered whether

such capacities might be incorporated into training (Kaslow et al., 2004). The present study does not provide evidence for making meditation a component of CAPPT training or for assessing trainees on meditative ability. Its findings instead support opportunities to examine how personal practices may interact with analytic receptivity, countertransference, professional identity and clinical boundaries.

Such opportunities might sit within existing teaching on therapist subjectivity, use of self, countertransference, diversity and professional development rather than requiring a separate meditation curriculum. Trainees could be invited to think about the personal resources, beliefs and practices they bring to clinical work; how these become internalised; when they support thought; and when they might operate defensively. Importantly, this would include the possibility that a trainee has **no** meditative practice and no interest in developing one. Meditation should not acquire a privileged status simply because some participants in this study experienced it as meaningful.

The findings also broaden this issue beyond meditation itself. Participants' practices arose within, or in relation to, Buddhist traditions including Zazen/Zen practice, Tibetan Buddhism and other forms of Buddhist practice.

As considered in the literature review, meditation should therefore not automatically be treated as a culturally or religiously neutral attentional technique; it may also carry meanings connected with belonging, values, ethical commitments, spirituality and personal identity.

This has implications for inclusive psychoanalytic training and supervision**.** A professional culture that recognises meditation only when translated into secular psychological language may inadvertently make religious or spiritual dimensions of

practitioners' experience less speakable. One participant, for example, explicitly described reluctance to discuss their practice because they did not wish to imply that they had a "religious leaning". Another participant's account illustrates how religious and contemplative identities may coexist and change across a lifetime, describing both a Jewish background and sustained engagement with Buddhism rather than a simple movement from one discrete identity to another.

These accounts suggest that contemplative practice cannot always be separated neatly from personal history, culture or religious identity.

Inclusive practice would therefore require supervisors and training organisations to remain curious about these dimensions without assuming them, reducing them to technique or expecting disclosure. Religious and spiritual positioning could be considered alongside other dimensions of identity and difference as potentially relevant to how a clinician experiences themselves within the profession and within particular therapeutic relationships. This does not mean treating religion or spirituality as inherently therapeutic; rather, it means allowing them to become available for reflection where they are meaningful to the practitioner or the clinical work.

The participants' guardedness also raises a broader institutional question about belonging and psychoanalytic legitimacy. Recruitment itself included anxieties about being "outed" as insufficiently analytic and, humorously, being placed on the "naughty step". Such comments suggest that ideas about what counts as properly psychoanalytic may shape whether clinicians bring parts of their internal lives into professional dialogue.

A training culture committed to reflexivity may therefore need to examine not only the personal practices of trainees but also the assumptions through which some practices become professionally speakable while others remain marginal or concealed.

The principal recommendation for supervision and training is consequently not the adoption of meditation, but the cultivation of reflective permission: permission to think about personal contemplative, religious and spiritual practices when clinically relevant; permission to question their value as well as recognise it; and permission not to disclose or participate where such practices are private or personally inappropriate. Such an approach preserves psychoanalytic scrutiny while widening the range of experience that can be thought about within it.

6.8 Dissemination of Findings

The themes and clinical implications arising from this study are of potential interest not only to the field of child and adolescent psychoanalytic psychotherapy, but to the wider community of mental health professionals. Dissemination will therefore take place across several domains.

In the first instance, findings will be shared within psychoanalytic training environments, including child psychotherapy seminars, peer discussion groups, and possibly through internal Continuing Professional Development (CPD) presentations. These settings offer a reflective space in which to explore the clinical and theoretical resonances of the work, particularly around reverie, regulation, and the relationship

between personal contemplative practice and psychoanalytic work. These resonances will be shaped into a publishable paper for submission to a peer-reviewed journal such as the Journal of Child Psychotherapy or British Journal of Psychotherapy.

Given that several participants described keeping aspects of their meditative practice private during training and professional life, dissemination within psychoanalytic settings may create opportunities for further reflection on how personal contemplative, spiritual or religious practices are understood, disclosed or kept private within professional culture.

Opening this discussion to a wider audience of mental health professionals may also allow the relationship between personal contemplative practices and clinical work to be considered with appropriate clinical, theoretical and ethical scrutiny.

There is also potential for broader interdisciplinary dialogue. The findings intersect with interests in mindfulness-based clinical training, reflective supervision, and practitioner self-care, topics of relevance across psychological therapies. The study may be presented at national conferences focused on child mental health, Child and Adolescent Mental Health Services (CAMHS), or community-based settings.

Finally, the study's attention to the relationship between personal experience and professional practice speaks to a wider interest in the inner life of the therapist. For

this reason, dissemination will include more informal routes, such as reflective practice groups, supervision networks, and inter-disciplinary discussion forums, where the complexity of therapeutic presence can be engaged with in an open, experiential way.

6.9 Implications for Future Research

The present study examined practitioners' experiences and interpretations; it did not collect patient data and cannot establish whether a therapist's personal meditation practice affects treatment outcome. Future research therefore needs to distinguish between two related but different questions: how patients experience a therapist who meditates, and whether meditation is associated with measurable differences in therapeutic process or outcome.

Patient-centred qualitative research would provide an important first development. Interviews with children, adolescents and, where appropriate, parents could explore whether qualities that therapists associate with meditation — such as greater openness, steadiness or emotional availability — are perceptible within the therapeutic relationship. Such research should also remain open to less favourable experiences, including whether a therapist may be experienced as emotionally distant, excessively calm, idealised, unavailable or insufficiently responsive. This would provide a necessary counterpart to practitioner self-report and allow perceived benefits and limitations to be considered from both sides of the therapeutic relationship.

Establishing an effect upon patient outcomes would require a different research design. Prospective studies could compare clinical outcomes where therapists have established personal meditation practices with outcomes where therapists do not, using appropriate measures of child or adolescent functioning, therapeutic alliance and treatment engagement. Such work would need to account for potentially confounding variables including therapist experience, theoretical orientation, treatment intensity, patient characteristics and the type and duration of meditation practice. Larger samples and repeated measurement over time would be necessary before any causal or generalisable claim could reasonably be made.

Dyadic or mixed-method research could be particularly valuable because the present findings suggest that what matters may not be meditation in itself but how it enters the therapeutic relationship. Combining therapist accounts, patient experience, process measures and clinical outcomes could examine whether qualities described by participants as receptivity, non-reactivity or reflective recovery are also observable within therapeutic process, and whether they are experienced as containing, distancing or clinically neutral by patients.

Longitudinal research could also examine how clinicians' relationships with meditation develop across professional life. The present participants were experienced practitioners with established practices, making it difficult to distinguish meditation from ageing, accumulated clinical experience, psychoanalytic training and personal development. Following clinicians across training and subsequent practice could illuminate whether and how contemplative practice becomes internalised, changes in meaning, or interacts with theoretical orientation over time.

Further qualitative research with more diverse practitioner groups would also be valuable. The present sample was small, female and self-selecting, and participants' meditation practices arose within differing Buddhist or Buddhist-influenced traditions. Future studies could examine variation across gender, career stage, psychoanalytic orientation, cultural background and contemplative or religious tradition. In particular, research could explore how meditation is experienced when it forms part of a religious or spiritual identity rather than being understood primarily as a secular psychological practice.

Finally, supervision and training remain important areas for investigation. Research could examine how personal contemplative, religious or spiritual practices enter supervisory relationships; what facilitates or inhibits disclosure; how supervisors respond where they do not share the supervisee's experience; and whether professional cultures shape what practitioners experience as legitimate or speakable. This would extend the present study's findings concerning privacy, belonging and psychoanalytic identity while examining how reflective permission operates in practice.

Taken together, these directions would move the field beyond practitioner perceptions alone. Qualitative studies can illuminate how meditation is experienced within therapeutic and professional relationships, while appropriately designed prospective and comparative research would be required before claims could be made about clinical effectiveness or patient outcome.

6.10 Researcher Positioning and Reflexivity

While every effort was made to ensure the credibility and depth of this study, several limitations must be acknowledged. The sample was small, purposively selected, consisting of experienced CAPPTs with established meditation practices. This homogeneity offered thematic clarity but may limit the transferability of findings to other clinical populations or those in the early stages of training.

Furthermore, my dual positioning as both a long-term meditation practitioner and a trainee CAPPT shaped the research throughout. This reflexive positioning brought a depth of experiential resonance that allowed for attuned engagement with the material. However, it also carried the risk of over-identification or the projection of personal meaning into participants' narratives. These risks were mitigated using reflexive journalling, regular supervision, personal analytic exploration, and transparent documentation of analytic decisions.

Far from undermining the research, this position became an instrument of interpretative insight — reflecting the hermeneutic nature of IPA. Nonetheless, readers are invited to consider how my personal orientation may have influenced the interpretative lens, especially in the framing of themes and in the synthesis of implications.

6.11 Chapter Conclusion

This chapter has considered the implications of participants' experiences of personal meditation for psychoanalytic theory, clinical practice, supervision, training and future

research. Across these areas, the findings suggest neither a simple endorsement of meditation nor a case for its incorporation into psychoanalytic technique. Rather, they illuminate how four experienced CAPPTs understood a personal contemplative practice to enter their professional lives in different ways: through philosophical affinity, qualities of attention and receptivity, internal responses during clinical encounters, and practices of reflection and recovery beyond the therapy room.

An important implication concerns the relationship between regulation and receptivity**.** Participants described meditation as sometimes helping them notice disturbance, tolerate affect or recover reflective space. Psychoanalytic work, however, also depends upon the therapist remaining open to being affected. Emotional disturbance and countertransference cannot therefore be regarded simply as states from which the therapist should return as quickly as possible. The clinically relevant question is whether a personal meditative practice enlarges the therapist's capacity to experience, think about and remain available to what occurs, or whether it functions defensively by reducing contact with difficult affect.

This distinction places reflection and supervision at the centre of the implications. The study does not support recommending meditation to CAPPTs or introducing contemplative techniques into treatment. It does suggest that, where personal meditation already forms part of a therapist's internal life, it should be possible to think about its function with the same curiosity and critical attention given to other aspects of therapist subjectivity. Supervision and training can provide spaces in which such practices are neither idealised nor dismissed, and in which their relationship to countertransference, clinical boundaries and professional identity can be explored.

Participants' accounts also demonstrate that meditation cannot always be separated from questions of religion, spirituality, culture and belonging**.** Practices grounded in Buddhist and other contemplative traditions may carry personal meanings extending beyond attention or self-regulation. Inclusive psychoanalytic practice therefore requires sufficient openness for these dimensions of practitioner identity to become thinkable where relevant, without assuming disclosure or reducing religious and spiritual experience to psychological technique.

The limits of the present study remain important. Its findings concern how four CAPPTs understood their own experience; they do not establish effects upon patients or demonstrate improved clinical outcomes. Patient-centred qualitative research would be required to explore how such therapist qualities are experienced from the other side of the therapeutic relationship, while prospective, comparative and larger-scale designs would be necessary before claims about clinical effectiveness could be made.

The contribution of the study therefore lies not in resolving whether meditation "belongs" within psychoanalysis, but in making the relationship available for more precise thought. Participants' accounts suggest a dialogue between personal meditation and psychoanalytic practice that is meaningful but neither seamless nor uniformly beneficial. Meditation may be experienced as a discipline, resource, identity, refuge or possible defence; its significance depends upon how it is lived and reflected upon within the therapist and within the analytic relationship.

The final chapter draws together these findings and considers the contribution of the study as a whole, returning to the research question while locating its conclusions within the methodological and evidential limits established throughout the thesis.

Chapter 7: Conclusions

7.1 Chapter Introduction

This concluding chapter draws together the principal findings of the study and considers their contribution to understanding how Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs) experience personal meditation in relation to their clinical practice. It returns directly to the research question, summarises the four superordinate themes and considers the contribution of the study within the methodological and evidential limits established throughout the thesis.

The findings point to a relationship between meditation and psychoanalytic practice that was meaningful for all four participants, but neither uniform nor straightforward. Participants described areas of philosophical and experiential convergence, qualities of mindful attention within the therapeutic relationship, differing forms of meditative engagement during clinical work, and personal practices associated with reflection and recovery beyond the therapy room. They also described uncertainty, difference, deliberate separation and occasions when meditation did not prevent emotional disturbance or reactivity.

The conclusions that follow therefore remain grounded in participants' experiences and interpretations. The study does not establish that meditation improves psychoanalytic technique, patient experience or clinical outcome. Its contribution lies instead in illuminating how these four practitioners understood meditation to enter, inform and sometimes complicate their professional lives, and in considering what

this may mean for psychoanalytic thought, reflective practice, supervision, training and future research.

7.2 Revisiting the Research Question

The study was guided by the following research question:

How do Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice?

Interpretative Phenomenological Analysis enabled exploration of how four experienced CAPPTs made sense of this relationship while retaining attention to difference, ambiguity and the researcher's own interpretative involvement. The findings suggest that participants experienced personal meditation as informing clinical practice in several interconnected but distinct ways. It could provide a philosophical or experiential point of reference through which psychoanalytic ideas were understood; contribute to qualities of openness, curiosity, non-reactivity and emotional availability; become consciously available as an internal resource during some clinical encounters; and form part of practices through which participants reflected, recovered and returned to the emotional demands of their work.

These experiences were not uniform. Participants differed in the extent to which they perceived meditation and psychoanalysis as convergent, the degree to which meditative attention became consciously available within sessions, and how explicitly meditation belonged within their professional identity. One participant maintained a

particularly clear boundary against introducing meditative practices to patients, while others described more deliberate internal uses such as attending to breathing or creating reflective space when emotionally disturbed.

The research question is therefore answered not through evidence of a singular "impact" of meditation upon clinical practice, but through an account of how participants themselves experienced and understood its influence**.** For these participants, personal meditation could inform the way psychoanalytic work was inhabited without becoming a separate or combined treatment technique. Its perceived significance lay principally in the therapist's internal experience — in ways of attending, waiting, noticing disturbance, making space for thought and recovering reflective capacity — while remaining inseparable from psychoanalytic training, clinical experience, theoretical orientation and personal development.

The study cannot determine whether these perceived influences altered patient outcomes or improved therapeutic effectiveness. It can, however, show that personal meditation formed a meaningful part of how these four CAPPTs understood themselves within psychoanalytic work, while also revealing limits, tensions and areas of uncertainty within that relationship.

7.3 Summary of Key Findings

The analysis produced four interrelated superordinate themes. Together, they describe different dimensions of how participants experienced personal meditation in relation to psychoanalytic practice:

1. **Integrating Meditation into Psychoanalytic Practice** — Participants identified philosophical and experiential points of convergence between meditation and psychoanalysis, particularly around openness, uncertainty and receptivity. These similarities did not amount to equivalence: participants also described theoretical differences, differing psychoanalytic orientations and, in some accounts, deliberate separation between the two practices.
2. **Mindful Psychoanalytic Practice** — Participants associated meditation with qualities such as openness, curiosity, kindness, non-reactivity and emotional availability. These qualities were experienced as informing an internalised psychoanalytic stance rather than constituting formal meditation within sessions. Participants also recognised that mindful presence was vulnerable to disruption and did not produce a permanently calm or emotionally invulnerable therapist.
3. **Meditative Engagement in Psychoanalytic Psychotherapy** — Participants described varying degrees of conscious access to capacities they associated with meditation during clinical encounters, including attention to breathing, slowing, self-observation, spaciousness and affective tolerance. Such engagement remained principally internal to the therapist rather than being introduced as a meditation intervention for the patient. The findings therefore support an understanding of internally mediated clinical engagement rather than a combined meditation–psychoanalytic technique.
4. **Sustained Presence Beyond the Therapy Room** — Participants described formal meditation, retreats and less formal contemplative practices as part of how they reflected upon, recovered from and returned to emotionally demanding clinical work. Sustaining presence did not emerge as

uninterrupted resilience or protection from disturbance, but as an ongoing and imperfect process of recovery and return.

Across the four themes, the findings move away from a simple account of meditation as an additional therapeutic benefit. Participants experienced it as a personal practice that could become meaningful within psychoanalytic work while remaining subject to difference, uncertainty and possible defensive use. The relationship was therefore characterised by both **convergence and boundary**: meditation could inform psychoanalytic practice without being equivalent to psychoanalysis, and could support reflective capacity without removing the need to encounter emotional disturbance, countertransference or uncertainty.

A cross-cutting consideration concerned professional identity and belonging. Participants' caution around disclosure suggested that meditation could occupy a private or marginal position within psychoanalytic professional culture, particularly where it was connected with Buddhist, religious or spiritual meanings. This broadened the significance of the findings beyond technique or therapist regulation and raised questions about what kinds of personal practice and identity are experienced as legitimate, speakable or private within psychoanalytic training and professional life.

7.4 Contribution to Psychoanalytic Knowledge

This study contributes to psychoanalytic knowledge by providing an idiographic account of how four experienced Child and Adolescent Psychoanalytic Psychotherapists understood the relationship between personal meditation and their

clinical practice. Within a literature that has largely been conceptual, focused on adult psychotherapy, or concerned with meditation as an intervention, the study foregrounds the lived experience of practitioners working psychoanalytically with children and adolescents.

A first contribution lies in distinguishing between different ways in which meditation may become relevant to clinical work. Participants described meditation as a personal practice outside the clinical hour, as qualities or attitudes that had become internalised within their psychoanalytic stance, and, in some accounts, as a more consciously available internal resource during clinical encounters. These forms overlapped but were not equivalent. This distinction helps avoid collapsing personal meditation into the use of meditation as a therapeutic technique and offers a more precise way of thinking about how contemplative practice may enter the clinician's professional life.

A second contribution concerns the relationship between regulation and receptivity. Participants associated meditation with capacities such as slowing, noticing internal disturbance, tolerating affect and recovering reflective space. Their accounts also demonstrated that these capacities were neither automatic nor invariably beneficial. Meditation did not prevent reactivity or countertransference disturbance, and greater internal regulation could theoretically support thought or become a means of moving away from difficult affect. The study therefore brings personal meditation into an established psychoanalytic question: how the therapist remains sufficiently regulated to think while also remaining sufficiently permeable to be affected.

A third contribution concerns the boundaries of psychoanalytic professional identity. Participants' accounts of caution, privacy and selective disclosure suggest that

personal contemplative practices may occupy an uncertain position within professional psychoanalytic culture. Meditation was not always a secular or psychologically neutral practice; for some participants it was connected with Buddhist traditions, religious history, spirituality, values and belonging. The study therefore extends the question beyond clinical technique to consider which aspects of practitioners' personal and cultural lives are experienced as legitimate, speakable or private within psychoanalytic training and professional discourse.

Taken together, these contributions do not establish a new meditation-based psychoanalytic model. Their significance lies instead in making a previously under-examined aspect of therapist subjectivity available for more differentiated consideration. Personal meditation emerged as capable of informing psychoanalytic practice while remaining distinct from it, and as carrying possible value, tension and defensive potential rather than a single predictable effect.

7.5 Clinical and Professional Implications

The clinical implications of the study are primarily reflective rather than prescriptive. The findings do not support recommending meditation to CAPPTs, requiring it within training, or introducing contemplative practices into psychoanalytic treatment. Instead, they suggest that where meditation already forms part of a therapist's personal life, its possible relationship to clinical work warrants the same curiosity and scrutiny given to other aspects of therapist subjectivity.

Within clinical practice, this means attending to the function of meditative self-regulation rather than assuming that greater calm is inherently desirable. Returning

attention to breath, slowing internally or creating reflective space may help a therapist remain able to think about countertransference. The same movement could, in a different circumstance, lessen contact with an emotional disturbance that carries clinically important meaning. The relevant clinical question is therefore whether the practice increases the therapist's capacity to remain emotionally available and thoughtful, or whether it becomes a means of prematurely reducing what is difficult to bear.

Supervision provides an important setting in which such distinctions can be explored. Personal contemplative practices need neither to be endorsed nor dismissed; where clinically relevant, they can be considered alongside countertransference, theoretical orientation and other aspects of the therapist's internal response. This requires sufficient openness for meditation to become thinkable while respecting the clinician's right to regard religious, spiritual or personal commitments as private.

For training programmes, the findings similarly support reflective permission rather than meditation instruction**.** Teaching about therapist subjectivity, use of self, countertransference and diversity could provide opportunities to consider the personal practices and beliefs clinicians bring to their work, including the possibility that these may support thought, operate defensively, or have no clinical relevance at all. Such reflection should not privilege meditation over other personally meaningful resources and should equally accommodate trainees who have no contemplative practice or interest in developing one.

The findings also have implications for inclusive professional practice. Where meditation is embedded within religious, cultural or spiritual traditions, translating it solely into the language of attention or emotional regulation risks obscuring

dimensions of identity, belonging and meaning. A more inclusive psychoanalytic culture would allow such aspects of practitioners' experience to become available for reflection where relevant without assuming, pathologising or requiring disclosure.

Finally, these implications remain bounded by the study design. They concern how four CAPPTs understood their own experience and cannot establish that meditation improves clinical effectiveness, prevents burnout or benefits patients. The practical implication is therefore not the adoption of meditation but a widening of what can be thought about: how therapists sustain themselves, how they regulate and remain open to disturbance, and how personal practices and identities enter professional and supervisory life.

7.6 Methodological Reflections

The use of Interpretative Phenomenological Analysis was well suited to a research question concerned with how practitioners experience and make sense of a personally and professionally meaningful phenomenon. Its idiographic emphasis allowed each participant's account to be considered in depth before patterns of convergence and divergence were explored across the group. This became particularly important as the analysis developed, because apparently shared experiences of meditation often contained different meanings, boundaries and qualifications.

The double hermeneutic also made the researcher's interpretative involvement an explicit part of the methodology. My own position as both a CAPPT in training and a long-standing meditator offered experiential proximity to the subject while also

creating the possibility of assumption, over-identification and preferential attention to material that resonated with my own experience. Reflective diaries, repeated return to the transcripts and research supervision were therefore used not to eliminate subjectivity, but to make its influence more visible and available for examination.

Methodological refinement during the study also enabled clearer distinctions to be made between personal meditation outside clinical work, qualities associated with meditation that participants experienced as internalised within their psychoanalytic stance, and more deliberate internal use of meditative attention during or around clinical encounters. Retaining divergent and contradictory material further helped prevent these different experiences from being collapsed into a single model of "integration".

The Idealist ontological and Constructivist epistemological positions remained consistent with this approach. The study does not claim access to an objective effect of meditation upon clinical work; instead, it offers an interpretative account of how four participants understood that relationship. The strength of the methodology therefore lies in depth, contextualised meaning and reflexive transparency rather than generalisability or causal explanation.

7.7 Limitations

The study has several important limitations. The sample was small, self-selecting and homogeneous in significant respects: all four participants were female, experienced CAPPTs with established personal meditation practices. A sample of four is consistent with the idiographic priorities of IPA, but it necessarily restricts the

breadth and transferability of the findings. The accounts cannot be assumed to represent CAPPTs more generally, including clinicians who do not meditate, who have discontinued meditation, or who regard contemplative practice as irrelevant or incompatible with psychoanalytic work.

Self-selection may also have shaped the material. Practitioners willing to participate in a study about meditation may have been particularly interested in, or able to articulate, a relationship between their personal practice and clinical work. Although participants expressed ambivalence, criticism and clear boundaries as well as perceived value, perspectives from practitioners who felt more negatively or indifferently towards meditation are absent.

The study relied upon retrospective practitioner self-report. No observational clinical material, patient data or outcome measures were collected. It is therefore not possible to determine whether qualities participants associated with meditation were perceptible to their patients, whether patients understood them similarly, or whether they were associated with differences in therapeutic process or outcome. This limitation is particularly significant because the therapist's experience of being receptive, containing or emotionally available cannot be assumed to correspond with the patient's experience of them.

Bacon's (2024) *The Therapist Who Hated Me* offers a striking reminder that patient experience may reveal aspects of a therapeutic relationship that remain unavailable within the clinician's account. Patient accounts are themselves situated and interpretative, just as practitioner accounts are, but bringing both perspectives into relation may expose areas of convergence, rupture or misunderstanding that either perspective alone cannot show.

Further limitations arise from the difficulty of separating meditation from other influences upon these experienced clinicians. Ageing, personal development, psychoanalytic training, theoretical orientation and many years of clinical work were interwoven with participants' meditation histories. The study therefore cannot attribute reported qualities specifically to meditation. Similarly, although participants' practices arose largely within Buddhist or Buddhist-influenced traditions, the design did not set out prospectively to examine religion, spirituality, cultural identity or difference as separate variables. Their significance emerged during interpretation and can therefore be acknowledged but not fully disentangled within the present data.

Finally, the researcher's own long-standing engagement with meditation and psychoanalytic training inevitably influenced the questions asked, material noticed and interpretations developed. Reflexive diaries, supervision, attention to contradictory material and a documented analytic process were used to examine this influence, but reflexivity cannot render the researcher neutral. Within IPA, this is understood as a condition of interpretation rather than a methodological defect; nevertheless, it remains important when considering the claims that can reasonably be made from the study.

7.8 Suggestions for Future Research

The limitations of the present study point towards several directions for further research. As discussed more fully in Section 6.9, an important next step would be to move beyond practitioner accounts by exploring how children, adolescents and,

where appropriate, parents experience therapists who have established personal meditation practices. Qualitative patient-centred and dyadic research could examine whether qualities described by therapists as openness, steadiness or reflective availability are experienced similarly by those receiving treatment, while remaining equally open to experiences of distance, excessive calm or misattunement.

Research concerned with patient outcomes would require a different level of enquiry. Prospective, comparative and larger-scale studies incorporating measures of therapeutic process and outcome would be necessary before any claim could be made that therapist meditation improves clinical effectiveness. Such research would need to account carefully for therapist experience, theoretical orientation, patient characteristics, treatment intensity and the form and duration of meditation practice.

Longitudinal research could also examine how personal contemplative practices develop across training and professional life, helping to distinguish meditation from the effects of ageing, accumulated clinical experience and personal development. Broader and more diverse samples could explore differences across gender, career stage, psychoanalytic orientation and meditative tradition, as well as the role of religious, spiritual and cultural identity in shaping how contemplative practice is experienced and disclosed.

Finally, further research into supervision and training could examine what enables personal contemplative or religious practices to become speakable within psychoanalytic professional settings, and what inhibits this. Such work would extend the present study's questions about privacy, belonging and professional legitimacy while maintaining the distinction between creating reflective space for personal practice and advocating meditation as a professional requirement.

7.9 Holding the Dual Presence: A Reflexive Consideration

As this study draws towards its conclusion, one aspect of the research remains particularly present for me: the different ways participants held meditation and psychoanalysis both together and apart. Across the interviews, some described close philosophical or experiential affinities between the two traditions, while others emphasised privacy, professional caution or deliberate separation. One participant's description of keeping the two in "separate camps" captures something of this tension: personal meditation could be deeply meaningful while not necessarily being something that should be made explicit within psychoanalytic work.

My own starting position made the possibility of convergence particularly compelling. The study arose partly from my experience of meditation as seeming to inform how I waited, listened and remained with difficult affect in clinical work. This proximity inevitably made accounts of compatibility personally resonant and created the possibility that I might privilege integration over difference. The analytic process, and particularly attention to divergent material, made that position less certain.

What I have come to understand more clearly is that the significance of meditation may lie neither in bringing the two traditions together nor in keeping them entirely separate. Participants' accounts suggest a more complex relationship in which a personal contemplative practice may inform a therapist's internal life while remaining distinct from psychoanalytic technique; may support reflective capacity while also carrying defensive possibilities; and may form part of religious, spiritual or personal identity while remaining private within professional settings.

I therefore understand “dual presence” not as an additional finding or a fifth theme, but as a reflexive way of naming a tension that became increasingly visible through the research. The study began from curiosity about whether meditation might inform psychoanalytic clinical practice. It ends with a more qualified appreciation that the important question may be how, when and under what conditions practitioners experience that relationship as meaningful — and whether psychoanalytic professional life can provide sufficient space for such experiences to be thought about without requiring either their endorsement or their concealment.

Perhaps the task is therefore not to reconcile meditation and psychoanalysis, but to make their relationship thinkable.

7.10 Concluding Remarks

This study began with a question about how Child and Adolescent Psychoanalytic Psychotherapists experience and understand the ways in which their personal meditation practice informs their clinical practice. The accounts of four experienced practitioners suggest that the relationship is meaningful, but neither simple nor uniform. Meditation was experienced as a philosophical and experiential point of reference, as contributing to qualities of attention and emotional availability, as becoming consciously available within some clinical encounters, and as part of practices of reflection, recovery and return beyond the therapy room.

These findings also revealed important limits to any straightforward account of integration. Meditation and psychoanalysis were not experienced as equivalent disciplines, nor was meditation uniformly introduced into clinical technique.

Participants differed in how closely they brought the two together, in how consciously meditation entered clinical work and in how openly it formed part of their professional identities. Meditation did not prevent emotional disturbance, reactivity or countertransference, and the possibility remained that regulation could support thought or, at times, function defensively by reducing contact with difficult affect.

The contribution of the study therefore lies less in demonstrating what meditation **does** to psychoanalytic practice than in illuminating how practitioners themselves make sense of its presence within their professional lives. In doing so, the research offers a distinction between personal contemplative practice, an internalised meditative stance and more deliberate internal meditative engagement during clinical work. It also brings into view questions of religion, spirituality, cultural identity, privacy and professional belonging that can be obscured when meditation is understood only as a secular psychological technique.

The practical implications are consequently modest but meaningful. The findings do not support prescribing meditation to therapists, incorporating it routinely into psychoanalytic treatment or requiring it within training. They do suggest that where contemplative practices already form part of a clinician's life, there may be value in making their possible clinical meaning available for reflection. Supervision and training can provide spaces in which such practices are neither idealised nor dismissed, but considered in relation to countertransference, emotional regulation, clinical boundaries, identity and the particular demands of the therapeutic relationship.

The limits of the study are equally important to its conclusions. These findings arise from the subjective accounts of four self-selecting practitioners and cannot establish

effects upon patients or treatment outcomes. Whether patients perceive the qualities therapists associate with meditation, and whether any such qualities are associated with measurable differences in therapeutic process or outcome, remain questions for future research.

What the study can conclude is that personal meditation occupied a significant place within how these four CAPPTs understood themselves in relation to psychoanalytic work. At times it was experienced as complementary, at times deliberately separate; at times as a resource for reflection, and at times as something requiring caution and scrutiny. Its significance lay not in removing uncertainty or disturbance, but in the different ways participants understood themselves as meeting, tolerating and returning to them.

The study therefore ends not with a proposal that meditation should be integrated into psychoanalysis, but with a more limited invitation: that the relationship between a therapist's personal contemplative life and their psychoanalytic work should be sufficiently thinkable to be explored where it becomes clinically or personally meaningful. In that space, difference need not be resolved into equivalence, and uncertainty need not be treated as failure.

Perhaps this is where meditation and psychoanalysis most clearly meet within the present study: not in certainty about what either can offer the other, but in the capacity to remain with what is not yet known.

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15A: Theme 1: Integrating Meditation into Psychoanalytic Practice

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Chapter 2 Literature Review Appendices

1 Detailed Literature Search Strategy

The literature review was developed through a structured and iterative search process designed to identify literature relevant to the relationship between personal meditation and psychoanalytic psychotherapy, with particular attention to Child and Adolescent Psychoanalytic Psychotherapy (CAPPT). The search was informed by the RAMESES approach (Greenhalgh et al., 2011), which supports an iterative process in which search terms, concepts and areas of relevance may develop as engagement with the literature progresses.

The review was not intended to constitute a systematic review or an exhaustive synthesis of all literature concerning meditation or psychoanalysis. Rather, its purpose was to identify literature of sufficient relevance and conceptual richness to establish the existing knowledge base, explore areas of convergence and tension between meditation and psychoanalysis, and clarify the gap addressed by the present study.

The original search combined structured electronic database searching with subsequent literature identified through reference and citation searching, psychoanalytic texts, research supervision, and wider engagement with the field. Records of the original electronic searches were retained in the form of screenshots

and are reproduced in Appendix 2. These records illustrate both the breadth of the initial searches and the subsequent process of narrowing and refinement.

Following the viva examination, a supplementary structured search was undertaken to address the comparatively limited consideration of meditation and meditative traditions within the original literature review. This supplementary search is clearly distinguished from the original search process throughout this appendix.

1.1 Original databases and sources

Source	**Rationale / use**
APA PsycINFO	Primary psychology and psychotherapy database used to identify empirical, theoretical and clinical literature concerning meditation, mindfulness, psychotherapy and child/adolescent practice.
Psychoanalytic Electronic Publishing (PEP-Web)	Used to identify historical and contemporary psychoanalytic literature, including foundational texts and clinical writing concerning analytic attention, reverie, meditation and related concepts.
Grey Literature and additional academic sources	Used selectively to identify relevant doctoral research and material not captured within the principal database searches.
Reference and citation searching	Reference lists from relevant papers and books were reviewed to identify further literature and influential earlier publications.
Research supervision and professional dialogue	Literature identified through research supervision and professional discussion was subsequently checked for relevance and incorporated where appropriate.

1.2 Development of the original search concepts

The initial search terms were derived from three broad domains within the research question: meditation and associated concepts, child and adolescent populations; and psychoanalytic psychotherapy and psychoanalysis. As terminology within the meditation literature was inconsistent, related terms such as mindfulness, self-compassion and attunement were initially explored alongside meditation. Terminology relating to both the clinical population and psychoanalytic discipline was similarly varied in order to maximise sensitivity to potentially relevant publications.

Search concept	**Terms initially explored**
Meditative / attentional practice	meditation; mindfulness; self-compassion; attunement
Child/adolescent population	adolescent; young people; child
Psychoanalytic discipline	psychoanalytic psychotherapy; psychoanalysis

1.3 Sequential account of the original electronic search

Search	**Combination**	**Results**
S1	Meditation-related terms	461
S2	Child/adolescent-related terms	1,031,072
S3	Psychoanalytic/psychoanalysis-related terms	110,037
S4	S1 AND S2 AND S3	25
S5	S1 OR S2 OR S3	1,126,904

The initial search demonstrated a marked tension between specificity and breadth. Combining all three concept groups using the Boolean operator AND (S4) reduced the search to 25 results. Examination of these records indicated that the combination

risked excluding relevant literature, particularly because research concerning meditation and psychoanalysis was limited and was not consistently indexed using child and adolescent terminology.

Conversely, combining the three concept groups using OR (S5) produced 1,126,904 results and was insufficiently specific to be useful for detailed review. These contrasting returns informed the subsequent decision to use smaller combinations of concepts, targeted searching, journal and subject filters, and citation-led searching rather than relying upon a single comprehensive Boolean search.

1.4 Refinement of the search

Following the initial searches, results were progressively refined through smaller combinations of concepts and the use of relevant journal and subject filters. Priority was given to psychoanalytic and psychotherapeutic publications and to subject categories relating to children, adolescents, psychotherapy, psychoanalysis, mental health and related clinical disciplines. The purpose of this stage was not simply to reduce the numerical return, but to increase the conceptual relevance of the literature to the research question.

Particular attention was paid to psychoanalytic publications because relevant concepts were not always indexed explicitly under the term *meditation*. For example, literature concerning evenly suspended attention, reverie, containment, negative capability and the analyst's internal state became relevant through conceptual rather than purely keyword correspondence.

This highlighted a limitation inherent in searching across the meditation and psychoanalytic literatures. Relevant psychoanalytic material could address phenomena conceptually related to meditative experience without using the language of meditation, while literature explicitly indexed under terms such as *meditation* or *mindfulness* could sit outside psychoanalytic traditions. The search therefore developed iteratively between database results, targeted conceptual searching and citation-led exploration. Examples of the journal and subject filters applied during this stage are retained in Appendix 2.

1.5 Relevance and prioritisation criteria

Literature was prioritised according to its conceptual, clinical and methodological relevance to the research question. The following criteria guided decisions about which material was retained, emphasised or deprioritised within the review.

Literature was prioritised where it:	**Literature was deprioritised where it:**
Addressed meditation, mindfulness or contemplative practice in relation to psychotherapy or the therapist / analyst	Concerned meditation with no meaningful psychological, psychotherapeutic or clinical relevance
Addressed psychoanalytic concepts relevant to meditative states, including attention, reverie, containment, presence or tolerance of uncertainty	Concerned therapeutic modalities with no relevant connection to either meditation or psychoanalytic thinking
Examined psychotherapists' personal meditation or mindfulness practice	Used mindfulness solely as a patient intervention where this offered no useful insight into therapist experience or stance

Concerned child/adolescent psychoanalytic work or offered concepts transferable to this setting	Focused on unrelated populations or interventions without conceptual relevance to the research question
Provided empirical or neuroscientific evidence relevant to attention, affect regulation, therapist presence or meditation	Provided neuroscientific findings without clear relevance to the psychological or clinical question of the thesis
Offered historically or theoretically important material concerning psychoanalysis, meditation, Buddhism, spirituality or religion	Duplicated material already identified without adding theoretical or empirical information
Was written in, or translated to, English.	Was unavailable in English
Included foundational literature where historically important, irrespective of publication date.	-

Because of the limited literature directly examining meditation among CAPPTs, the review was not restricted to child and adolescent psychotherapy. Adult psychoanalytic, psychodynamic and broader psychotherapy literature was retained where it offered clear conceptual or empirical relevance to the research question. Similarly, no lower publication-date limit was imposed because foundational psychoanalytic writings were necessary to examine the historical development of relevant concepts.

1.6 Iterative and citation-led development

Database searching was supplemented by iterative engagement with references emerging from relevant papers, books and psychoanalytic texts. Citation trails were followed where particular authors, concepts or texts repeatedly appeared as central to the intersection being explored.

The process was particularly important for foundational psychoanalytic concepts. Freud's description of evenly suspended attention, Bion's recommendation to work without memory or desire, and subsequent literature concerning reverie were not always retrieved through direct searches for meditation. Once their conceptual relevance became apparent, searches were extended to examine these writings and later authors who explicitly connected them with meditative experience.

Research supervision also contributed to this iterative process. For example, engagement with Bion's supervision transcripts and subsequent secondary literature encouraged further consideration of the relationship between analytic receptivity and meditative states. References identified through these routes were checked against the aims of the review before being retained.

This combination of structured searching and iterative citation-led development reflected the interpretative purpose of the literature review while retaining a documented audit trail of how the review developed.

1.7 Supplementary structured search of meditation and meditative traditions

Following the viva examination, a supplementary structured literature search was undertaken to address the comparatively limited consideration of meditation and meditative traditions within the original review. The purpose of this search was to examine, in a more structured manner, literature concerning meditation and

meditative traditions, including their relationship with religious and spiritual contexts and with Western psychoanalytic discourse.

This supplementary search did not alter the original participant data or analysis. Rather, it strengthened the conceptual context within which participants' accounts of meditation could be understood and enabled closer consideration of differences between personal meditative practices, religious or spiritual identity, and the Western psychoanalytic tradition.

An initial exploratory search was conducted through the EBSCO Discovery Service using a series of conceptual blocks. As this service searched across multiple subscribed resources, the resulting returns were broad and were used primarily to test and refine the search architecture. The supplementary search was subsequently repeated within APA PsycINFO, using abstract-field searching, English-language material and no publication-date limit. This provided a more clearly defined and reproducible database-specific search.

Keyword framework and search terms

Block	**Search focus**	**Search terms**
M1	General meditation	meditat* OR mindfulness OR "contemplative practice*"
M2	Buddhist traditions	Buddhis* OR Zen OR Zazen OR Vipassana OR "Tibetan Buddhism" OR

		Theravada OR Mahayana OR Vajrayana
M3	Psychoanalytic/psychodynamic	psychoanaly* OR psychodynamic*
M4	Practitioner	therapist* OR psychotherapist* OR clinician* OR psychoanalyst*
M5	Child/adolescent	child* OR adolescen* OR youth OR "young people"
M6	Religion/spirituality	religio* OR spiritual* OR Buddhis*

Then tested with the following combinations:

Date	**Search**	**Database**	**Search Purpose**	**Filters**	**Results**
24/8/26	M1 and M3	EBSCO discovery Service – exploratory search	Broad search of meditation traditions x psychoanalytic/psychodynamic literature	English ; No date limit	55,994
24/8/26	M2 and M3	EBSCO discovery Service – exploratory search	Buddhist traditions x psychoanalysis	English; No date limits	25,849
24/8/26	M1 and M3 and M4	EBSCO discovery Service – exploratory search	Meditation x psychoanalysis x practitioner	English; No date limits	31,598
24/8/26	M1 and M3 and M5	EBSCO discovery Service – exploratory search	Meditation x child/adolescent x psychoanalysis	English; No date limits	43,153

24/8/26	M6 and M3	EBSCO discovery Service – exploratory search	Religion/spirituality x psychoanalysis	English; No date limits	186,634

These conceptual blocks were combined to examine progressively more specific intersections relevant to the research question. The principal APA PsycINFO searches are summarised below.

APA PsycINFO Searches

Date	**Search**	**Database**	**Search Purpose**	**Filters**	**Results**
24/8/26	M1 and M3	APA PsycINFO	Broad search of meditation traditions x psychoanalytic/psychodynamic literature	English ; No date limit, Abstract	602
24/8/26	M2 and M3	APA PsycINFO	Buddhist traditions x psychoanalysis	English; No date limits, Abstract	286
24/8/26	M1 and M3 and M4	APA PsycINFO	Meditation x psychoanalysis x practitioner	English; No date limits, Abstract	210
24/8/26	M1 and M3 and M5	APA PsycINFO	Meditation x child/adolescent x psychoanalysis	English; No date limits, Abstract	56
24/8/26	M6 and M3	APA PsycINFO	Religion/spirituality x psychoanalysis	English; No date limits, Abstract	3,344

The broader Buddhist and meditation searches were subsequently refined in relation to meditative practices represented within the participant group. These participant-linked searches were intended to examine the available literature concerning

particular traditions and terminology that arose within participants' accounts, rather than to provide an exhaustive review of individual contemplative traditions.

Participant-linked refinement searches

Search ID	Search purpose	Database	Filters	Results
M2a	Zen/Zazen x psychoanalytic/psychodynamic literature	APA PsycINFO	English; no date limit; Abstract	130
M2b	Tibetan Buddhism/Vajrayana x psychoanalytic/psychodynamic literature	APA PsycINFO	English; no date limit; Abstract	10
M2c(i)	Mindfulness x psychoanalytic/psychodynamic literature	APA PsycINFO	English; no date limit; Abstract	265
M2c(ii)	Explicit Mindfulness x psychoanalytic/psychodynamic literature[7]	APA PsycINFO	English; no date limit; Abstract	109

The supplementary searches were intended to strengthen the conceptual coverage and transparency of the original literature review rather than to constitute a new systematic review. Search returns were considered in relation to their relevance to the aims of the thesis, with particular attention to literature concerning practitioners' personal meditative practices, psychoanalytic engagement with Buddhist and meditative traditions, and the relationship between psychoanalysis, religion and spirituality. Selected search histories and supporting screenshots are provided in Appendix 2.

[7] Inspection of the broader mindfulness search indicated that the term *mindfulness* was occasionally used in a general linguistic sense rather than to denote a meditative or contemplative practice. A further refinement was therefore undertaken using explicit mindfulness-practice terminology, reducing the return from 265 to 109 records.

2 Supporting Literature Search Records

Appendix 2 provides selected screenshots retained from the original and supplementary literature searches described in Appendix 1. The screenshots are included to support the audit trail by illustrating the search environment, database restrictions, search combinations and result returns at key stages of the search process.

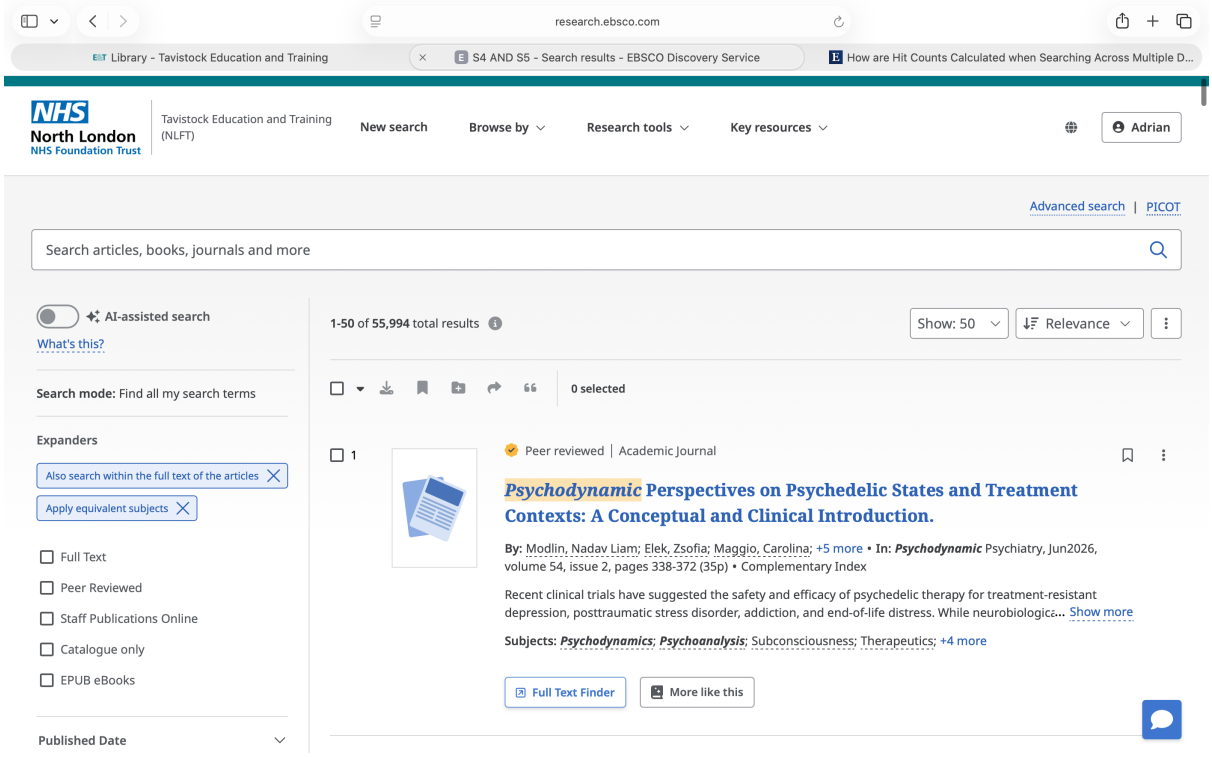


Figure A2.1. Exploratory EBSCO Discovery Service search combining general meditation (M1) with psychoanalytic/psychodynamic terms (M3). The broad return illustrated the need to restrict the supplementary search to a defined database.

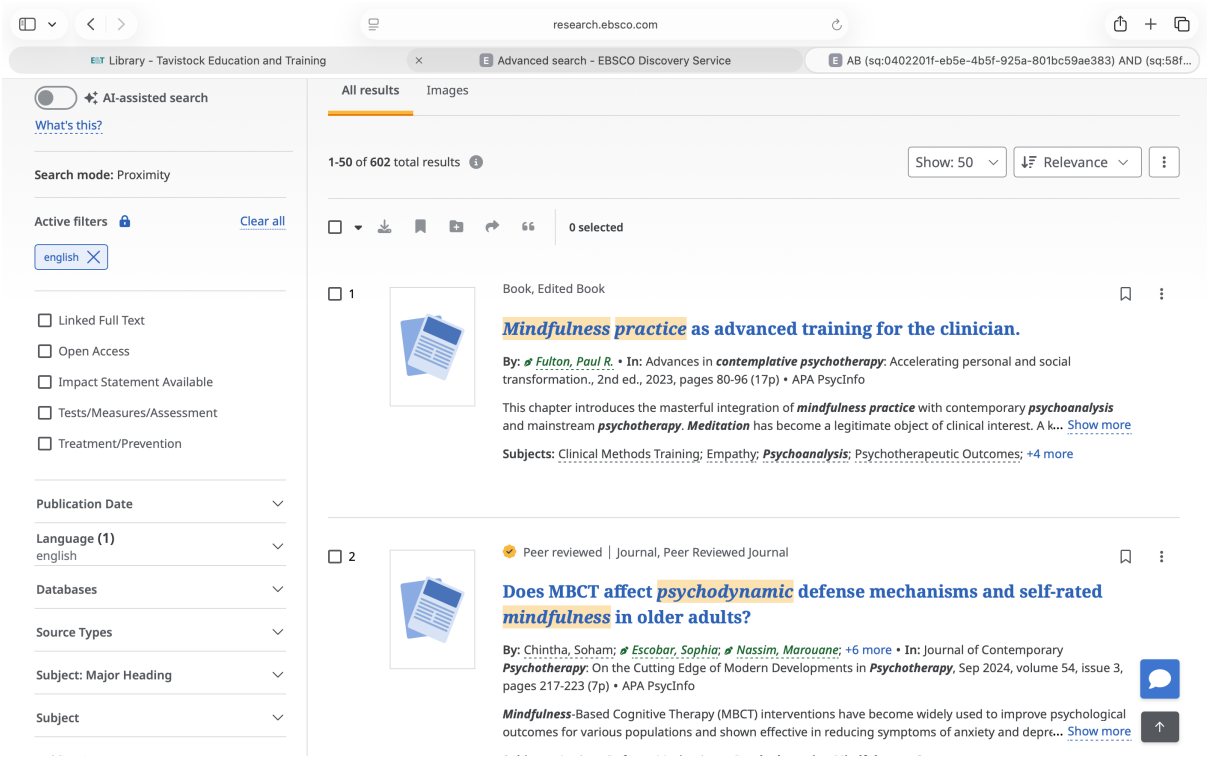


Figure A2.2. APA PsycINFO search combining general meditation (M1) with psychoanalytic/psychodynamic terms (M3), restricted to English-language records and abstract-field searching.

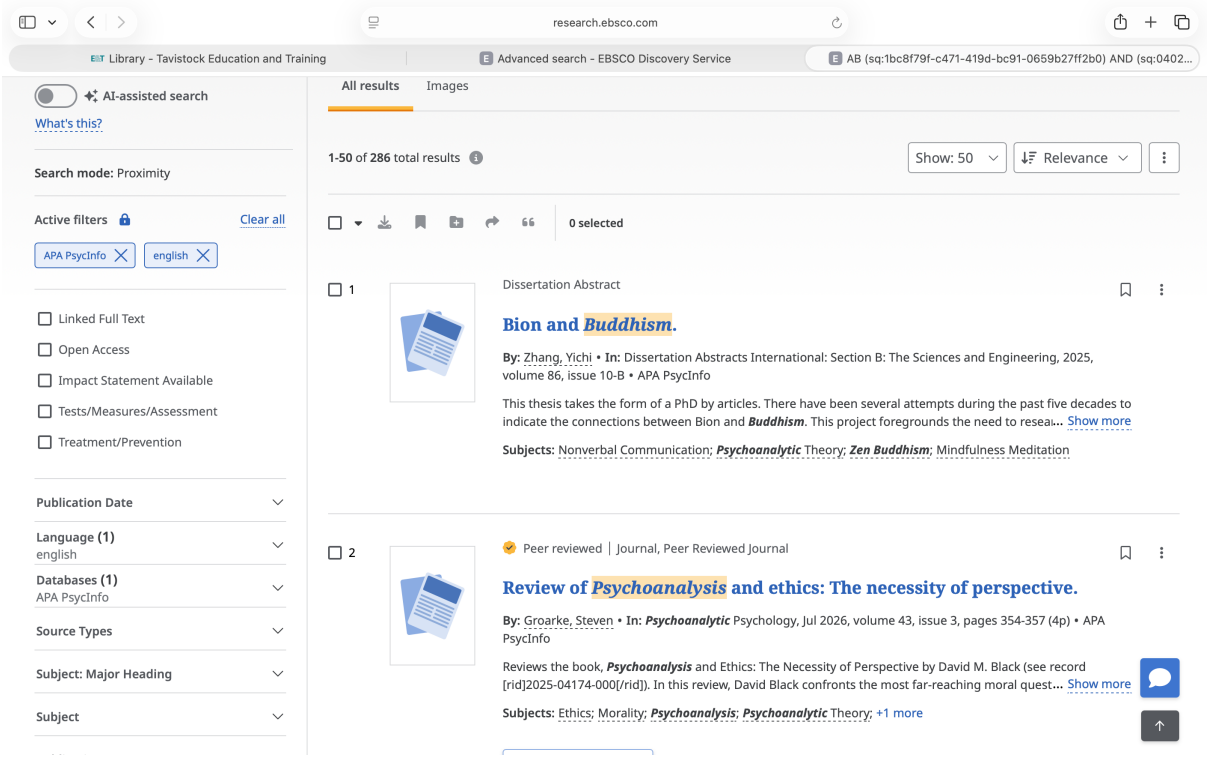


Figure A2.3. APA PsycINFO search combining Buddhist traditions (M2) with psychoanalytic/psychodynamic terms (M3).

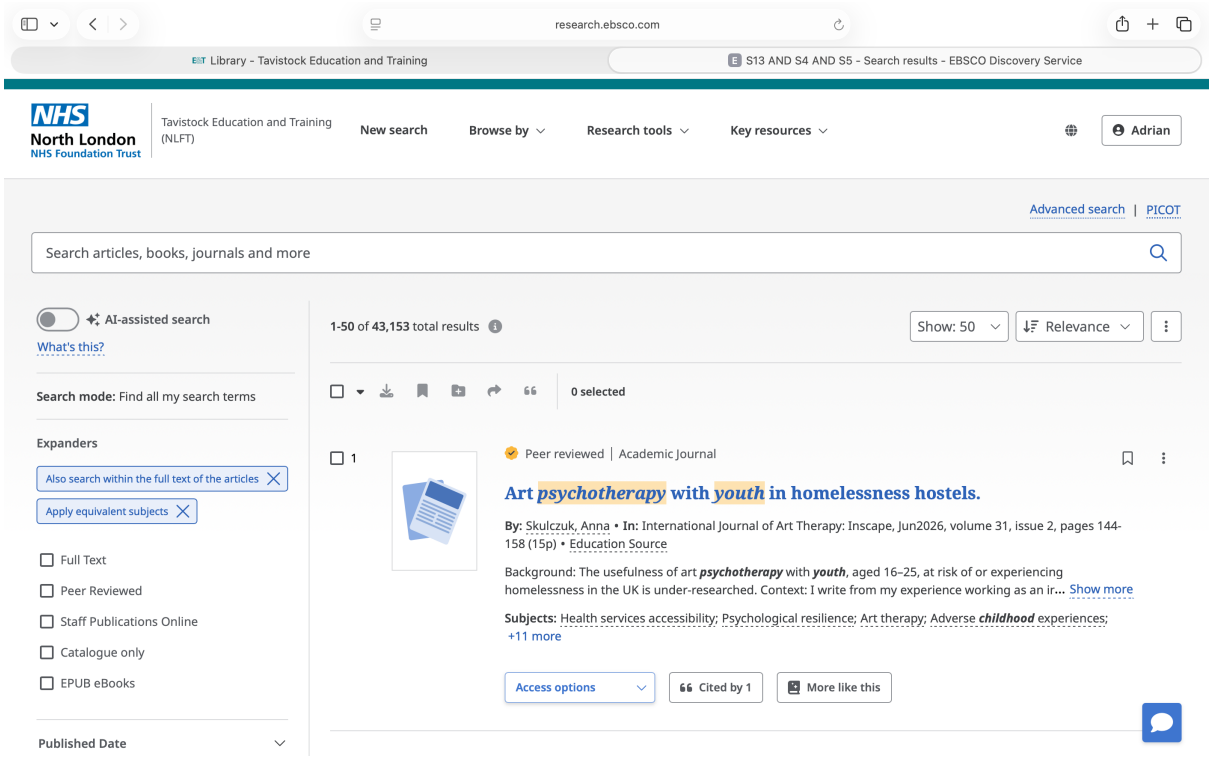


Figure A2.4. APA PsycINFO search combining meditation (M1), psychoanalytic/psychodynamic terms (M3) and child/adolescent terms (M5).

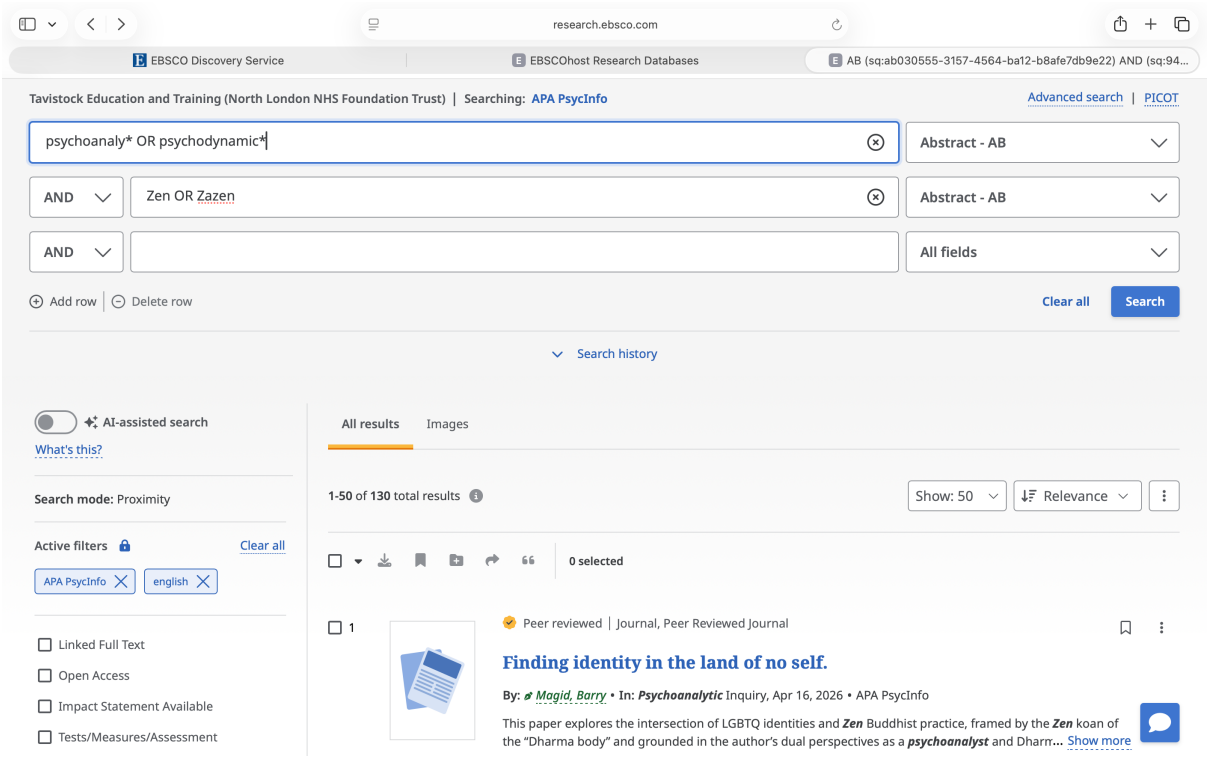


Figure A2.5. Participant-linked APA PsycINFO refinement examining Zen/Zazen in relation to psychoanalytic/psychodynamic literature.

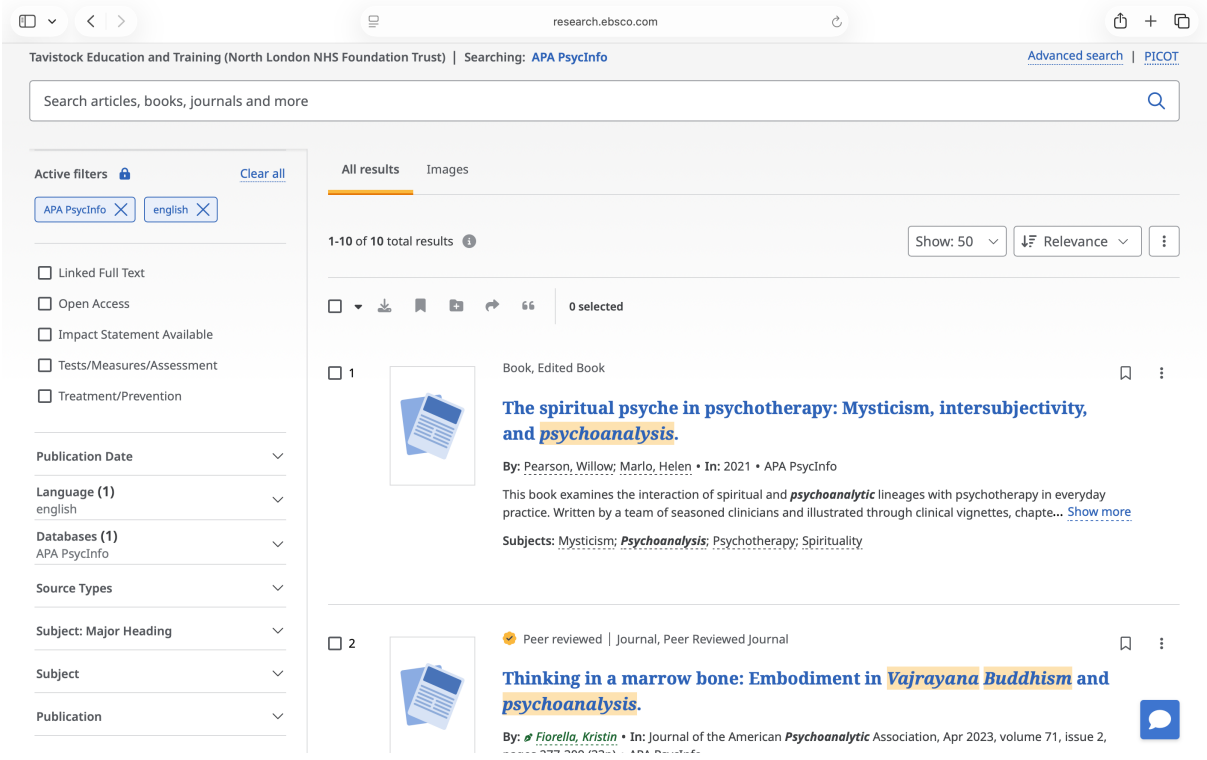


Figure A2.6. Participant-linked APA PsycINFO refinement examining Tibetan Buddhism/Vajrayana in relation to psychoanalytic/psychodynamic literature.

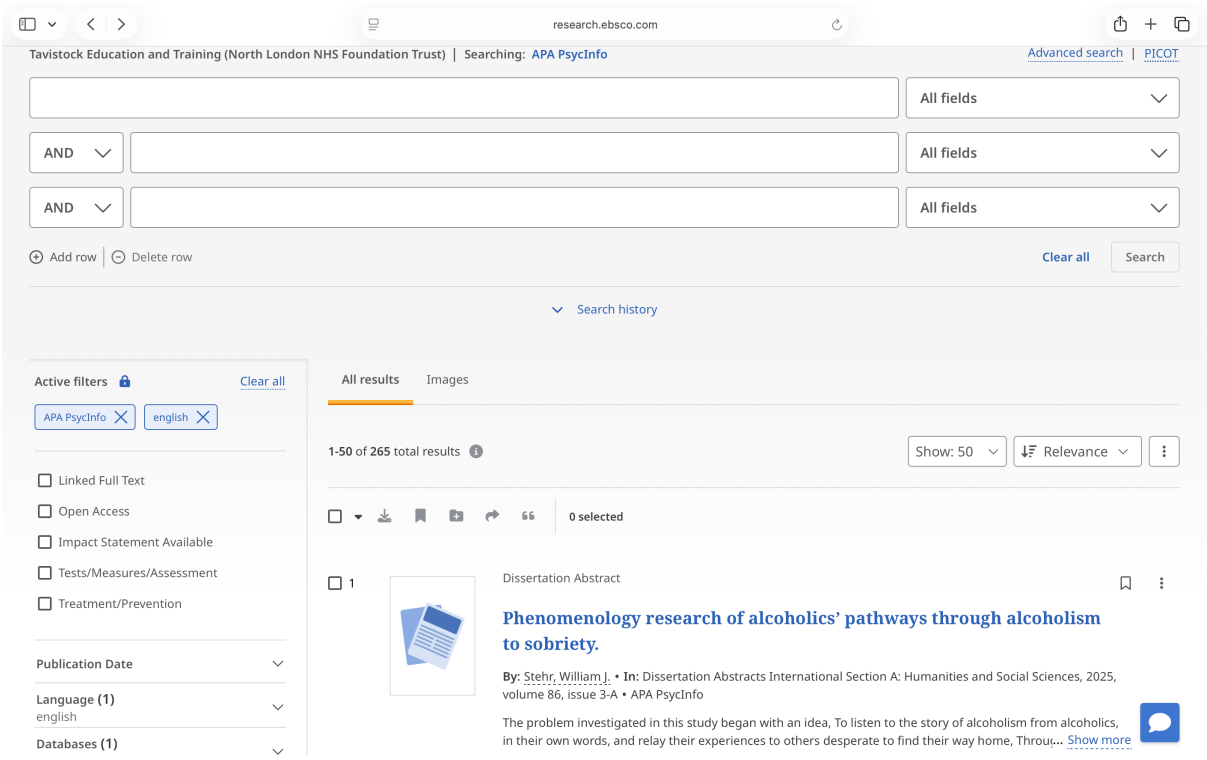


Figure A2.7. Broad mindfulness search in APA PsycINFO, returning 265 records.

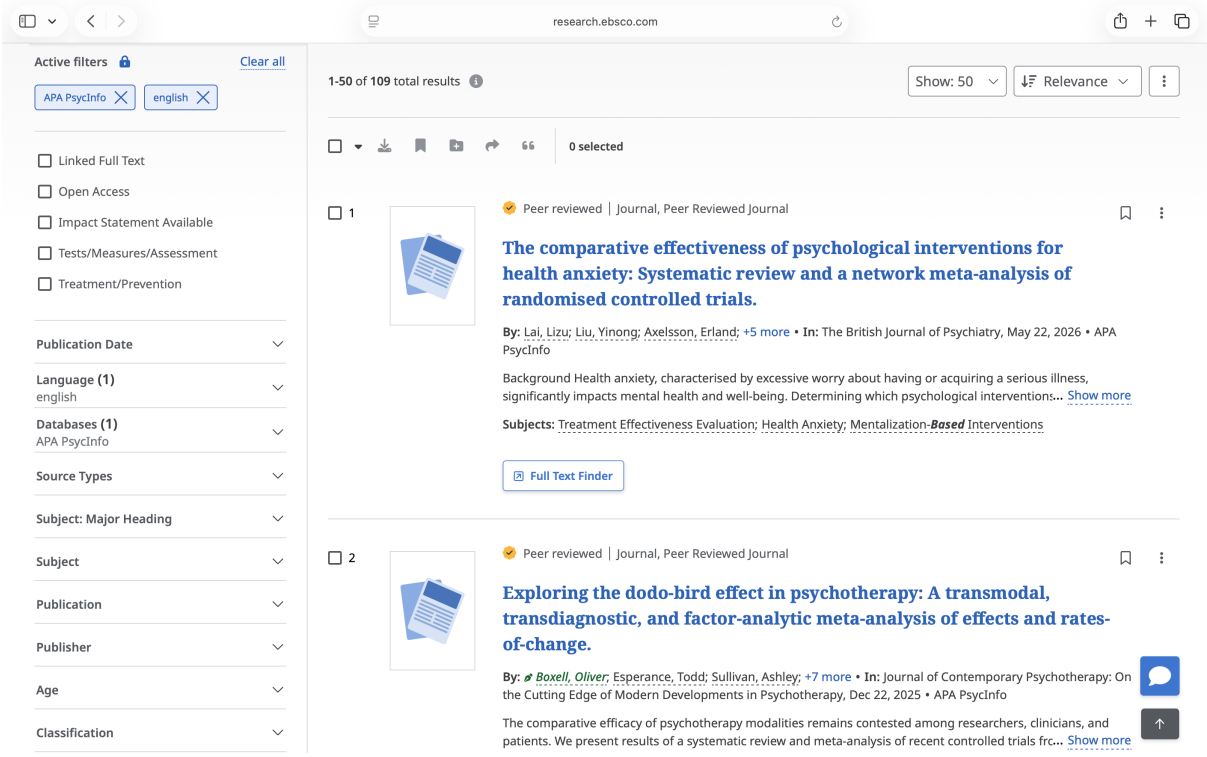
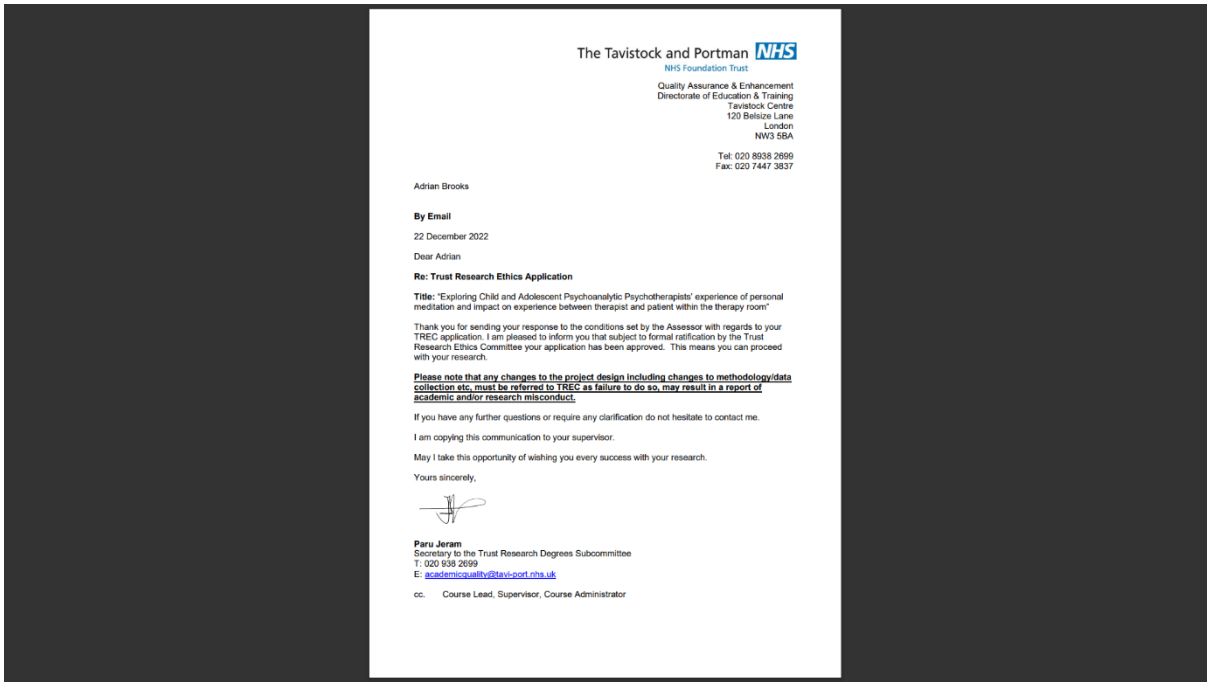


Figure A2.8. Refined mindfulness-practice search in APA PsycINFO, returning 109 records following the use of more explicit practice terminology.

Chapter 3 Methodology Appendices

3 Ethical Approval Documentation



The Tavistock and Portman NHS
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
Fax: 020 7447 3837

Adrian Brooks

By Email

22 December 2022

Dear Adrian

Re: Trust Research Ethics Application

Title: "Exploring Child and Adolescent Psychoanalytic Psychotherapists' experience of personal meditation and impact on experience between therapist and patient within the therapy room"

Thank you for sending your response to the conditions set by the Assessor with regards to your TREC application. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

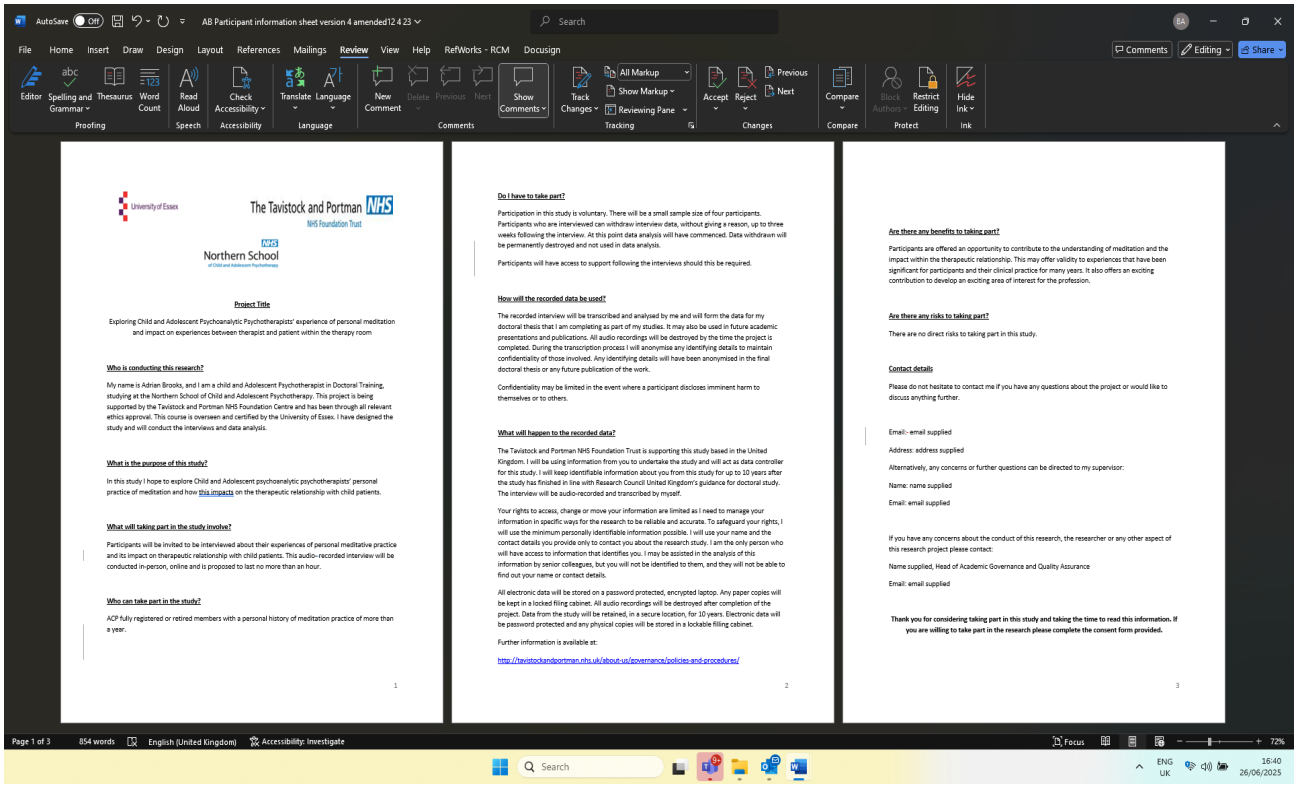
May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Course Administrator

4 Participant Information Sheet



University of Essex

The Tavistock and Portman NHS
NHS Foundation Trust

NHS
Northern School
of Child and Adolescent Psychotherapy

Project Title

Exploring Child and Adolescent Psychoanalytic Psychotherapists' experience of personal meditation and impact on experiences between therapist and patient within the therapy room

Who is conducting this research?

My name is Adrian Brooks, and I am a child and Adolescent Psychotherapist in Doctoral Training, studying at the Northern School of Child and Adolescent Psychotherapy. This project is being supported by the Tavistock and Portman NHS Foundation Centre and has been through all relevant ethics approval. This course is overseen and certified by the University of Essex. I have designed the study and will conduct the interviews and data analysis.

What is the purpose of this study?

In this study I hope to explore Child and Adolescent psychoanalytic psychotherapists' personal practice of meditation and how this impacts on the therapeutic relationship with child patients.

What will taking part in the study involve?

Participants will be invited to be interviewed about their experiences of personal meditative practice and its impact on therapeutic relationship with child patients. This audio-recorded interview will be conducted in-person, online and is proposed to last no more than an hour.

Who can take part in the study?

ACP fully registered or retired members with a personal history of meditation practice of more than a year.

1

Do I have to take part?

Participation in this study is voluntary. There will be a small sample size of four participants. Participants who are interviewed can withdraw interview data, without giving a reason, up to three weeks following the interview. At this point data analysis will have commenced. Data withdrawn will be permanently destroyed and not used in data analysis.

Participants will have access to support following the interviews should this be required.

How will the recorded data be used?

The recorded interview will be transcribed and analysed by me and will form the data for my doctoral thesis that I am completing as part of my studies. It may also be used in future academic presentations and publications. All audio recordings will be destroyed by the time the project is completed. During the transcription process I will anonymise any identifying details to maintain confidentiality of those involved. Any identifying details will have been anonymised in the final doctoral thesis or any future publication of the work.

Confidentiality may be limited in the event where a participant discloses imminent harm to themselves or to others.

What will happen to the recorded data?

The Tavistock and Portman NHS Foundation Trust is supporting this study based in the United Kingdom. I will be using information from you to undertake the study and will act as data controller for this study. I will keep identifiable information about you from this study for up to 10 years after the study has finished in line with Research Council United Kingdom's guidance for doctoral study. The interview will be audio-recorded and transcribed by myself.

Your rights to access, change or move your information are limited as I need to manage your information in specific ways for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but you will not be identified to them, and they will not be able to find out your name or contact details.

All electronic data will be stored on a password protected, encrypted laptop. Any paper copies will be kept in a locked filing cabinet. All audio recordings will be destroyed after completion of the project. Data from the study will be retained, in a secure location, for 10 years. Electronic data will be password protected and any physical copies will be stored in a lockable filing cabinet.

Further information is available at:

http://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/

2

Are there any benefits to taking part?

Participants are offered an opportunity to contribute to the understanding of meditation and the impact within the therapeutic relationship. This may offer validity to experiences that have been significant for participants and their clinical practice for many years. It also offers an exciting contribution to develop an exciting area of interest for the profession.

Are there any risks to taking part?

There are no direct risks to taking part in this study.

Contact details

Please do not hesitate to contact me if you have any questions about the project or would like to discuss anything further.

Email:- email supplied

Address: address supplied

Alternatively, any concerns or further questions can be directed to my supervisor:

Name: name supplied

Email: email supplied

If you have any concerns about the conduct of this research, the researcher or any other aspect of this research project please contact:

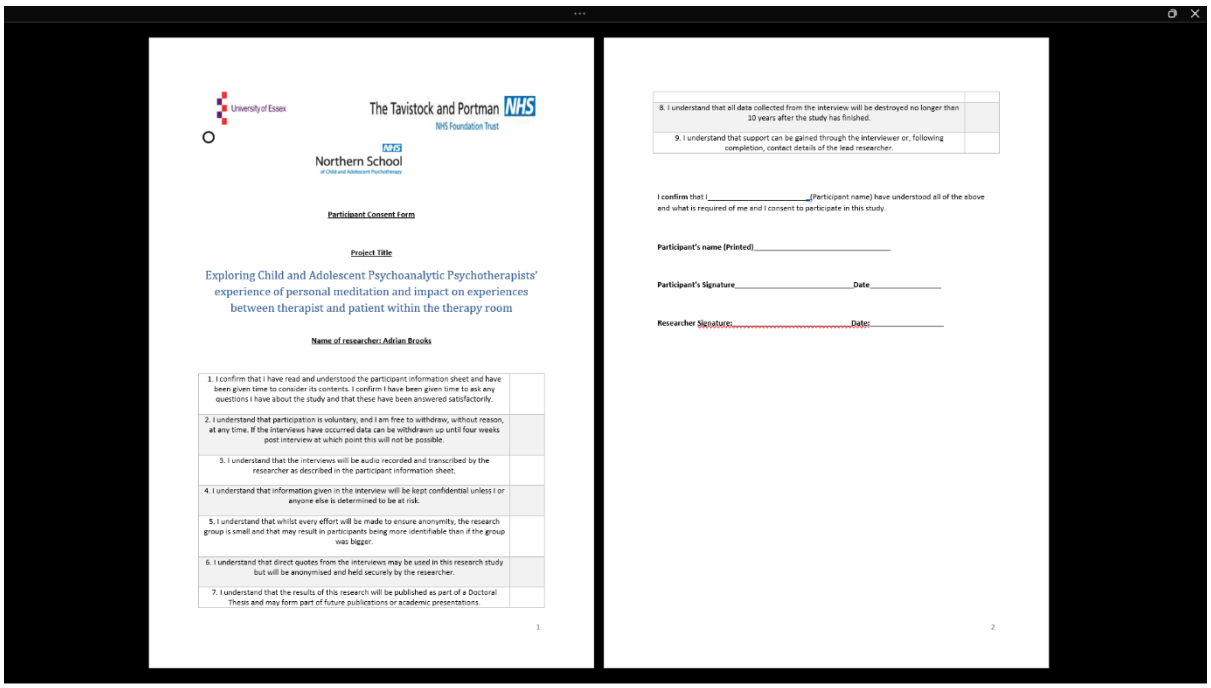
Name supplied, Head of Academic Governance and Quality Assurance

Email: email supplied

Thank you for considering taking part in this study and taking the time to read this information. If you are willing to take part in the research please complete the consent form provided.

3

5 Participant Consent Forms



University of Essex

The Tavistock and Portman NHS
NHS Foundation Trust

Northern School of Child and Adolescent Psychotherapy

Participant Consent Form

Project Title

Exploring Child and Adolescent Psychoanalytic Psychotherapists' experience of personal meditation and impact on experiences between therapist and patient within the therapy room

Name of researcher: Adrian Brooks

1. I confirm that I have read and understood the participant information sheet and have been given time to consider its contents. I confirm I have been given time to ask any questions I have about the study and that these have been answered satisfactorily.	
2. I understand that participation is voluntary, and I am free to withdraw, without reason, at any time. If the interviews have occurred data can be withdrawn up until four weeks post interview at which point this will not be possible.	
3. I understand that the interviews will be audio recorded and transcribed by the researcher as described in the participant information sheet.	
4. I understand that information given in the interview will be kept confidential unless I or anyone else is determined to be at risk.	
5. I understand that whilst every effort will be made to ensure anonymity, the research group is small and that may result in participants being more identifiable than if the group was bigger.	
6. I understand that direct quotes from the interviews may be used in this research study but will be anonymised and held securely by the researcher.	
7. I understand that the results of this research will be published as part of a Doctoral Thesis and may form part of future publications or academic presentations.	

1

8. I understand that all data collected from the interview will be destroyed no longer than 10 years after the study has finished.	
9. I understand that support can be gained through the interviewer or, following completion, contact details of the lead researcher.	

I confirm that I_____(Participant name) have understood all of the above and what is required of me and I consent to participate in this study.

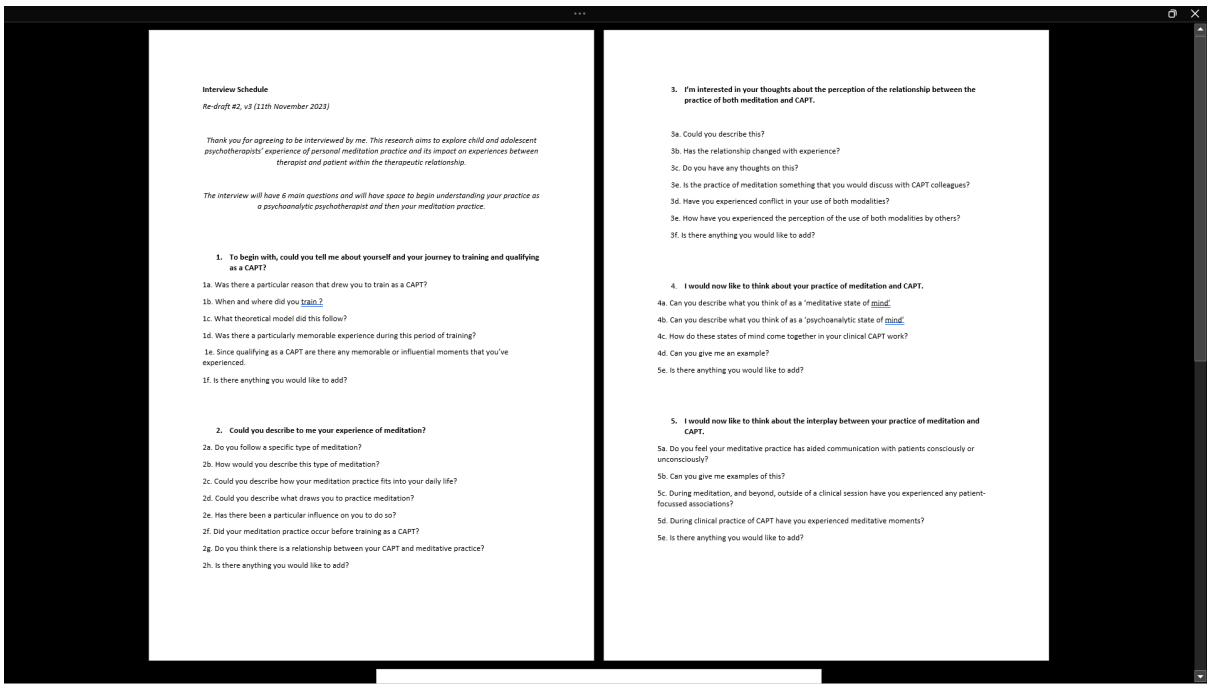
Participant's name (Printed)_____

Participant's Signature_____**Date**_____

Researcher Signature:_____**Date:**_____

2

6 Full Interview Schedule



Interview Schedule

Re-draft #2, v3 (11th November 2023)

Thank you for agreeing to be interviewed by me. This research aims to explore child and adolescent psychotherapists' experience of personal meditation practice and its impact on experiences between therapist and patient within the therapeutic relationship.

The interview will have 6 main questions and will have space to begin understanding your practice as a psychoanalytic psychotherapist and then your meditation practice.

1. **To begin with, could you tell me about yourself and your journey to training and qualifying as a CAPT?**

1a. Was there a particular reason that drew you to train as a CAPT?

1b. When and where did you train ?

1c. What theoretical model did this follow?

1d. Was there a particularly memorable experience during this period of training?

1e. Since qualifying as a CAPT are there any memorable or influential moments that you've experienced.

1f. Is there anything you would like to add?

2. **Could you describe to me your experience of meditation?**

2a. Do you follow a specific type of meditation?

2b. How would you describe this type of meditation?

2c. Could you describe how your meditation practice fits into your daily life?

2d. Could you describe what draws you to practice meditation?

2e. Has there been a particular influence on you to do so?

2f. Did your meditation practice occur before training as a CAPT?

2g. Do you think there is a relationship between your CAPT and meditative practice?

2h. Is there anything you would like to add?

3. **I'm interested in your thoughts about the perception of the relationship between the practice of both meditation and CAPT.**

3a. Could you describe this?

3b. Has the relationship changed with experience?

3c. Do you have any thoughts on this?

3e. Is the practice of meditation something that you would discuss with CAPT colleagues?

3d. Have you experienced conflict in your use of both modalities?

3e. How have you experienced the perception of the use of both modalities by others?

3f. Is there anything you would like to add?

4. **I would now like to think about your practice of meditation and CAPT.**

4a. Can you describe what you think of as a 'meditative state of mind'

4b. Can you describe what you think of as a 'psychoanalytic state of mind'

4c. How do these states of mind come together in your clinical CAPT work?

4d. Can you give me an example?

5e. Is there anything you would like to add?

5. **I would now like to think about the interplay between your practice of meditation and CAPT.**

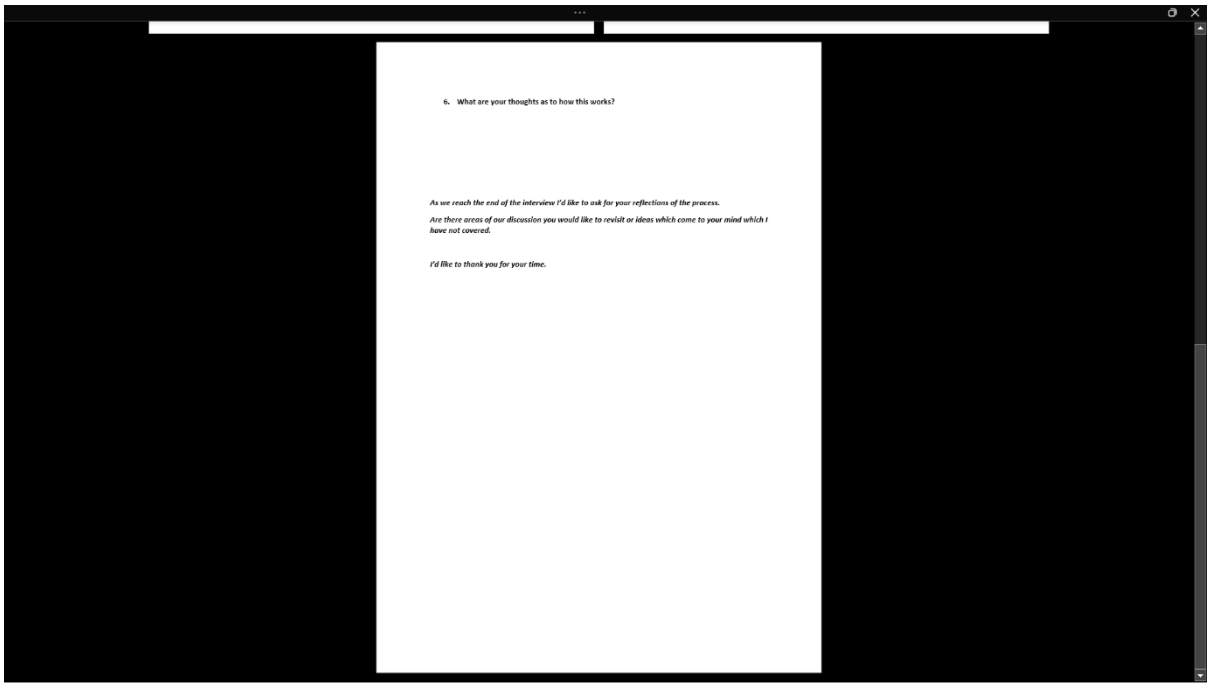
5a. Do you feel your meditative practice has aided communication with patients consciously or unconsciously?

5b. Can you give me examples of this?

5c. During meditation, and beyond, outside of a clinical session have you experienced any patient-focussed associations?

5d. During clinical practice of CAPT have you experienced meditative moments?

5e. Is there anything you would like to add?



6. **What are your thoughts as to how this works?**

As we reach the end of the interview I'd like to ask for your reflections of the process.

Are there areas of our discussion you would like to revisit or ideas which come to your mind which I have not covered.

I'd like to thank you for your time.

7 Interview Schedule: Text-Only Version

---

1. **(Start) To begin with, could you tell me about yourself and your journey to training and qualifying as a CAPPT?**

1a. Was there a particular reason that drew you to train as a CAPPT?

1b. When and where did you train ?

1c. What theoretical model did this follow?

1d. Was there a particularly memorable experience during this period of training?

1e. Since qualifying as a CAPPT are there any memorable or influential moments that you've experienced.

1f. Is there anything you would like to add?

2. **Could you describe to me your experience of meditation?**

2a. Do you follow a specific type of meditation?

2b. How would you describe this type of meditation?

2c. Could you describe how your meditation practice fits into your daily life?

2d. Could you describe what draws you to practice meditation?

2e. Has there been a particular influence on you to do so?

2f. Did your meditation practice occur before training as a CAPPT?

2g. Do you think there is a relationship between your CAPPT and meditative practice?

2h. Is there anything you would like to add?

3. **I'm interested in your thoughts about the perception of the relationship between the practice of both meditation and CAPPT.**

3a. Could you describe this?

3b. Has the relationship changed with experience?

3c. Do you have any thoughts on this?

3e. Is the practice of meditation something that you would discuss with CAPPT colleagues?

3d. Have you experienced conflict in your use of both modalities?

3e. How have you experienced the perception of the use of both modalities by others?

3f. Is there anything you would like to add?

4. **I would now like to think about your practice of meditation and CAPPT.**

4a. Can you describe what you think of as a 'meditative state of mind'

4b. Can you describe what you think of as a 'psychoanalytic state of mind'

4c. How do these states of mind come together in your clinical CAPPT work?

4d. Can you give me an example?

5e. Is there anything you would like to add?

5. **I would now like to think about the interplay between your practice of meditation and CAPPT.**

5a. Do you feel your meditative practice has aided communication with patients consciously or unconsciously?

5b. Can you give me examples of this?

5c. During meditation, and beyond, outside of a clinical session have you experienced any patient-focussed associations?

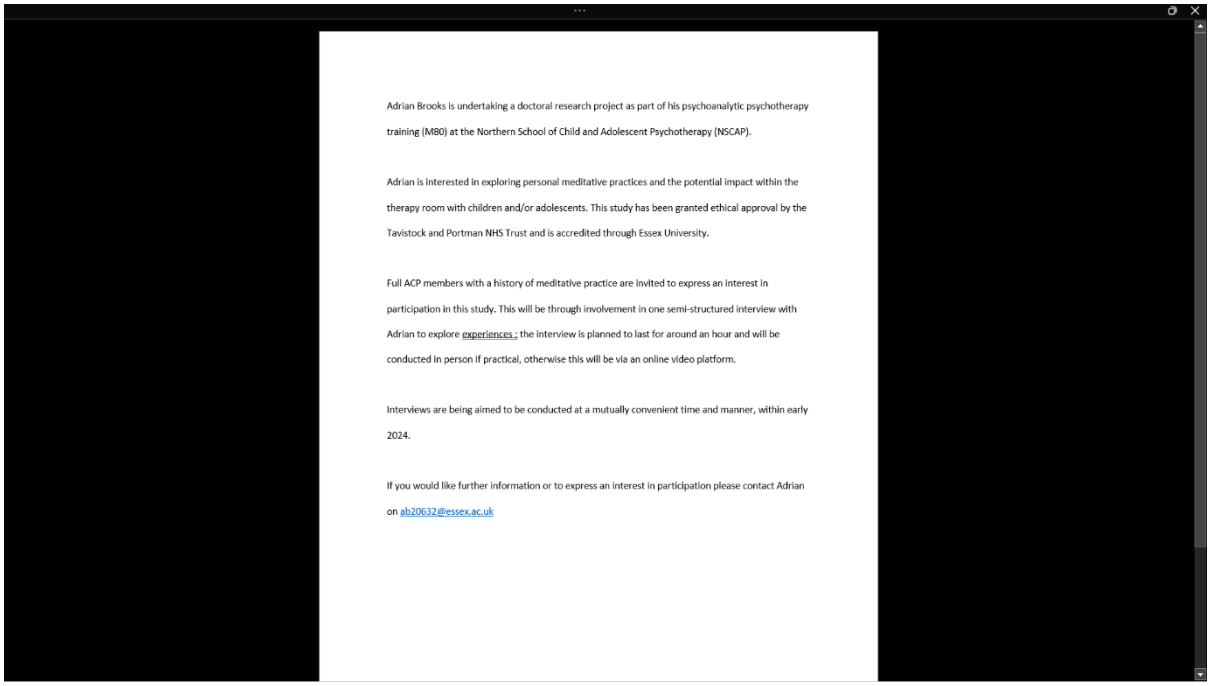
5d. During clinical practice of CAPPT have you experienced meditative moments?

5e. Is there anything you would like to add?

6. **What are your thoughts as to how this works? (Schedule end)**

_____

8 Initial Recruitment Advertisement



Adrian Brooks is undertaking a doctoral research project as part of his psychoanalytic psychotherapy training (M80) at the Northern School of Child and Adolescent Psychotherapy (NSCAP).

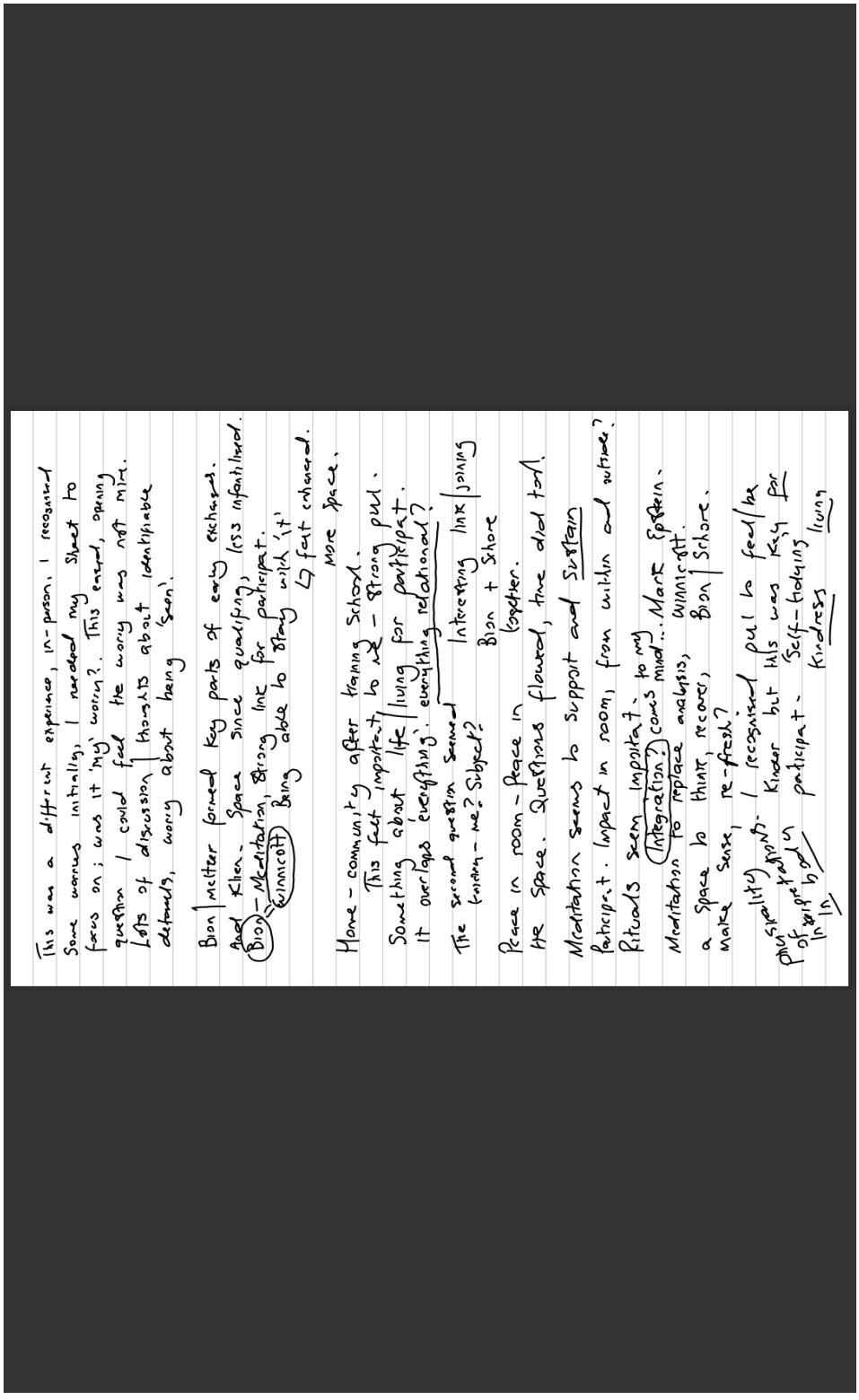
Adrian is interested in exploring personal meditative practices and the potential impact within the therapy room with children and/or adolescents. This study has been granted ethical approval by the Tavistock and Portman NHS Trust and is accredited through Essex University.

Full ACP members with a history of meditative practice are invited to express an interest in participation in this study. This will be through involvement in one semi-structured interview with Adrian to explore experiences ; the interview is planned to last for around an hour and will be conducted in person if practical, otherwise this will be via an online video platform.

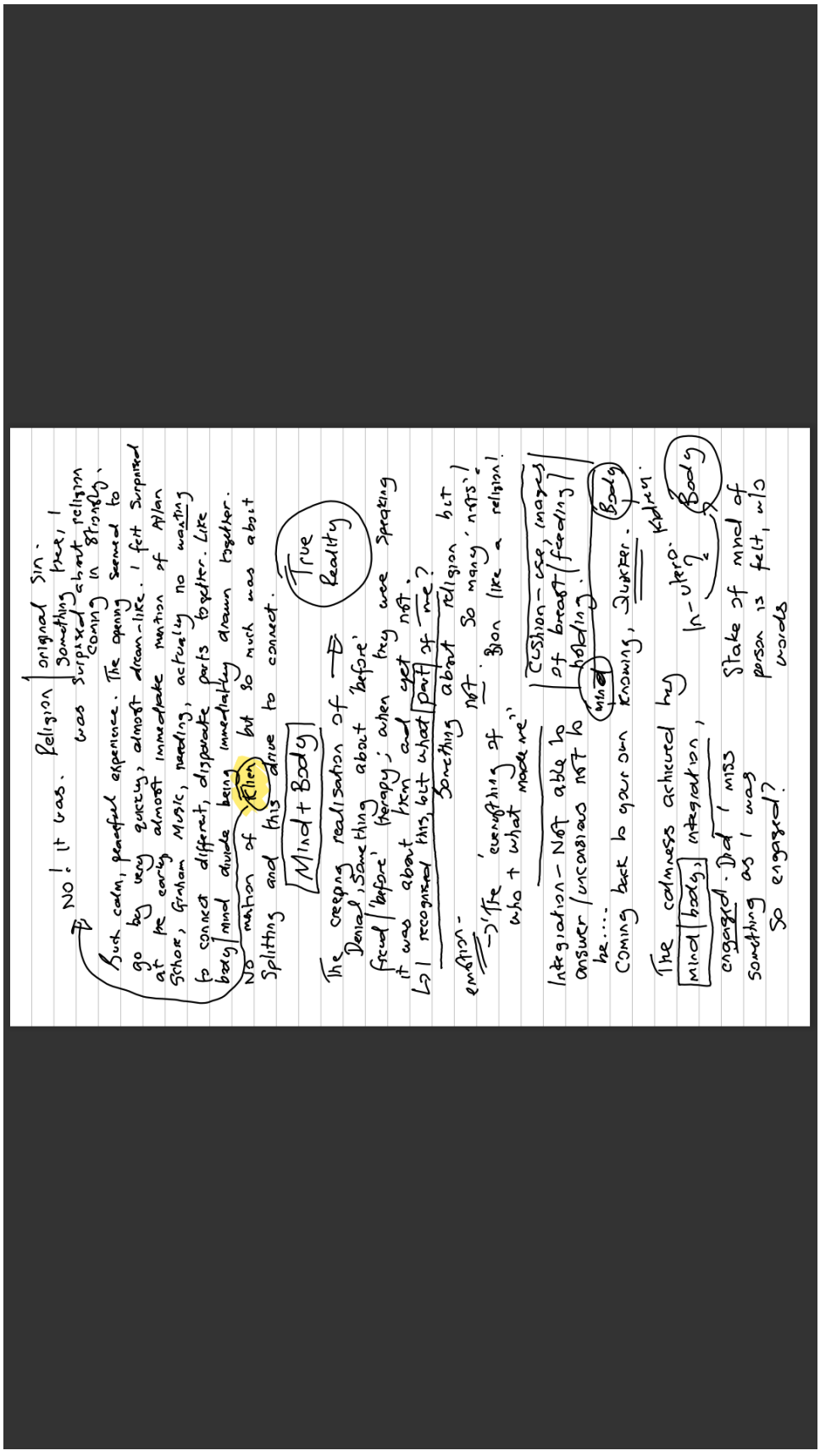
Interviews are being aimed to be conducted at a mutually convenient time and manner, within early 2024.

If you would like further information or to express an interest in participation please contact Adrian on ab20632@essex.ac.uk

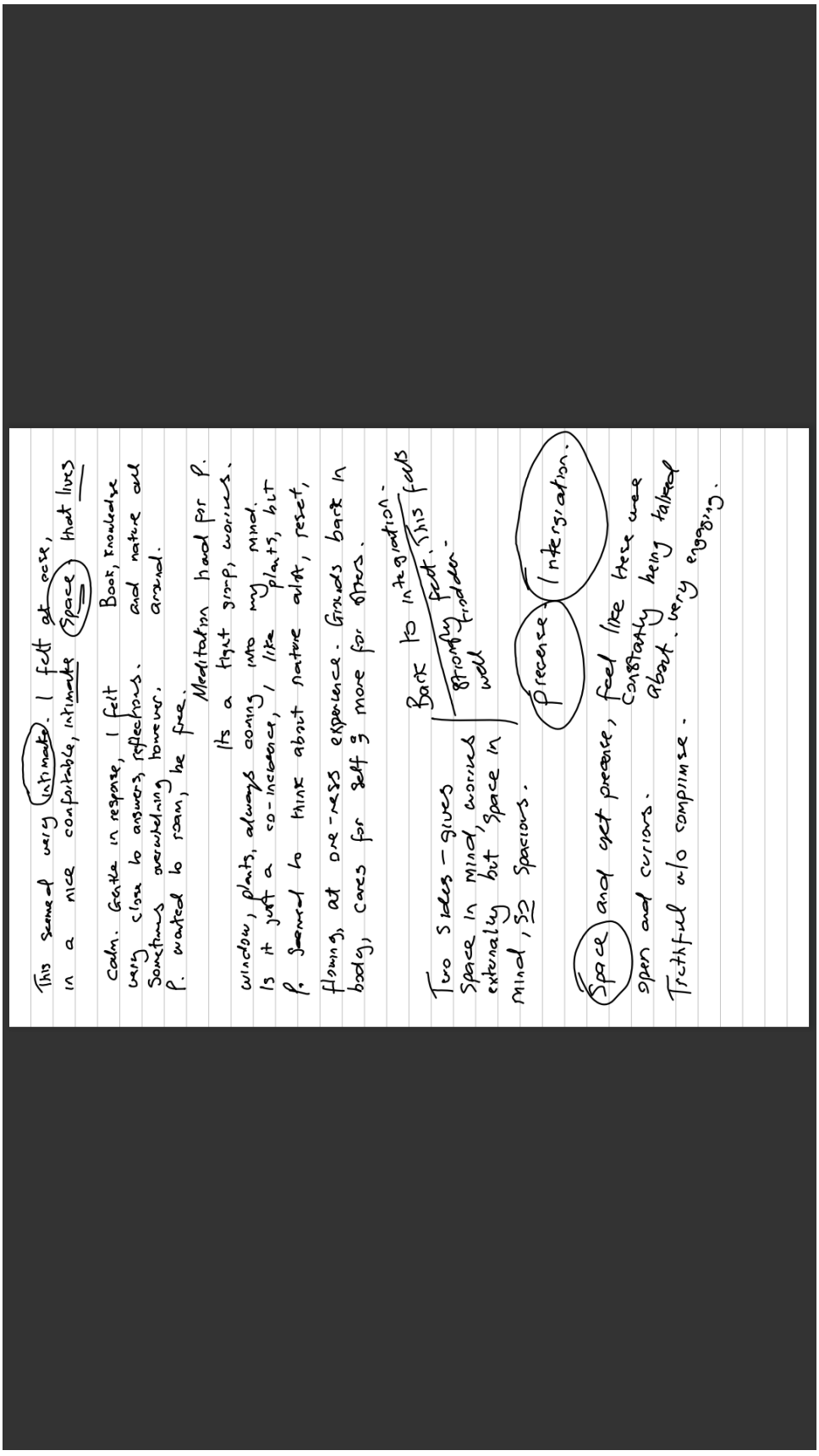
9A Interview Reflective Diary Extract



9B Interview Reflective Diary Extract

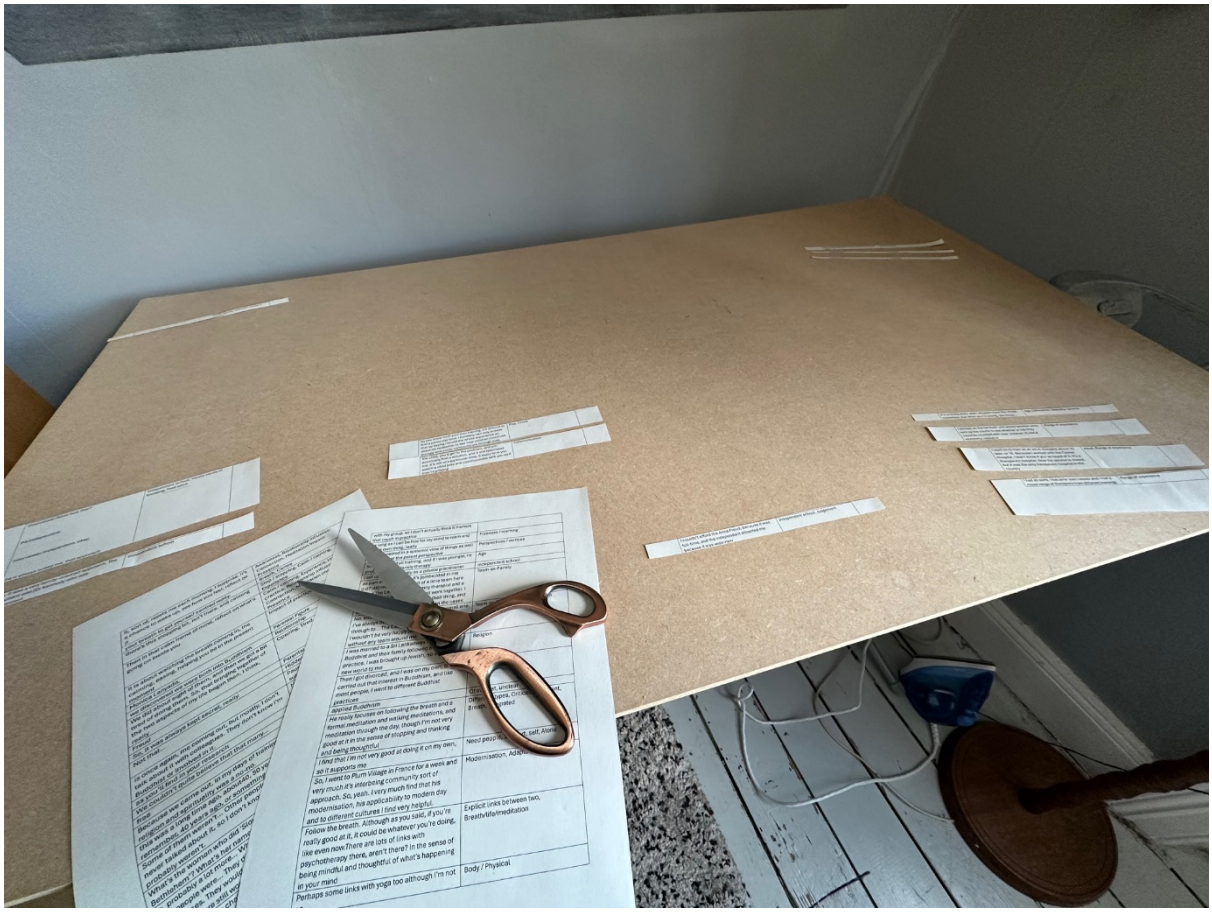


9C Interview Reflective Diary Extract

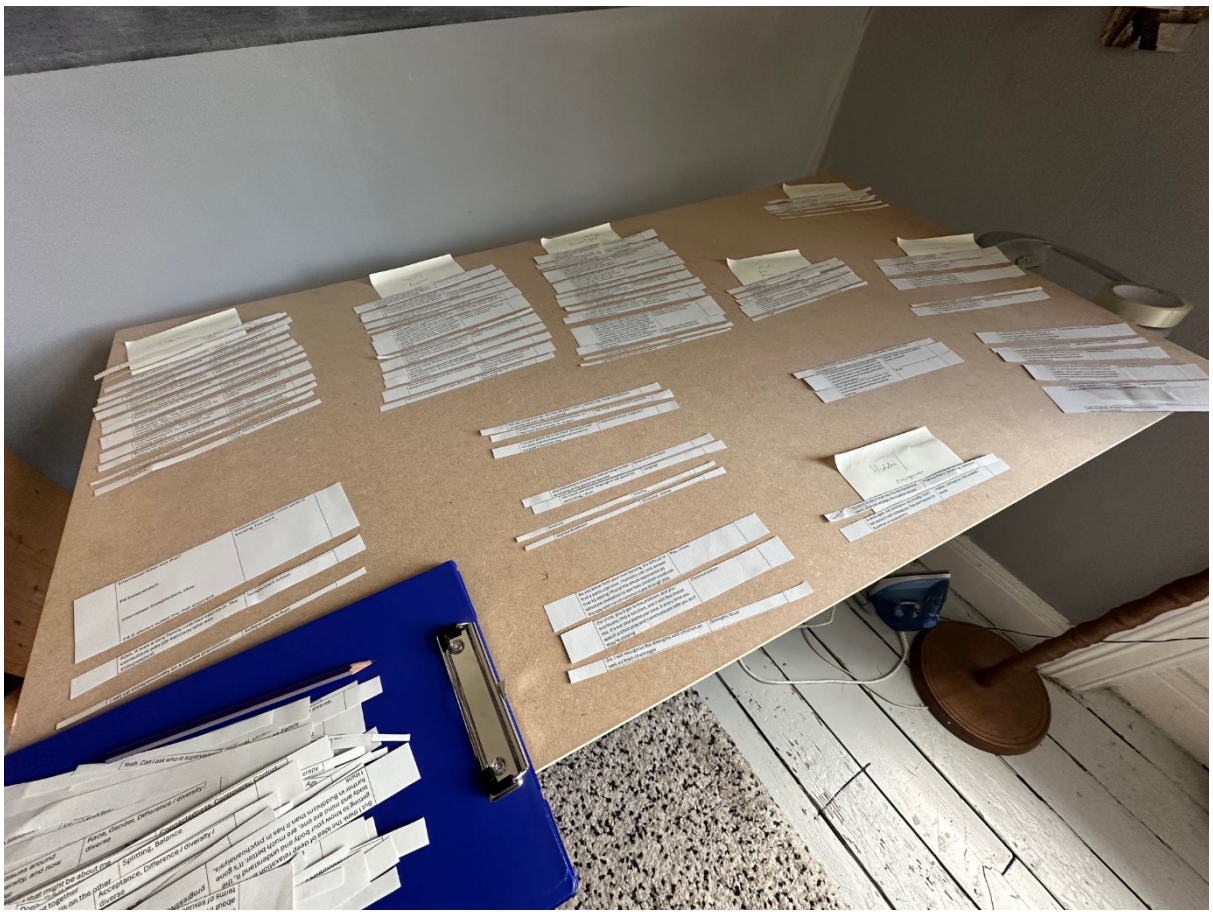


Chapter 4 Data Analysis Appendices

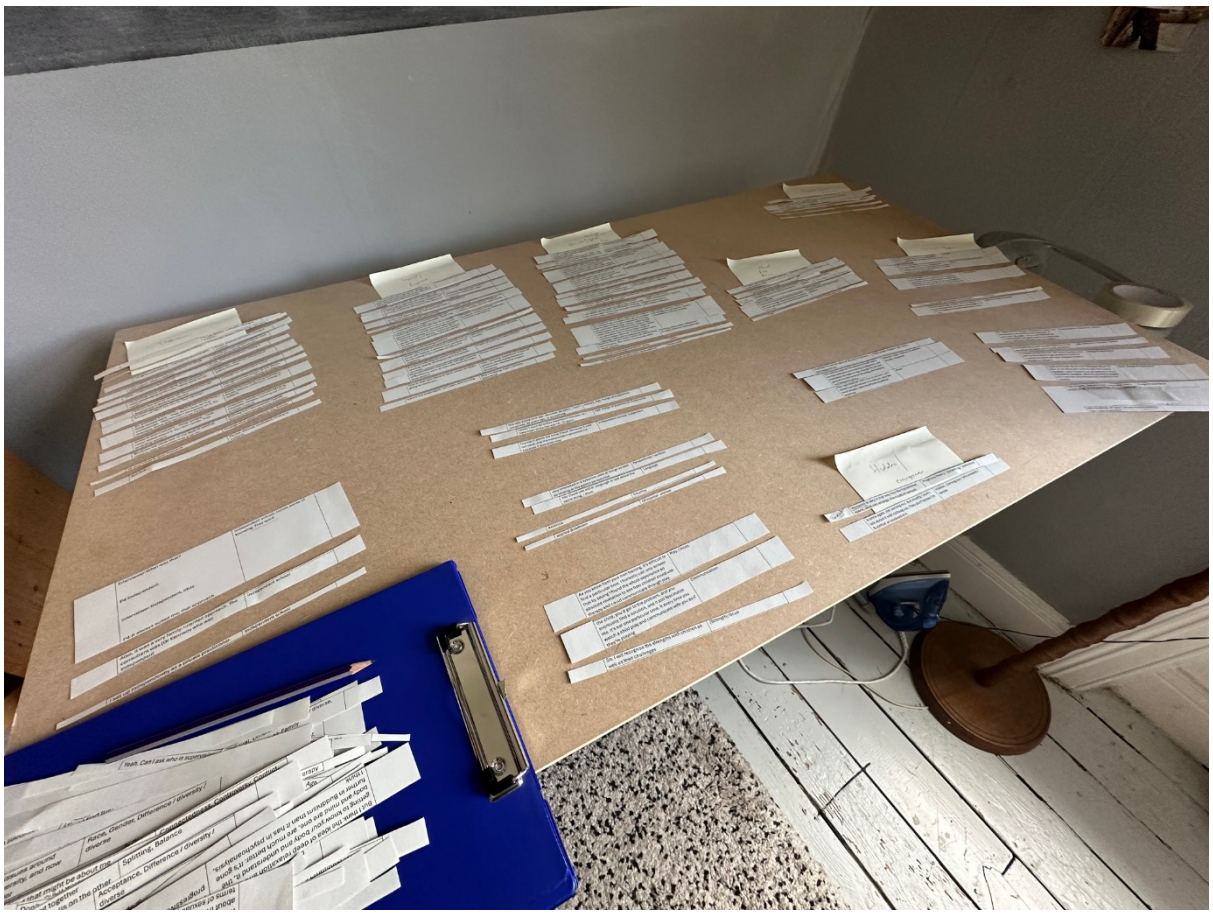
10A Examples of Initial Physical Coding and Connection Development



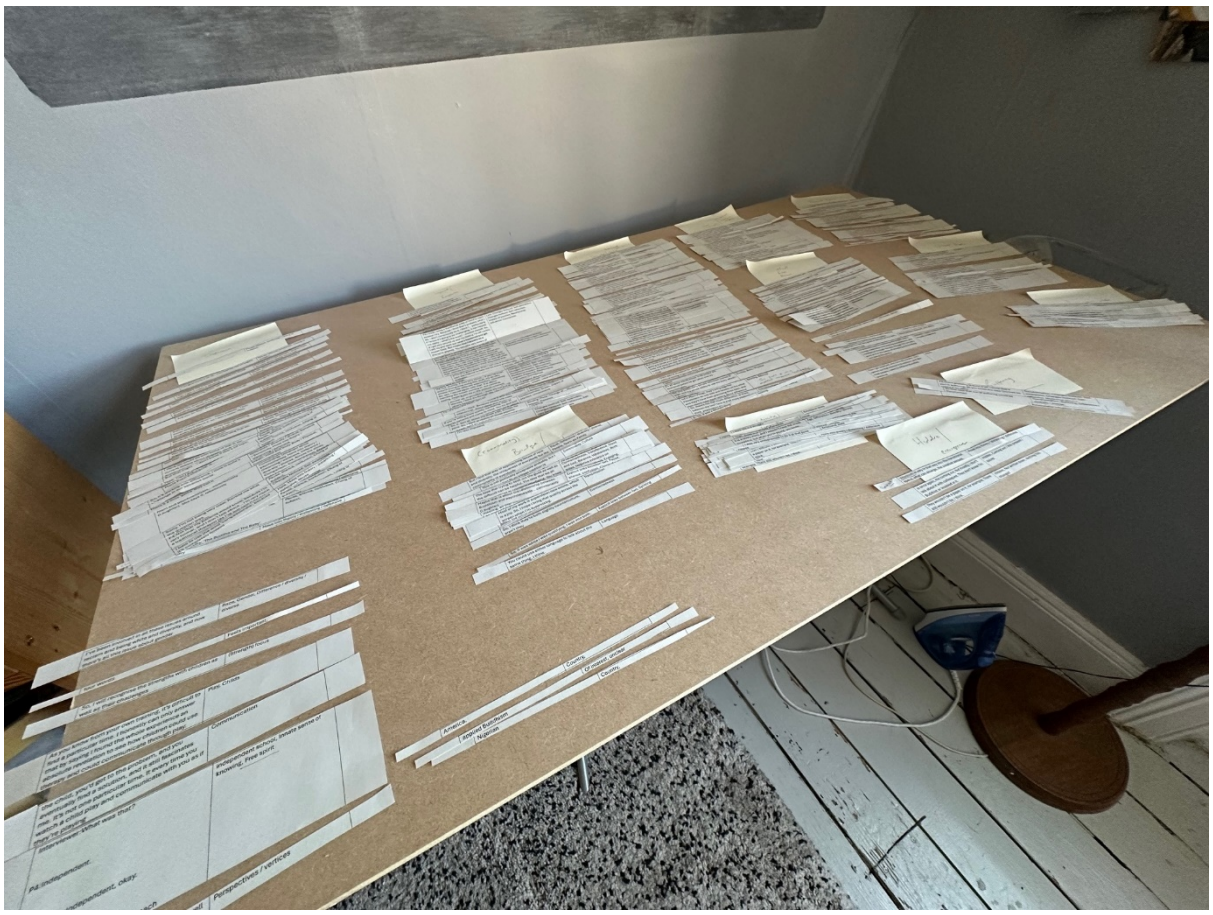
10B Initial Physical Coding and Connection Development Continued



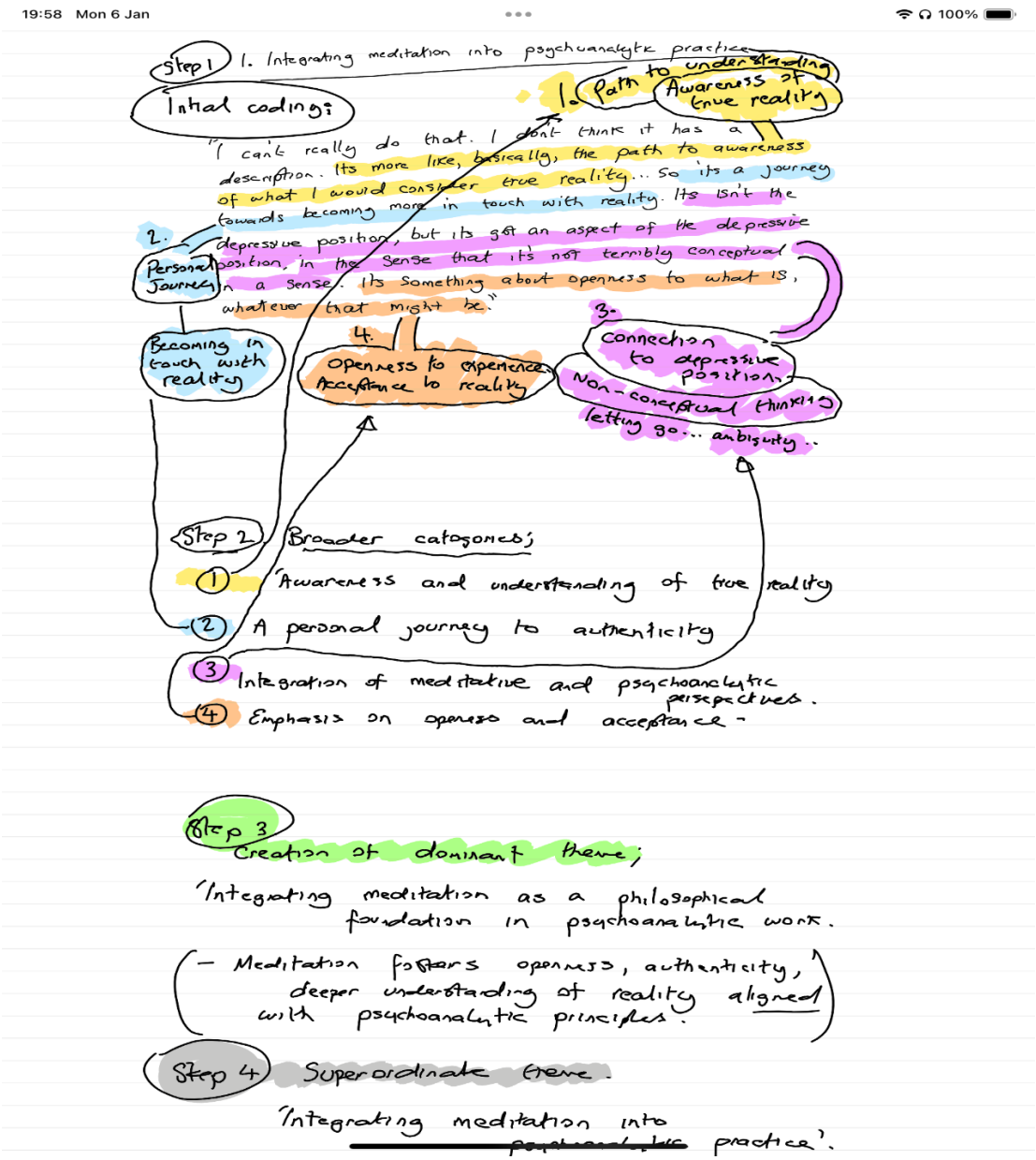
10C Initial Physical Coding and Connection Development Continued



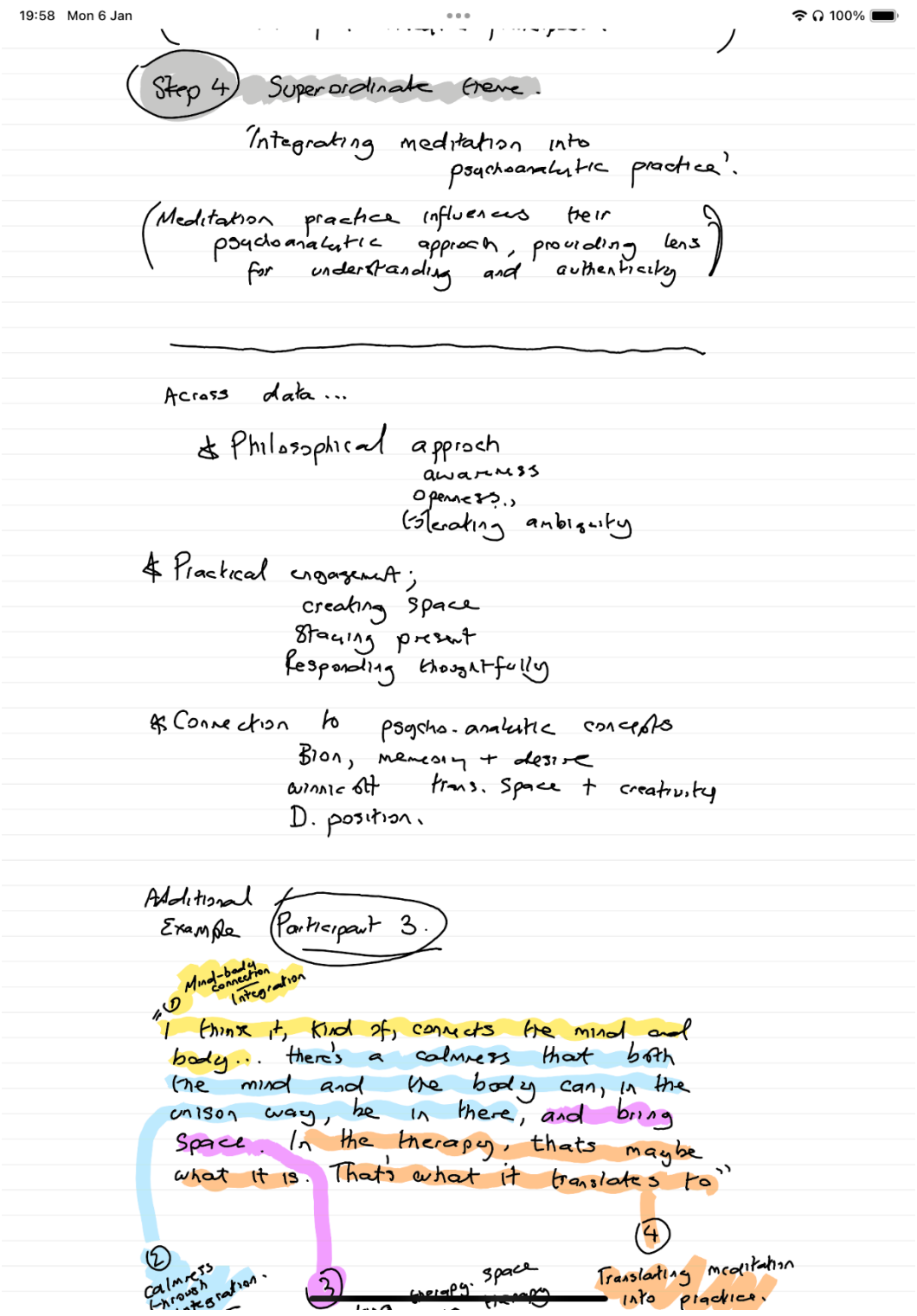
10D Initial Physical Coding and Connection Development Continued



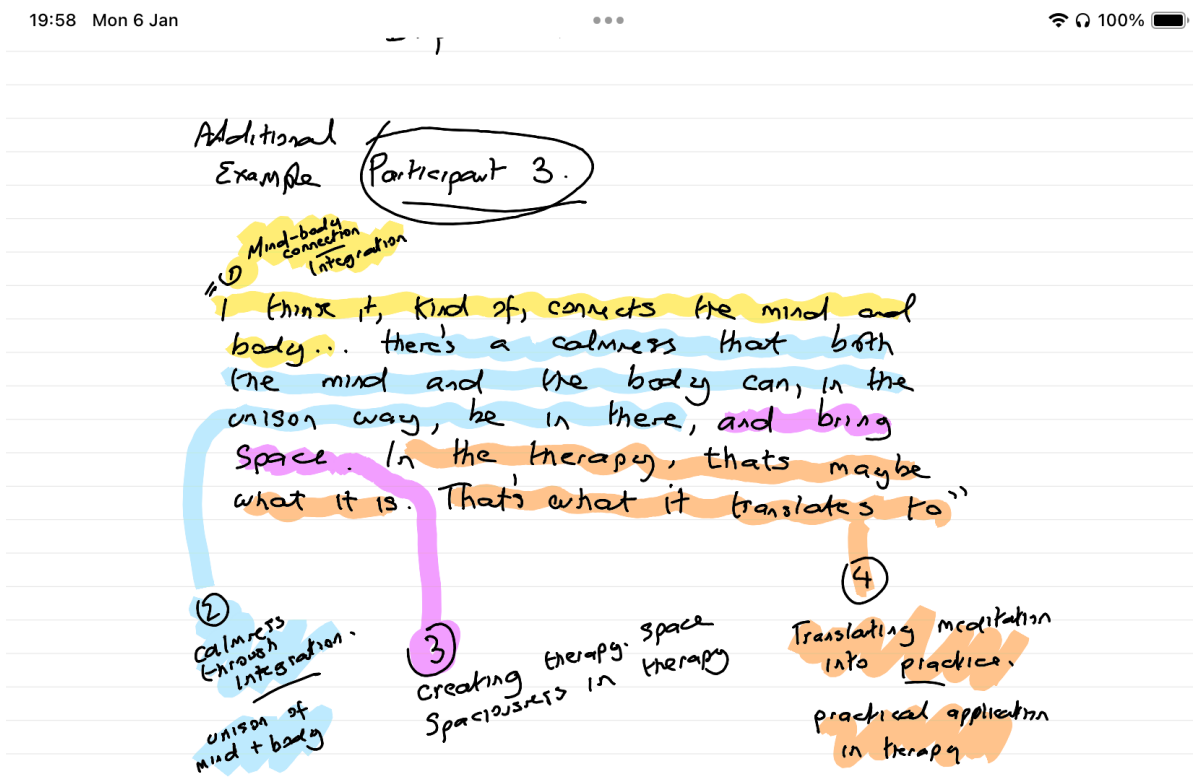
11 Initial Coding Process and Theme Evolution



12 Expanded Coding Flow



13 Finalised Coding Pathway



code 1 – Mind-body integration as a foundation for therapy

code 2 – Creating spaciousness and calmness in therapy.

code 3 – Translating meditation principles into practice.

Dominant theme –

Connecting mind, body and space as a foundation for PA. practice.

Superordinate theme –

Integrating meditation into PA. practice.

14 Coding Comparison Example: Participants 2 and 4

Focused Theme; Integrating Meditation into Psychoanalytic Practice

Stage	**Content (Participant 2)**	**Content (Participant 4)**
Quote Segment	*"Well, I mean, think Bion's without memory and desire, Zazen has a method of practice which is called dropping off mind and body, which is pretty much without memory and desire. There will be differences, but they're very similar, really. And it also makes me think about some of Winnicott's writing about just being in the maelstrom of it, just staying with whatever's going on, and not trying to think*	*"Absolutely, my psychoanalytic practice has changed because of this tradition I follow, I think. Because others are more intellectual, about ideas and abstracts. This one is very down-to-earth about daily life. But I'm always fascinated by the links. You making it personal, but intellectually, there are links too between standing back and reflecting on the changing thoughts going by. Mindfulness in it's proper sense, and association and following the child. Winnicott is very in that way into the transitional space, what can emerge, the creative senses. So, all of that to me correlates. You could use either language to talk about the same thing, I think. There are differences. My practice has changed. My psychoanalytic practice has changed*

	your way out of it. Just letting yourself feel it."	*because of Buddhism, not in an overt way, but in the way I think about it. So, the Buddhism has its own psychology, which talks about the unconscious in a different way.* *But ultimately, it's the same, that there are areas of our mind that are accessible through mindfulness that we need to know and understand, and that you can't have happiness without suffering and ambivalence, and all the different sides of life. I think there are so many similarities, really. I think the differences are on the problem focus of psychotherapy, whereas I think Buddhism has a different approach to healing the mind."*
Descriptive Coding	-Bion's without memory and desire -Zazen…dropping off mind and body -Winnicott's writing….being in the maelstrom	-Psychoanalytic practice has changed -Down to earth about daily life -mindfulness in it's proper sense -Winnicott…transitional space -creative sense -Buddhism….approach to healing the mind

	--Just staying with whatever's going on	-happiness without suffering and ambivalence
Linguistic Coding	-Repetition of *'without memory and desire'* suggests openness and non-attachment -*'dropping off mind and body'* evokes shedding ego and control -*'Maelstrom'* conveys emotional turbulence -Passive phrases like *'just staying'* reflect receptivity	-Contrast between *'intellectual'* and *'down-to-earth'* highlights practicality -*'Fascinated by the links'* reflects curiosity and synthesis -*'Following the child'* implies openness and adaptability -Metaphor of *'transitional space*' suggests creativity and potential *'Happiness without suffering'* conveys a balanced view of life's ambivalence
Conceptual Coding	-Integration of Bion's neutrality with Zazen's meditative stance -Staying present in emotional turbulence without intellectualising -Embodied, receptive engagement in therapy and meditation	-Meditation fosters a practical, embodied approach to psychotherapy -Integration of mindfulness with Winnicott's concepts of creativity and transitional space -Buddhism's approach to the unconscious emphasises understanding suffering and ambivalence -Emphasises openness to what emerges in the therapy process

Emergent Theme	**'Embodied Therapeutic Presence Through Meditation' (Synthesis of meditative practice and psychoanalytic neutrality, enabling a receptive, non-controlling therapy stance)**	**'Integrative Openness in Psychoanalytic Practice' (The blending of meditative and psychoanalytic principles promoting flexibility, creativity and practical therapy stance)**
Superordinate Themes	***Integrating Meditation into Psychoanalytic Practice***	***Integrating Meditation into Psychoanalytic Practice***

Chapter 5 Findings Appendices

15 Criteria and Additional Supporting Evidence for Themes

15A Theme 1: Integrating Meditation into Psychoanalytic Practice

Theme 1: Integrating Meditation into Psychoanalytic Practice
Definition: Explores the philosophical and experiential points of convergence participants perceived between meditation and psychoanalytic practice, particularly around openness, tolerance of uncertainty and receptivity to emerging experience.
Inclusion Criteria: Reflections on perceived theoretical or philosophical affinities between meditation and psychoanalysis. Participant-led connections with psychoanalytic ideas such as Bion's without memory and desire and Winnicott's holding environment.
Exclusion Criteria:

Descriptions centred primarily on relational qualities such as kindness, non-reactivity or emotional availability without explicit philosophical or theoretical comparison (Theme 2).

More deliberate internal meditative engagement during clinical encounters, such as attention to breathing or self-monitoring (Theme 3).

Meditative or restorative practices occurring beyond the therapy room (Theme 4).

Supporting Quotes:

Participant 1: “It’s a journey towards becoming more in touch with reality… it’s something about openness to what is, whatever that might be.”

Participant 2: “Zazen has a method of practice which is called dropping off mind and body, which is pretty much without memory and desire.”

15B Theme 2: Mindful Psychoanalytic Practice

Theme 2: Mindful Psychoanalytic Practice
Definition: Examines qualities participants associated with mindful attention as these became part of an internalised psychoanalytic stance, including openness, non-reactivity, kindness, emotional availability and presence.
Inclusion Criteria: Accounts of mindful qualities experienced as informing relational presence and emotional receptivity within clinical work. Reflections on remaining present with emotional turbulence without describing a deliberate meditative technique or formal meditation practice.
Exclusion Criteria:

Philosophical or theoretical comparisons between meditation and psychoanalysis (Theme 1). Explicit or deliberate internal meditative engagement, such as returning attention to breathing or consciously regulating internal state (Theme 3). Formal or restorative meditation practices occurring outside the clinical encounter (Theme 4).
Supporting Quotes: Participant 3: “They both are always attempting to avoid judgment and reaction. They both try very hard to not make it about myself” Participant 2: “I have a great deal more empathy, respect, humility, affection, care. I am pretty sure that my meditation practice has greatly increased that”

15C Theme 3: Meditative Engagement in Psychoanalytic Psychotherapy

Theme 3: Meditative Engagement in Psychoanalytic Psychotherapy
Definition: Explores how meditative attention, self-monitoring and internal regulatory capacities became available within clinical encounters, including more deliberate internal use in some accounts.
Inclusion Criteria: Accounts of consciously returning to breathing, slowing, self-monitoring or other forms of deliberate meditative attention within or around clinical encounters. Descriptions of capacities associated with meditation becoming consciously available for regulation, reflection or recovery of thinking while remaining within the psychoanalytic frame.
Exclusion Criteria:

Philosophical or theoretical affinities between meditation and psychoanalysis (Theme 1).

Internalised mindful relational qualities that are not described as deliberate meditative engagement (Theme 2).

Formal, restorative or everyday meditative practices occurring beyond the clinical encounter (Theme 4).

Supporting Quotes:

Participant 1: “If I’m in a session and I find myself becoming disturbed, then I would think about breathing, slowing my breathing, and then looking at where I was being disturbed”

Participant 3: “There’s a meditative state of mind..encompassing more than just myself and what’s in front of me”

15D Theme 4: Sustained Presence Beyond the Therapy Room

Theme 4: Sustained Presence Beyond the Therapy Room
Definition: Explores how participants experienced personal meditation beyond therapy sessions as supporting reflection, recovery and their ongoing capacity to sustain psychoanalytic work.
Inclusion Criteria: Mentions of meditation as a restorative or reflective practice used post-session or in daily life. Descriptions of meditation as associated with reflection, emotional recovery and the capacity to return to clinical work following disturbance or cumulative emotional demand.
Exclusion Criteria:

Deliberate internal meditative engagement occurring within clinical encounters (Theme 3). Philosophical or theoretical affinities between meditation and psychoanalysis (Theme 1). Descriptions concerned primarily with an internalised mindful relational stance within sessions (Theme 2).
Supporting Quotes: Participant 4: “Taking a walk around the garden to reset myself… just sitting under a tree and looking at the leaves for five minutes” Participant 2: “Zazen actually really means practising living…If I go for a walk, I might be doing a walking meditation”