

**Client-Presence:
A Heuristic Inquiry into Consolidating Soto Zen and Art Therapy Practice**

Blanche Moskovici

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of
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ABSTRACT

Client-Presence:

A Heuristic Inquiry into Consolidating Soto Zen and Art Therapy Practice

Blanche Moskovici

This exploratory research studied the client's experience with 10 to 25 minutes of *zazen* practice when used in the art therapeutic context as a transitional phase, between checking-in with the therapist and art making. First-person accounts by the researcher and six participants, women over 40 who were chosen for their experience with the Zen art therapy approach, were generated using a questionnaire format. Concepts referenced to substantiate and explain the various findings of this heuristic study are framed by and include Jungian analytic psychology and alchemy, Soto Zen based research and practice, process-oriented psychology, and art therapy.

Results indicate that the client is a witness to her *zazen* process through client-presence, that the checking-in period with the therapist impacts the client's *zazen* experience, while *zazen* informs the client's art making process and symbolism. Client movement from an initial state of distraction to concentrated presence and calmness was conceptualized, extending D.H. Shapiro and S.M. Zifferblatt's (1976) model in terms of a six-phase *zazen* process: (1) focus on breathing; (2) attention wanders; (3) focus returns to breathing; (4) porous states of mind, fluid breathing; (5) quiet mind, presence; and (6) last three minutes, no content and refined content. As well, two modes of client creative engagement were identified: *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*. A model of the Zen art therapy treatment approach is proposed. The findings support the use of *zazen* with an adult mental health population by Zen trained art therapists. Future development of an instrument to quantitatively measure client-presence is recommended.

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Special thanks goes to Dr. Sybille Rulf for proofreading, editing with loving attention, and preparing for publication this research paper; Jacqueline Wilson for volunteering her invaluable alchemical knowledge; Mira Rozenberg for correcting this document according to APA style; Line Lacroix for translating into French and formatting to perfection the participants’ information package; and to the artists that consented to using their creative works to illustrate the essence of art informed by Zen.

I would like to thank my family for investing in my education, my friends for cheering me on, and Danielle Dion for her therapeutic-presence and insights during this study. Most of all, I am deeply grateful to my spouse André Dubé for loving, encouraging and helping me to fulfill my dream of completing a Master’s degree in Art Therapy.

DEDICATION

This research paper is dedicated to Zen monk, Gilles Rivest, leader of the “Centre Soto Zen de Vaudreuil.” For over 36 years Gilles has been of service to others, transmitting the essence of Soto Zen practice. One Spring afternoon, on April 12, 1997, I consulted Gilles and the Zen Art Therapy approach was born!

Sit in silence,

Draw,

See.

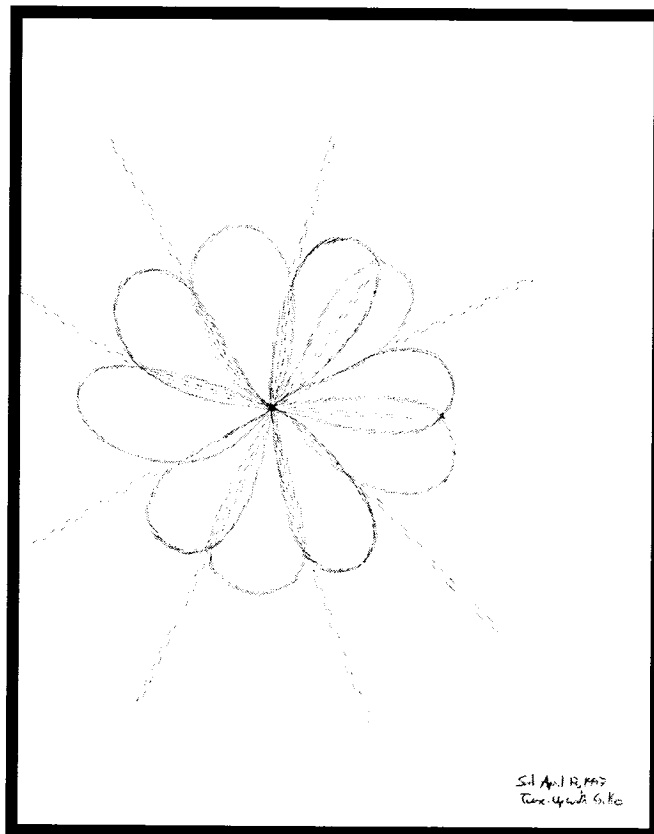


Figure 1. Sleepless Nights.

I want to thank you Gilles for your presence and for reminding us during our Friday evenings of zazen practice that: La réalité n'est que la perception de ce que l'on en a.

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INTRODUCTION

Silent sitting, anywhere from 5 to 30 minutes daily, can empower individuals with a direct experience of total body-mind awareness (McCarthy, 2001), an ideal state for engaging in the art making process. This author's experience with "zazen" or "sitting in silence" practice in an art therapeutic context, brought her to realize the importance of client-presence for maintaining a state of presence during the creative process, deepening the therapeutic relationship, increasing treatment efficacy, and accelerating the art therapeutic process. The underlying motivation for this study was to develop this notion, by exploring how client-presence increases through attention training or zazen, and to share her research with others.

In the next few pages we introduce the purpose for this study. The primary research question is asked and subsidiary questions are formulated. Identified are the chosen clinical population, and the limitations and delimitations or scope of this study. This researcher's stance and assumptions are voiced, grounded in significant personal and professional experiences with the multidisciplinary Zen art therapy approach. Discussed is the relevance of integrating zazen as an adjunct to art therapy practice, the reasons for choosing the heuristic research methodology, and the parallels between zazen and the heuristic process of inquiry. A preview of all nine chapters of this paper, briefly synthesized, is followed by a list of key terms that are defined.

Statement of Purpose

The proposed area of heuristic investigation focuses on describing the client's experience of zazen within an art therapeutic context. A second objective is to develop the notion of client-presence within art therapy practice by examining how zazen or

sitting in silence acts as a catalyst for the art making process through client-presence. To our knowledge no research has been done on either the client's direct experience with Soto Zen practice in an art therapy session, individual or group, or the notion of client-presence within this context. While there are therapists who begin sessions with silence to allow clients to settle-in, there seems to be more therapists who only suggest a centering and grounding method as a precursor to the creative arts therapies process. Naropa University trains art therapists in the practice of therapeutic-presence through mindfulness meditation, but client-presence is "not necessarily fostered with meditation practice since each situation is unique. Not all clients are interested in mediation practice as part of their therapeutic work" (M. Franklin, personal communication, April 12, 2006). Few professional articles, research papers and/or theses in the field of art therapy consider at all, let alone discuss in depth, the benefits and risks of integrating sitting in silence practice with a clinical population.

A questionnaire completed by this researcher first, and then by ex-members from her *Thérapie Transpersonnelle* groups, informs this qualitative study. All six women are over the age of 40 years, and have practiced from 15 to 25 minutes of zazen prior to engaging in the art making process. Their heuristic voices extend this researcher's findings and provide the foundation to build a body of work that substantiates the suggestions of art therapists already recommending some form of centering or grounding method prior to art making with a mental health population.

Research Questions

This study explores the following primary research question: "*What is the experience of 'zazen' or 'sitting in silence' practice when used as a transitional phase in*

the art therapeutic context, between checking-in with the therapist and art making?”

Research that investigates zazen’s efficacy in moving along the client’s art therapeutic process brings up the following four subsidiary questions: “(1) *What is the client’s preliminary mental state when arriving at an art therapy session?*; (2) *How does the development of client-presence through zazen or sitting in silence practice catalyze the art making process?*; (3) *How does the experience of engaging in the art making process without prior zazen practice differ from practicing zazen as a precursor to art making?*; and (4) *What is the experience of sitting in silence for 15-25 minutes prior to art making for women over 40 years of age, who attended a “Thérapie Transpersonnelle” group led by this researcher-as-therapist at a mental health community center?”*

While the four aforementioned subsidiary questions acted as a springboard for the questionnaire to generate descriptive data, the heuristic process of inquiry dictated what questions to ask. Please refer to section B of the questionnaire in Appendix A.

Scope of the Investigation

The breadth and depth in which the participants’ and this researcher’s lived experiences are described and articulated is extensive. Some attention is given to the discussion and exploration of the artworks period for the development of the concept of client-presence. As well, the differences and similarities between zazen and art therapy are presented, and emphasis is placed on how these alternative approaches combine to become a unified method of practice.

Delimitations for this study are sample size, choice of population, participants’ years of zazen practice, and differences in duration of zazen practice within individual (10 minutes) versus group (15 to 25 minutes) art therapy sessions. Firstly, the clinical

sample of women, over 40 years of age, who have experienced zazen within an art therapeutic context is small. Secondly, this researcher has 12 years of zazen practice, while the six participants who filled out the questionnaire are beginners with less than four years of zazen practice. Due to the small sample size and qualitative nature of this study, limitations exist in generalizing the results to other creative arts therapies modalities, populations, gender and/or age groups.

Researcher's Stance and Assumptions

By advocating a transpersonal stance grounded in Jungian analytic psychology and alchemy, the practice of Soto Zen, humanistic-existentialist and Zen psychotherapy, process-oriented psychology and art therapy: first, this researcher will assume that it is possible to dovetail zazen and art therapy practice into a new multidisciplinary treatment modality that can benefit clients attending individual or group art therapy; second, she will assume that participants, at the beginning of a session, may experience physical and cognitive stress or uneasiness about doing art therapy, and that zazen practice will reduce their distress; third, she will assume that participants require a learning or adjustment period with sitting in silence practice, that heightened anxiety levels are experienced at first with this method, followed by a reduction in anxiety levels with regular practice; fourth, she will assume that the participants can develop client-presence, a deeper awareness of present moment self-states and subjective experiences during zazen practice, which they are able to translate visually into art and articulate verbally with their therapist in an open two-way dialogue. Finally, this author will assume that as researcher, art therapist, and zazen practitioner, she has an open mind to discovering for herself and through ex-members' questionnaire responses what zazen brings to art therapy practice.

Brief Discussion of the Questions' Relevance to Art Therapy Clinical Practice

Art therapists have made reference to the importance of facilitating the art making process by providing clients with a period for “empty[ing] one’s mind from the trains of thought of the ego [in order to] let the image [and other sensory information] enter [their] field of attention” (von Franz, as cited in Wallace, 1987, p. 117). In this author’s view the preparation time and space given to centre, focus inward and access “near-conscious” (Jung, 1947/1982, p. 97) imagery or a bodily felt-sense can clarify the art therapeutic focus of the present moment for the client, thus fostering a deeper level of engagement with self during the art making process. This researcher’s direct experience with consolidating zazen and art therapy practice with groups as an intern and recently in her own individual art therapy sessions can be considered as potential resources for developing further this therapeutic perspective and approach.

The choice of heuristic inquiry stems from the parallels inherent between the researcher’s process of self-discovery and zazen, in particular the phases of immersion, incubation, and illumination (Moustakas, 1990), in addition to input from other heuristic investigations used to explore perceptual shifts and states of awareness (Frick, 1983, 1987, 1990, 2001). A heuristic model elicits the emergence of tacit knowing about the subject area of study, expanding the knowledge base of currently relevant clinical research. In giving a literary voice to the researcher as client, the stance of client-presence is acknowledged and validated. Thereafter, by extending the research to include participants’ experiences with zazen, the essential universal “qualit[ies] or theme[s]” (Moustakas, 1990, p. 24) of the zazen phenomenon are known. Finally, by developing the concept of client-presence in an art therapy context, the reciprocal stance of therapeutic-

presence, the client's position as a knowledgeable, responsible participant and catalyst of his/her art healing process is reinforced. For this author it seems that client-presence is the key to maintaining a state of presence during the creative process, deepening the therapeutic relationship, increasing treatment efficacy, and accelerating the art therapeutic process.

Overview of the Research Paper

This research paper is divided into two parts. Part One of this document consists of four chapters. Chapter 1 provides a review of pertinent literature, introduces the principles of zazen and mindfulness, presents research on Zen and the use of these disciplines with a clinical population, articulates their effects, and offers a comparison between the two approaches. Next, art therapy research that recommends sitting in silence practice is presented. A comparison is made between zazen and art therapy. Theories, concepts, and studies that bear on this investigation are included. An evaluation of treatment efficacy concludes this chapter.

Chapter 2 is divided into two sections, A and B. Section A summarizes Moustakas's (1990) heuristic model of research methodology and the researcher's six-phase qualitative approach to scientific inquiry. Data analysis techniques are examined, and consideration is given to the verification and validation of research findings. Section B elaborates on the research design and data collection methods, choice of instrument used with participants, methods of recruitment and contact with participants, and data analysis procedures. It outlines a step-by-step execution plan and time period for the study. Evidence of validity for heuristic investigative procedures and inquiry is provided.

Chapter 3 acquaints the reader with the training that members undergo when participating in a Zen art therapy group. The zazen experience is described from a theoretical perspective by elaborating on the three fundamental points of Soto Zen discipline according to Taisen Deshimaru (1978/1985): concentration on one's posture, breathing, and mental attitude, with some input from this researcher and other Soto Zen practitioners.

In chapter 4 we introduce the Zen art therapy treatment model through the three art therapeutic contexts in which zazen was integrated. Researcher and participant profiles precede the presentation and explication of the findings, presented in Part Two.

Part Two of this research paper consists of five chapters devoted to presenting and explaining the findings, which are grounded in the verbatim comments of this researcher and the participants profiled. Chapter 5 presents the universal themes of "Therapy – The Transference Relationship" and "Zen – The Zazen Process." An analogy is made between zazen and the alchemical process of individuation according to Jung. Chapter 6 introduces the universal theme of "Art - The Act of Creating," and the emerging sub-themes of "*Expressive Reactivity*" (ER) and "*Responsive Creativity*" (RC).

In chapter 7 a comparison is made between the experience of art making with and without prior zazen practice, and the concept of client-presence is developed. Chapter 8 focuses on this researcher's heuristic experiences with zazen, and in particular with her therapist. Chapter 9 provides an evaluation and a synthesized version of the Zen art therapy treatment model.

Interactions between results amongst the primary and subsidiary research questions, and the unexpected findings are explored. Negative instances are mentioned.

Part two closes with a creative synthesis of the findings in an artwork called “Client-Presence,” followed by a synthesized version of the Zen art therapy treatment model (see Figures 25 and 26).

Finally, some conclusions are drawn about the Zen art therapy treatment model, focusing on the zazen experience and its effectiveness in directing the client’s focus towards deeper levels of art therapeutic work through client-presence. They are summarized in light of theory already discussed. The limitations of the study are restated. Implications for future research are offered in the form of unanswered questions and suggestions that are relevant for art therapy clinical practice.

Key Terms

- 1) Client-presence: A concept under development which acknowledges that the client is a conscious person, having the capacity to be an attentive witness of his/her own lived experiences in the present moment, whether they are agreeable, disagreeable, or neutral. This concept is integral to the Zen art therapy treatment model.
- 2) Cognitive stress: a term that makes reference to a mental state of discomfort or distress, where the experience of the self is disturbed by ruminating thoughts that direct an individual’s attention away from the present moment.
- 3) Ego: “le petit moi, possessif et limité” (Deshimaru, 1976, p. 235). Austin (1999) refers to the ego as “I-Me-Mine [whereby] *I* also acts. . . . *Me* reacts. . . . *Mine* possesses” (pp. 43-44). Jung (1951/1973) defines the ego as “the complex factor to which all conscious contents are related. It forms . . . the centre of the field of consciousness; and in so far as this comprises the empirical personality, the ego is the subject of all personal

acts of consciousness” (p. 3). Indirectly, Jung (1951/1973) refers to the non-ego as what is “unknown in the outer world; . . . [what is unconscious] in the inner world” (p. 3).

4) Heuristic: Moustakas’s (1990) six-phase qualitative approach to scientific inquiry, that seeks to give universal meaning to first-person accounts of participants’ lived experiences with the phenomenon under study.

5) Inner witness: the observing self, who watches with objectivity the ego’s self-created scenarios as they are being projected onto the screen of his/her mind.

6) Kensho: a Zen term that refers to awakening to our true nature, “[s]eeing into the essence of things, insight-wisdom (Ch: Chien-hsing). It is regarded as the beginning of true training, a prelude to the depths of satori” (Austin, 1999, p. 707).

7) Scenarios: projected past, present, or future situations, relationships and events enter the viewer’s mind and demand attention. They may carry residual content related to unresolved issues and/or relationships in the individual’s life, and can trigger emotions, as well as physical sensations. Some scenarios are played out, while others lead the viewer into uncharted territory.

8) Self: a term used by Jung (1946/1989) to signify wholeness. The self “is both ego and non-ego, subjective and objective, individual and collective” (1946/1989, p. 103). Jung (1959/1990) interchanges the “self” with the “transcendent function” (p. 289), which refers to the union of opposites, the “subtle” body and the “breath body” (Jung, 1946/1989, p. 116). Mindell (1989) interchanges the term of Self with the “subtle” body and the “dreambody” or what he calls “the total multi-channeled personality” (p. 39).

9) Soto Zen: Dogen affirms the identity of the practice, that of awakening, while zazen is the practice of “l’*éveil*” (Ikemi & Deshimaru, 1985/1991, p. 140) or being-awake.

PART ONE: GUIDEPOSTS TO HEURISTIC INQUIRY

CHAPTER 1: LITERATURE REVIEW

Introduction

This literature review introduces the principles of zazen and mindfulness, presents pertinent Zen research on the use of these disciplines with a clinical population, and articulates their effects. Effort is made to elucidate the differences and similarities between these two practices. Next, consideration is given to art therapy research that recommends sitting in silence practice. A comparison is provided between the approaches of art therapy and zazen.

Theories, concepts, and studies that bear on this investigation are included for the purpose of better situating sitting in silence practice within an art therapeutic context. A brief overview of Jung's (1946/1989) theory of the transference relationship, Goldfarb's (1991) humanistic-existentialist and Zen perspective on client-presence, and process-oriented research in psychotherapy, Zen, and art therapy is provided. An evaluation of treatment efficacy, based on sitting in silence practice research, concludes this chapter.

The Fundamentals of Zazen and Mindfulness Meditation

At the core of all Buddhist training is the practice of zazen or sitting in silence. For Soto Zen master Taisen Deshimaru (1978/1985), who ordained this researcher's Zen teacher Gilles Rivest in 1980, the three fundamental points of zazen are concentration on one's posture, breathing, and mental attitude. Chogyam Trungpa (1976), an internationally renowned Zen Buddhist master, and the founder of Naropa University of Boulder, Colorado in 1974, believes that the way of mindfulness is founded on four principles: (1) "*mindfulness of body*" (p. 22) or absorption in the act of just sitting; (2) "*mindfulness of life*" (p. 26) or "allowing yourself to be there in the moment of what is

happening in your living process and then letting go” (p. 28); (3) “*mindfulness of effort*” (p. 29) or redirecting one’s attention to the act of sitting with the technique of the “*abstract watcher*” (p. 30); and (4) “*mindfulness of mind*” (p. 33) or self-experiencing in unison mindfulness of body, life, effort and mind, and the impermanence thereof. These principles are of interest to Western psychological theorists, researchers, clinicians, and the clinical populations under their care.

Western Appropriation of Zen Disciplines

The application of zazen has been studied under the umbrella of meditation from a variety of theoretical perspectives, including behavioral (Shapiro & Zifferblatt, 1976), constructivist (Delmonte, 1987), psychoanalytic (Christensen & Rudnick, 1999; Magid, 2000), self-psychology (Suler, 1990), transpersonal (Wilber, 1976), and others. It is the basis of mindfulness cognitive therapy approaches (Mason & Hargreaves, 2001; Teasdale, 1999), and transpersonal art therapy (Franklin, 2000). While each perspective provides its own view on how sitting in silence practice can supplement conventional psychotherapies as a clinical intervention method, and as an adjunct to professional training and practice, few overtly address the heart of this discipline, its spiritual context of origin and essence (Charles, 2000; Thomson, 2000). Furthermore, the literature has a “tendency to present tenets of Buddhism as if they were propositions of psychological theory” (Thomson, 2000, p. 532), rather than as originating in a 2500 year old spiritual practice. Regardless of theoretical orientation, according to Wilber (as cited in Walsh, 1983), most Zen research focuses on three levels of intervention: therapeutic, existential, and soteriological. The respective aims of each are to “reduc[e] overt pathology. . . . confront[t] the givens of existence. . . . [and know tacitly] liberation or enlightenment”

(p. 33). What sets the approaches of mindfulness meditation and concentration or zazen practice apart and unites them will be discussed next from a therapeutic perspective.

Differences Between Mindfulness Meditation and Concentration Practice

The main difference between mindfulness meditation and concentration practice is their method of attention training. As an approach mindfulness meditation emphasizes training in “nonfocal” (Astin, 1997, p. 100) attention or “a spotlight quality of attention” (Urbanowski & Miller, 1996, p. 32). Non-attachment and non-aversion techniques are employed by the client to experience a sense of self-control, self-regulation, and a yielding stance.

Attention training provides a portal for the resurgence of repressed past trauma to consciousness, such as for a sexual abuse survivor. The risk of the client feeling flooded by forgotten and repressed residual content is greater with nonfocal attention-regulation or mindfulness meditation, because the client attends to subjective processes and objects of consciousness that are near-conscious, unconscious and archetypal in nature¹.

In concentration practice the breath-body, contrary to mindfulness, becomes the point of focus. While being in the body can cause distress (e.g., for a sexually or physically abused client), the “laser beam quality of attention” (Urbanowski & Miller, 1996, p. 32) combined with the body’s grounding and centering qualities provide a shelter from the influx of unconscious contents of mind. The most obvious difference

¹ Campbell with Moyers (1988), “The difference between the Jungian archetypes of the unconscious and Freud’s complexes is that the archetypes of the unconscious are manifestations of the organs of the body and their powers. Archetypes are biologically grounded, whereas the Freudian unconscious is a collection of repressed traumatic experiences from the individual’s lifetime. The Freudian unconscious is a personal unconscious, it is biographical. The Jungian archetypes of the unconscious are biological. The biographical is secondary to that” (p. 51).

between these two approaches is that Mindfulness-Based Stress Reduction (MBSR) training is more accessible to the general public than Soto Zen training. Let us turn now to their similarities.

Similarities Between Mindfulness Meditation and Concentration Practice

Both approaches rely on attention training to teach the client how to relax, which is considered one of the side effects of sitting still for a suggested period of time (e.g., 20 to 45 minutes). Other side effects include the building of tolerance to pain, physical and psychological, in both Soto Zen and mindfulness meditation, as well as experiencing moments of profound silence (Gifford-May & Thompson, 1994).

The development of client-presence is acquired through either approach to sitting in silence practice and by applying such techniques as the abstract watcher, or witness, whereby “this watcher is without aim or goal. It is just simple self-consciousness” (Trungpa, 1976, p. 30). Common to both mindfulness meditation and concentration practice are the experiences of self-insight, and later insight-wisdom.

During advanced stages of sitting in silence the qualities of consciousness developed by practicing either approach converge, resulting in greater awareness of body and mind for the client. Client-presence increases and certain individuals encounter such experiences as “body and mind fall off” (Sasamoto, 1961, p. 134) and “satori” (Austin, 1999, p. 709). Continued practice along either path permits the client to experience states of consciousness that result in a transformation of attitude and behavior, some short lived and others permanent (Austin, 1999).

The client's embrace of a new outlook on life is but one motivating factor for therapists to integrate sitting in silence practice. To get a better sense of the driving force behind Zen research we now turn to the practitioners, who train in Zen disciplines.

Zen Disciplines for Professionals and Students

Amongst psychoanalytic circles zazen or sitting in silence practice has benefited certain professionals as a concentration discipline to foster "psychotherapeutic presence" (Christensen & Rudnick, 1999; Magid, 2000; Thomson, 2000). Mindfulness meditation techniques, such as the witness, have been used by Naropa University instructors to supervise students (Franklin, 1999, 2000), and to train them to develop increased presence, observe countertransference responses, and manage intense moments that surface in any therapeutic context, whether they are engaged in the role of client, group participant, or therapist (Swan-Foster, Lawlor, Scott, Angel, Ruiz, & Mana, 2001). Even medical students practice mindfulness meditation as "preventative medicine" (Shapiro & Schwartz, 1998, p. 94) to reduce personal and professional stress, as well as to increase their presence with patients.

La Torre (2001) points out that "as early as 1977, the American Psychiatric Association (APA) was suggesting that 'meditation could facilitate the therapeutic process' and it encouraged research to 'evaluate its possible usefulness' (Task Force on Meditation, 1977)" (p. 1). Thirty plus years of quantitative research into Zen concentration practice and mindfulness meditation affirms the sitting posture's self-regulatory and self-control effects on mind and body (Akishige, 1977a, 1977b; Astin, 1997; Urbanowski & Miller, 1996) and related health disorders (Bishop, 2002; Ikemi & Deshimaru, 1985/1991). Yet, the current application of sitting in silence with adult

clinical populations remains a controversial topic (Bishop, 2002), indicating that caution should be taken in prescribing zazen practice.

The Cautionary Use of Zen Disciplines with Clinical Populations

There exists a shared discourse amongst qualitative and quantitative researchers and Buddhist psychotherapists investigating the application of concentration practice and mindfulness meditation with clinical populations. Thomson (2000), a Soto Zen practitioner, articulates it as a “tendency to discuss Buddhist practices as if they were therapeutic techniques to be applied or withheld based on diagnostic or dynamic considerations” (p. 532). Essentially, sitting in silence practice is a spiritual discipline, and not a technique, meaning that it is accessible to all. Yet, when it is used as an adjunct to psychotherapy the clinician is ethically bound to ensure that no harm comes to his/her clients.

A clinician must consider two key points when deciding on whether to apply or withhold the clinical use of Buddhist practices. Firstly, he/she must take into account the populations at risk. For example, Zen based research findings caution against the use of these disciplines with clients that are at risk of or exhibit psychotic symptoms (Deatherage, 1975), who have a weak sense-of-self or ego (Engler, 1984), are diagnosed with borderline personality disorder (Bogart, 1991), or who are prone to experiencing the unveiling of traumatic memories during the practice, such as sexual abuse survivors (Miller, 1993; Urbanowski & Miller, 1996). Secondly, he/she must recognize that current restrictions on the endorsement of Buddhist practices with certain clinical populations are due to professional criticisms of outcome studies, which Astin (1997) and in particular, Bishop (2002) suggest are limited by methodological research problems.

Despite these cautionary constraints statistical evidence in support of using Zen disciplines is increasing, specifically for the Mindfulness-Based Stress Reduction (MBSR) program. In North American and Europe over 240 programs exist that teach participants the MBSR method. Commendable in this program, which Dr. Jon Kabat-Zinn and his colleagues developed at the University of Massachusetts Medical Center-Stress Reduction Clinic, is the 45 minutes devoted to each sitting meditation period. An examination of this program's clinical applications and efficacy follows.

Clinical Applications of the MBSR Program

The MBSR method has been applied with patients suffering from cancer, major depression, chronic pain, fibromyalgia, generalized anxiety, binge eating disorder, diabetes, and hypertension (Bishop, 2002) using such techniques as the Body Scan, sitting meditation, and Hatha Yoga (Astin, 1997). Bishop's (2002) critical review of the MBSR method identified one out of 13 outcome studies that met randomized controlled trial specifications, that of Speca, Carlson, Goodey and Angen's (2000). Their randomized controlled trials "provide the only rigorous test of MBSR in a medical population – a mixed sample of cancer patients. The results are impressive with 65% and 35% reductions in total mood disturbance and stress symptoms, respectively" (Bishop, p. 72). Measures were taken using the Profile of Mood States and the Symptoms of Stress Inventory. Next best, was "Teasdale, Segal, Williams and Ridgeway's (2000) very well-designed study, [suggesting a reduction in] relapse of depression" (p. 79). Bishop raises the crucial question of whether these results are due to "mindfulness training versus cognitive therapy" (p. 79). On closer scrutiny, this indicates a need for assessment tools that can discern subtle differences between approaches that seem similar on the surface,

but differ for example in quality of attention and mental attitude towards phenomenal experiences.

In evaluating the efficacy of MBSR with a non-clinical population Astin (1997) reported five benefits: “(1) reduc[tions] in overall psychological symptomatology. . . . (2) [greater internal locus] of control. . . . (3) a positive yielding [attitude]. . . . (4) positive changes in participants’ sense of self as agency or source of control. . . . (5) [an increase in] spiritual experiences” (p. 103). Still, Bishop (2002) questions whether these results are generalizable to a clinical population. While Bishop’s critical stance of this study is understandable, Astin’s remark that “any observed effects from the mindfulness training were solely the result of relaxation components” (p. 105) appears to act as a disclaimer of his own findings. Additional scientific evidence suggests that MBSR may have been associated with “a significant reduction (39%) in severity of psychiatric symptoms” (Bishop, 2002, p. 73) in fibromyalgia patients, and that outpatients diagnosed with generalized anxiety and pain disorder could maintain the beneficial effects of the practice three-years after the completion of the program (Miller, Fletcher & Kabat-Zinn, 1995).

For now the overall effectiveness of this therapeutic intervention with clinical populations is undetermined, and it’s potential usefulness can only be speculated on. Quantitative research would require that the construct of mindfulness be operationalized, validated, and measured according to rigorous mathematic-statistical methodology before endorsing its use. However, the effects reported in the literature by qualitative and quantitative researchers of Buddhist meditation practices, theoreticians, clinicians, and research participants alike cannot be denied. We will consider them next.

Effects of Mindfulness Meditation

The risk that seems to concern most health care professionals, who integrate psychotherapy and meditation practice is that it may unleash residual material of a traumatic nature that may destabilize the client or provoke a psychotic break (Horovitz-Darbey, 1994; Scotton, Chinen, & Battista, 1996). Charles (2000) recognizes the adverse effects of mindfulness meditation, such as the acceleration of traumatic material rising into consciousness for the majority of sexual abuse survivors, particularly during a retreat. Through her participants' verbatim comments it becomes clear that "there are differences in women who have always had memory, versus someone who had memory arise for the first time while in meditation, versus someone who had memory before meditation and time in therapy to move out of crisis with it" (p. 125). Her take on the subject is that such adverse effects as flashbacks and traumatic memories can facilitate the healing process for trauma survivors, especially when considering that the practice provides a psychological container, if and when flooding occurs.

Urbanowski and Miller (1996) address the issue of sexual abuse clients experiencing traumatic memories rising to consciousness during the practice of mindfulness meditation and concentration through case examples. Upon closer examination of the key differences between these two approaches they arrived at the conclusion that the risk of the client feeling flooded by forgotten and repressed residual content is greater with a "spotlight quality of attention" (p. 32) akin to mindfulness meditation, compared with the "laser beam quality of attention" (p. 32) that a zazen or concentration practitioner employs.

An earlier study by Miller (1993) points out that “it is possible to achieve advanced states of concentration without the unveiling of significant past traumas” (p. 170). Like Charles (2000), Urbanowski and Miller (1996) recognize in the self-reports of participants the benefits of concentration practice in facilitating the “de-repression of traumatic childhood sexual abuse” (p. 37) the working with, and the integration of these memories. They have also found that the practice of zazen facilitates psychological development, increases tolerance to pain and ability to function in the world, and fosters a positive sense of self. As a general rule, Urbanowski and Miller suggest that attaining informed consent from clients, who are susceptible to the unveiling of trauma, is a necessary step prior to commencing meditation practice. Of course, it must be emphasized that therapists, who employ Zen disciplines in their practice must know in theory and through direct experience what are the possible risks and benefits involved with using sitting in silence practice or zazen as an adjunct to psychotherapy.

What seems most disconcerting in mindfulness literature is the notion that zazen functions as a stepping-stone to mindfulness meditation training (Urbanowski & Miller, 1996), suggesting a hierarchical system of practice. It must be emphasized again that during advanced stages of either mindfulness or zazen the qualities of consciousness developed by practicing either approach converge, resulting in greater awareness of body and mind for the client. The effects of concentration practice will be examined next.

Effects of Concentration Practice (Zazen)

Austin (1999), a leader in quantitative Zen research, dovetails his training in neuroscience with Zen teachings and practice. His masterpiece “Zen and the Brain”² provides an in-depth look at the psychophysiological effects of concentration practice on the body and the brain, informed by neurological brain research that is beyond this author’s area of expertise and comprehension. On the other hand, his elaboration of “ordinary and meditative. . . . extraordinary. . . . [and] advanced extraordinary states of consciousness” (pp. 300-303), enriched with personal accounts, is accessible and known to those who practice. In contrast to the popularity of MBSR training, Austin’s view is that “Zen training is still too time-consuming and arduous to have much practical appeal to the public at large. It remains accessible to relatively few” (p. 695).

In examining the effectiveness of concentration practice, conflicting views exist on whether zazen reduces cognitive arousal (Austin, 1998) or not (Smith, as cited in Gillani & Smith, 2001). Gillani and Smith (2001) assert that zazen does not foster the experience of increased physical and mental relaxation or the attenuation of sympathetic arousal with individuals that require tension-relief, but nevertheless consider it appropriate as a means of client self-exploration. In contrast, other researchers consider zazen to be a technique that induces a relaxation response (Astin, 1997; Gifford-May & Thompson, 1994). Yet, in this author’s view relaxation is only a secondary effect of practicing Zen spiritual disciplines, an effect that is fostered by such experiences as deep states of profound silence (Gifford-May & Thompson, 1994).

² James H. Austin, M.D., “winner of the 1998 Scientific and Medical Network Book Prize. . . . is Professor Emeritus of Neurology at the University of Colorado Health Sciences Center and the author or coauthor of more than 130 publications in the fields of neurochemistry, neuropharmacology, and clinical neurology” (Back cover).

According to Ikemi and Deshimaru (1985/1991) zazen “reduces cognitive stress, balances right and left hemisphere cerebral activity, while transforming and cleansing residual past thoughts and memories [to allow for the emergence] of new creativity” (Liberal translation by this author, p. 201). On the subject of Zen, creativity, and psychoanalysis, Onda (1962) itemizes twelve “similarities between psychoanalysis and Zen in relation to creativity” (p. 13). He found that “concentration and meditation are effective practices of incubation in creative process” (p. 16).

Aside from developing creativity, spontaneity, and communion with others (Onda, 1962), researchers have reported various zazen benefits. For example, DelMonte (1987) lists zazen as increasing creative insight into “how we process and construct our experiences of the world” (p. 297), and Gifford-May and Thompson (1994) report zazen as facilitating shifts in a client’s cognitive and perceptual experiences. Four other benefits stand out concerning the use of zazen as an adjunct to psychotherapy. They are: (1) enriching the therapeutic milieu (La Torre, 2001), (2) fostering a sense of oneness within the analytic process between client and therapist (Christensen & Rudnick, 1999), (3) increasing the client’s focus in a therapeutic session (La Torre, 2001), and (4) accelerating the therapeutic process (Urbanowski & Miller, 1996) through the development of client-presence (Goldfarb, 1991).

Overall, the benefits of sitting in silence practice seem to outweigh the potential risks, when applied by informed Buddhist practitioners. Whether Zen psychotherapists sit with clients for 15 minutes (La Torre, 2001), or the clients are instructed to sit on their own for 30 or 45 minutes (Astin, 1997), it is undisputable that being with one’s breath “is something we all can relate to as a way of transitioning into another place” (La Torre,

2001, p. 2). Now we will introduce creative arts therapists that integrate a transitional phase of silent sitting in their practice.

Creative Arts Therapists That Recommend Sitting in Silence Practice

There seems to be a growing number of therapists who are suggesting a period of silence as a centering and grounding method that precedes the creative arts therapies process, despite other's attitude towards this view (e.g., Hill, Thompson, & Ladany, 2003, p. 520). For Ostroff (2001), an art and drama therapist, "meditation somatically grounds group members and solidly puts them in their bodies as we begin the group" (p. 74). She includes meditation and relaxation as an aim of therapy. Helmich (1999) uses relaxation (p. 47), while J.A. Sack (personal communication, September 25, 2003) uses a minute of silent sitting at the beginning of a session to allow the client time to settle-in. Both are dance movement therapists.

Art therapists of various theoretical orientations, have contributed to their field of study a collection of articles and theses that include mainly one-liner suggestions for using centering activities, such as relaxation, deep breathing, and silent sitting meditation practice with individuals and groups. Their purpose for introducing clients to such methods within an art therapeutic frame is grounded on the observation that periods of "transition between the different activities in the art psychotherapy group is where tensions mostly occur" (Skaiffe & Huet, 1998, p. 18).

According to Liebmann (1986) "people arrive at a group session bringing with them feelings from all sorts of other situations. . . . They may be feeling flat, high, anxious, preoccupied or simply very tired" (pp. 20-21). A smoother transition between

daily life and therapy is possible by beginning the session with a period of silence (Cohn, as cited in Waller, 1993), so as to “help people to ‘arrive’ mentally” (Liebmann, p. 25).

Other applications of sitting in silence practice with art therapy clients are meant to: turn their gaze inward (Fincher, 1991; Spring, 1993); increase their focus on the present moment felt-sense (Cohn, as cited in Waller, 1993); attend to, access and mobilize their bodily vital energy resources (Zinker, 1977); empty the mind or clear an inner space for the emergence of their near-conscious mental imagery of significance (Lusebrink, 1990; Tanguay, 1991; Wallace, 1987); and prepare them for creative self-expression (Chafe, 1996; Kaslow & Eicher, 1988; Quail & Peavy, 1994; Stamatelos & Mott, 1986; Tanguay, 1991; Wallace, 1987; Weldt, 2003).

Rarely mentioned in art therapy literature is the use of sitting in silence practice for the client’s development of a new outlook. Except for Franklin (2000), who compares and contrasts mindfulness with art practice and psychotherapy, this area needs further elaboration. Although Quail’s (1991) study demonstrates that a sexual abuse survivor can experience increased awareness and client-presence while creating art, it does not consider how the transitional exercises used may have fostered a witness perspective.

Indeed, within the field of transpersonal art therapy client-presence is considered of importance for the movement of the therapeutic process. For example, Naropa’s transpersonal psychology website posits a therapeutic ideal of “presence, mindfulness, and non-reactivity,” which is defined as follows: “On the ‘side’ of the therapist, this means being able to be present with the client’s experience without judgment or reaction. On the client’s ‘side’, this means learning to be more aware, awake, and mindful of his/her own thoughts, attitudes, behaviors, and patterns” (Davis, 2005, pp. 4-5).

According to Franklin (personal communication, April 12, 2006), the director of this program, the application of mindfulness meditation:

[I]s at times utilized with all populations – it is just not an automatic part of a treatment plan – not all people are interested in meditation practice. The art therapist on the other hand, as trained here at Naropa University, never loses connection with mindfulness based attention to the present moment when in session. And, if the client is open to meditation techniques, it is a real possibility to teach basic meditation methods and meditate with clients. We also train our students in the practice and use of ‘Tonglen’ (Franklin, Farrelly-Hansen, Marek, Swan-Foster & Wallingford, 2000, p. 104).

On the topic of client-presence, Robbins (1988/1998), a creative arts therapist specializing in the area of therapeutic-presence, holds the opinion that “if treatment is to proceed, both therapeutic parties must work towards being present with one another” (p. 11). He makes no further comments or suggestions on how to increase client-presence. In retrospect, this concept tends to receive little attention in the literature compared to that of therapeutic-presence, leaving a significant gap in explorations of the effects of sitting in silence practice on a client’s development of presence within an art therapeutic context. Further research into how client-presence may inform one’s art making process, facilitate therapeutic movement, as well as foster a client’s relationship with his/her therapist and other group members is recommended. Next, the differences and similarities between sitting in silence and art therapy practice are presented.

How Sitting in Silence and Art Therapy Practice Contrast and Compare

One main difference between these alternative approaches is that sitting in silence practice permits the client to go beyond mental imagery and focus on 'no-thing', while art therapy practice is dependent upon the client's expression of her self-created scenarios in physical form, the artwork. In art therapy, the body of artwork is a container for the client's present moment experience, whereas the body and mind of the client is the container developed through concentration practice.

There is also the concept of creating distance between self and the contents of mind to consider. In art therapy this is achieved by placing the image at a distance from the client and in full view of both client and therapist. As for zazen, distance is created through the client's mental attitude of non-attachment to what arises in consciousness as he/she is sitting in silence. This notion is similar to the idea of creating internal space. Here, art therapy invites the client to express and voice subjective experience, while during zazen the client learns to enter the void of silence and *just be*. Like zazen, art therapy provides a space to just be through the art making process, whereby the client is so absorbed by the creative process that he/she has no sense of time. A client can experience a feeling of timelessness both during zazen and the art making process.

Zazen is the discipline of looking inward. With continued practice the client develops states of deeper absorption, such as Kensho and Satori (Austin, 1999). Self-awareness is increased with the development of the watcher and client presence. According to Quail and Peavy (1994) "increasing awareness is often the goal of art therapy" (p. 56). In art therapy, the watcher is at first the therapist, who is witnessing the client create. Eventually, the client internalizes this aspect of the watcher and can

perceive himself/herself in the process of creating art, as well as interacting with others, which in turn increases self-awareness.

In terms of nonverbal presence, zazen practice allows the therapeutic dyad to share the silence together, whilst the artwork becomes the shared focus of attention for client and therapist in an art therapy session. When it comes to materials client practitioners of zazen have a bench and a mat, or minimally a place to *just sit* in the “*Here & Now*”, whereas art therapy clients have a display of art materials to choose from when expressing their present moment experience, or minimally can use nature’s gifts to create.

The evaluation of a client’s therapeutic progress is approached differently in zazen and art therapy. With zazen the fleeting traces of thought are not usually recorded in physical form, therefore a review of treatment is based on the client’s increased sense of presence with self and other(s), specifically the therapist. In art therapy a collection of creative works, done by a client over the duration of therapy, permits him/her to do a review of treatment and to tangibly observe his/her therapeutic process and progress in the presence of his/her therapist.

When looking over the interwoven differences and similarities between the non-conventional approaches to therapy of sitting in silence and art therapy practice, it is obvious that they both share inherent benefits, side effects, and risks. Each method of treatment provides the client with a therapeutic container and therapeutic presence for the holding of psychological content. The risk of the client experiencing anxiety, distress, flashbacks, and the unveiling of repressed memories is relevant to both methods.

Respectively, a client can experience calmness, relief, and the cleansing of unfinished business or residual material through either sitting in silence or making art. Client experiences, such as distancing, clearing an inner space, the watcher or witness, being and doing, and sharing moments of self-absorption in the therapist's presence are common to both approaches. Finally, the development and increase of client self-awareness and client-presence are the foundations for client health and wholeness in both zazen and art therapy treatment and practice. On this note we turn to the theories, concepts and studies that bear on this investigation to better situate the sitting in silence practice within an art therapeutic context. The underlying thread that unites them all, although not always evident, is client-presence.

Jung on the Transference Relationship and Meditation Practice

According to Jung (1946/1989) a client is engaged in a transference relationship when his/her unconscious contents, whose origins stem from the infantile relationship with the parent of the opposite sex, are projected or "*transferred*" (p. 7) onto the therapist. A client may also project disowned aspects of self onto other people, objects, situations, events, and time periods of significance.

The therapeutic relationship holds the promise of catalyzing through verbal and non-verbal means of communication, such as art practice, the client's identification, working through and integration of many projections. This is the aim of the transference relationship. Any projections that resist integration act as a "third party in the alliance" (Jung, 1946/1989, p. 24), and distort the client's perceptions of the therapist and reality, until their subjective origin is realized. For this reason Jung (1946/1989) insists that the client's process of reintegrating projections should "take place *consciously*" (p. 71).

To foster this heightened awareness and client-presence Jung (1946/1989) recommends to “keep our thoughts, movements, and imaginations still” (p. 137). He was also of the opinion that the sublimation of unconscious contents is achieved through a gradual process of body and mind purification that includes meditation practice. Most relevant for this study is his view that “the empty stillness which precedes creative work” (p. 17) predisposes the conscious mind to the spontaneous emergence of activated unconscious contents for reintegration. Consideration is also given to his concept of synchronicity, in addition to his hypotheses on lower and higher states of consciousness, based on his analysis of dreams.

Jung (1953-1969/1974), who introduced meditation and active imagination to Western psychotherapy practice as a means to realize the Self (Lewis, 1997), asserted that during critical phases of life, such as “at the onset of middle age (thirty-six to forty)” (p. 77), the drive to become whole manifests itself in archetypal dreams as disturbances of the psyche. These disturbances set in motion a process that he termed the “*self-regulation of the psychic system*” (Jung, 1953-1969/1974, p. 74). Seen from an alchemical individuation perspective, the process of attaining psychological balance is fostered with the practice of stillness. In turn, stillness facilitates movement of the client’s therapeutic process towards self-realization. Jung (1946/1989) identified two fundamental aspects of individuation: “in the first place it is an internal and subjective process of integration, and in the second it is an equally indispensable process of objective relationship” (p 72). These two aspects are integral to the development of client-presence through zazen practice (Goldfarb, 1991).

Of particular interest is Jung's (1946/1989) choice of 10 medieval "woodcuts, reproduced from the *Rosarium philosophorum, secunda pars alchimiae de lapide philosophico* (Frankfurt, 1550)" (p. x), to illustrate the phases of the alchemical individuation process that a person must undergo to realize the Self. The three main phases of Jung's (1946/1989) alchemical individuation process are synthesized by this author as follows: (1) Undifferentiated (black): ego and unconscious are fused, potentialized-self; (2) Differentiated (white): ego and unconscious are separated, sublimated-self; and (3) Individuated (red): ego and unconscious are united in the self, transfigured-self.

Curiously, Kakuan Shien³ (Kapleau, 1965/1980, p. 283), a 12th century Chinese Zen master, graphically illustrated a ten-phase series to symbolize the Zen adept's path to realizing his/her true nature. Both the alchemical and Zen series of 10 images suggest that an individual's artwork can and may at times reveal the developmental phase he/she is transitioning through on his/her way towards and return from wholeness, such as when a client's artwork is informed by zazen practice.

It is important to point out that Jung (1931/1962) also cautioned against the at large use of Eastern practices by Western "neurotics"⁴ (p. 90), due to the effect of intensifying their already predominant unconscious. Furthermore, he added that "this way of development has scarcely any meaning before the middle of life . . . in fact, if entered upon too soon, it can be decidedly injurious" (p. 90). Thus, the age of the client, whether

³ The reader is referred to Kapleau's (1965/1980) *Les trois piliers du zen* [Three pillars of zen] for the ink paintings of "Les dix images de la Capture du Boeuf" [The ten Oxherding pictures of Zen] by Gyokusei Jikihara.

⁴ The reader is referred to Jung's (1931/1962) commentary in *The secret of the golden flower: A Chinese book of life* (R. Wilhelm, Trans.).

the “problem seemed insoluble” (p. 91), and a widening of consciousness that is inherent with psychic development were the criteria Jung considered appropriate for introducing his patients to an Eastern way or “new way” (p. 90) of practice.

His views on the appropriation of Zen practices by Western practitioners as a therapeutic technique corresponds to that of Thomson (2000), a Soto Zen practitioner. Jung (1931/1962) adds that: “we are so greatly tempted to turn everything into purpose and method that I deliberately express myself in very abstract terms in order to avoid causing a prejudice in one direction or another. The new thing must not be pigeonholed under any heading, for then it becomes a recipe to be applied mechanically” (p. 92).

Jung’s interest in Zen seems to have persisted until his death. The book he read on his deathbed was none other than “Ch’an and Zen teaching: First Series” (Luk, 1960/1987, Back cover). How appropriate when we consider that Buddhist teachings foster correct states of mind at the moment of death (Moskovici, 1999). Furthermore, in an “unpublished letter from Dr. Marie-Louise von Franz to Charles Luk dated September 20, 1961 [she writes] ‘He was enthusiastic. . . . When he read what Hsu Yun said, he sometimes felt as if he himself could have said exactly this! It was just it!’” (Luk, 1960/1987, Back cover).

In summary, Jung’s perspectives on how a client’s resolution of the transference relationship occurs through the alchemical process of individuation, together with the application of meditation and a conscious attitude, provide the theoretical frame for this study. Next we turn to Goldfarb’s concept of client-presence.

Goldfarb's Concept of Client-Presence

Goldfarb (1991) developed, based on a brainstorming conversation with seasoned Zen practitioners Bugental, Tarrant, Vaughn, Walsh, Wittine, and one of her client's who was in her final stages of therapy, the following definition for presence:

In existential therapy, an individual enters into an encounter with the roots of being through the vehicle of presence. Presence is the experience of the self at the moment with all of the many thoughts and emotions that accompany that experience. All of the layers of neurosis have fallen away and a bare sense of aliveness remains. (pp. 8-9)

Her thesis is integral to this study, because it delineates within a humanistic-existentialist and Zen psychotherapeutic context the "macro and micro levels"⁵ of the individuation process through which client-presence unfolds. More importantly, when discussing the development of therapeutic alliance, Goldfarb comments on how "the therapeutic relationship. . . itself is not sufficient for the development of presence and psychological growth" (p. 63). While the therapist can provide the necessary links that will allow the client to consciously perceive what is underlying his/her distress, the fact remains that the client needs to become aware of the hold he/she has on his/her own suffering. Zen attention training accelerates this process, and permits "the client [to] gradually becom[e] conscious of the fact that it is her inner sense of awareness, or her presence to herself that is her link to the relief of the distress" (Goldfarb, p. 64).

⁵ The reader is referred to Goldfarb's (1991) thesis for a full description of client-presence and her macro and micro levels of the therapeutic process.

Three studies are presented next, whose findings pertain to the first three phases of a Zen art therapy session, that of the checking-in period, zazen practice, and art making. By first introducing the findings of Orlinsky, Geller, Tarragona, and Farber (1993), specifically their relief-distress model of therapy, this author is proposing that the checking-in period with the therapist has an impact on the client's practice of zazen. Next, we present Shapiro and Zifferblatt's (1976) model of Zen meditation and behavioral self-control to illustrate the zazen process. It is implicit in the order of presentation that zazen provides a transitional period for the client between checking-in with his/her therapist and engaging in the art making process. Finally, we introduce Quail's (1991) study on a sexual abuse client's art making process to affirm how a transitional phase, such as zazen practice, may inform the client's art making process. In this researcher's opinion, each phase informs the next. Of course this assumption needs to be confirmed.

A Relief-Distress Model of Therapy

Orlinsky, Geller, Tarragona, and Farber's (1993) study demonstrates that clients experience feelings of relief and distress towards "doing therapy" (p. 606), and especially towards their therapist. Intriguing is their choice of a sample of therapists-as-subjects engaged in psychoanalytically oriented therapy or psychoanalysis, "120 men and 86 women, ranging in age from 25 to 75 years, who had 1 to 46 years of clinical experience. Of these therapist-patients, 140 had terminated therapy and 66 were currently in treatment" (p. 599).

These clinicians-as-clients completed two measuring instruments that were developed specifically for collecting the results: "the Therapist Representation Inventory

(TRI) and the Intersession Experience Questionnaire (IEQ).”⁶ Findings suggest a “pattern of supportive-guidance representations. . . . [and] conflict-containing representations” that can be perceived by the client as either “enhanc[ing his/her] sense of mastery. . . . [or] undermin[ing his/her] sense of mastery” (Orlinsky, Geller, Tarragona, & Farber, 1993, pp. 606-607). Results also show that “having some representations of the therapist is a very frequent experience for patients, [over 90% between sessions], and thinking a lot about therapy and the therapist is fairly common in the hours before and after sessions” (p. 600).

The fact that the chosen population had significant therapeutic-presence training and a developed inner witness perspective was ignored by these authors. In this researcher’s view, these skills would have undoubtedly informed this clientele’s responses, who may be considered as reliable sources for substantiating the relief-distress model. Their responses strongly suggest that therapeutic interactions inform a client’s internal representations, which influence his/her affect, perceptions of self and Other, sense of mastery, in addition to his/her mental and emotional state upon arrival and during a session (e.g., during zazen practice). The next study provides the reader with a sense of what transpires during zazen practice.

Shapiro and Zifferblatt on Zazen

Shapiro and Zifferblatt’s (1976) research on Zen meditation and behavioral self-control is important for this study, because it provides a “five-stage conceptualization of Zen breath meditation [*Zazen*]” (p. 520), along with explanations of what transpires

⁶ The TRI “contains a set of self-administered measures designed to examine the contents, forms and functions of patients’ representations of their therapists and the therapeutic relationship”, while the IEQ is “a 42-item structured-response instrument” (Orlinsky, Geller, Tarragona, & Farber, 1993, pp. 598-599).

during each step of the zazen process (see Figure 2). Consequently, our study applies their model to answer the primary research question: “*What is the experience of ‘zazen’ or ‘sitting in silence’ practice when used as a transitional phase in the art therapeutic context, between checking-in with the therapist and art making?*”

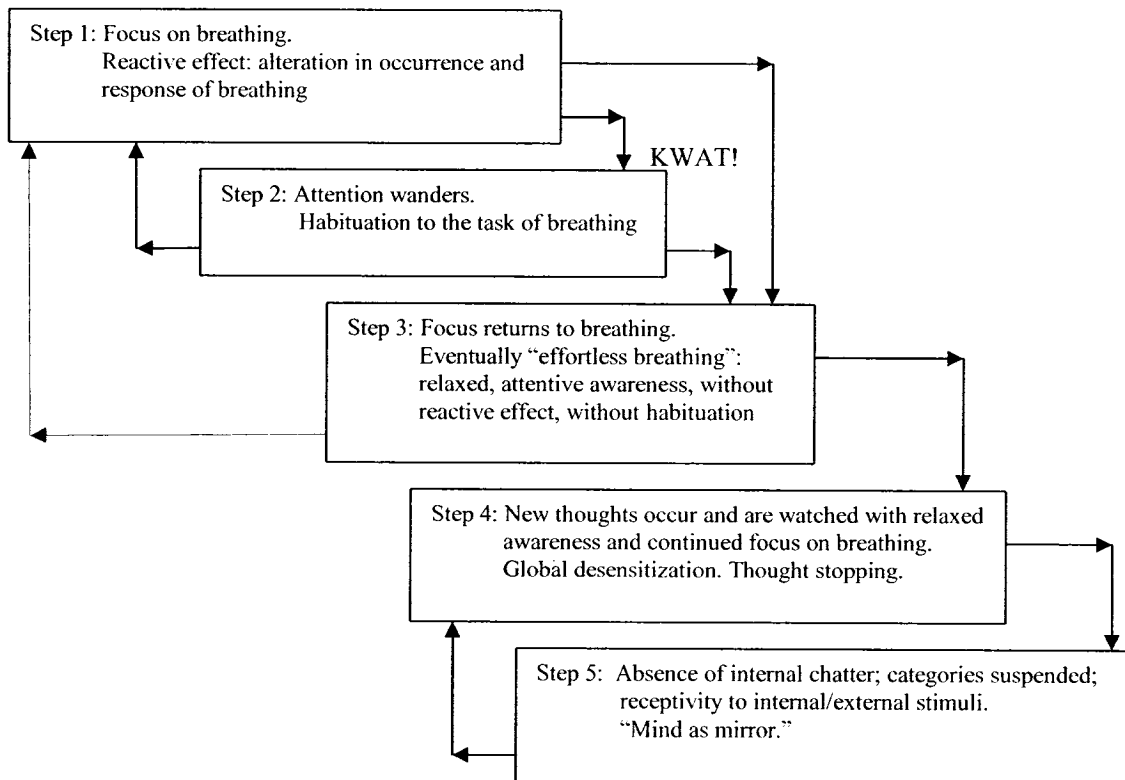


Figure 2. Process of Zen meditation (a behavioral analysis).⁷

As the reader progresses along in reading this research paper, he/she will find that we have incorporated their model into the text with some minor modifications (see chapter 5). For example, the addition of a sixth phase was necessary to represent how the

⁷ From “Zen meditation and behavioral self-control: Similarities, differences, and clinical applications,” by D.H. Shapiro and S.M. Zifferblatt, 1976, *American Psychologist*, p. 521. Copyright © 1976 by the American Psychological Association. Reprinted with permission of the American Psychological Association and D.H. Shapiro, Jr. Note. “KWAT!” is a blow given by the Zen master with a stick or “*kyosaku*” (Rivest, 1986, p. 78). The zazen practitioner bows to receive the *kyosaku*, which awakens a dozing practitioner, straightens a sagging posture, calms the mind and increases presence.

zazen process unfolds within an art therapeutic context. An elaboration of each stage of the zazen process is presented in findings chapter 5, while Figure 26 provides a synthesized version of the Zen art therapy treatment model, including all six phases.

How Shapiro and Zifferblatt (1976) view zazen also requires mention. For them: The division of Zen breath meditation into different steps is used here only as a heuristic device to help understand the ‘process’ of meditation, and is not meant to give the impression that meditation consists of discrete, nonoverlapping steps. Further, the different steps discussed . . . should be considered only as plausible hypotheses until verified by additional research. (p. 520)

While our research may serve to verify their 30 year-old findings on the zazen process, their study demonstrates that zazen practice develops the practitioner’s inner witness perspective through being present, which is considered a key element in a client’s therapeutic movement.

What distinguishes our study from theirs is the fact that this researcher used heuristic methodology to explore the zazen experience within a therapeutic context, and with a mental health population. As such, it may serve to shed more light on the assumption they posit that “the reactive effect in Zen seems to serve no therapeutic value, but rather causes a difficulty in breathing” (p. 523). Overall, their study provides the necessary structure to weave the zazen findings into a unified whole. Quail’s (1991) art therapy research will be considered next, before evaluating the efficacy of Zen treatment.

Quail’s Findings on a Client’s Art Making Process

Quail’s (1991) research examines a participant’s descriptions of thirteen artworks that she created within a sexual abuse group. Her phenomenological study can be seen as

complementing this author's research in that it elaborates on what and how the client experiences the art making process, following a transitional period of looking inward.

In her thesis she briefly describes the art therapist's directives of inviting the client to turn her gaze inward as a precursor to the art making process. Basically, the client would "engage in either cognitive-affective (imagination, decision making, remembering, feeling) or physical processes (movement exercises). The intention of the directions was to focus the client on contacting and expressing her own experience" (Quail, 1991, p. 69). Quail (1991) does not discuss elsewhere how these directives may have catalyzed the client's "lived experience of emerging and forming meaning" (p. 80). Yet, she does state that "the cognitive awareness the client achieved is not always present in a sublimated experience, and is perhaps more evident in those clients who are able to participate in insight oriented art therapy" (Quail, p. 86), such as transpersonal or Zen art therapy.

Quail's (1991) thesis is important because it includes rich descriptions of the client's state of being, "presence of mind" (p. 68), while creating art, like "watching, responding to the phenomena that appeared before her" (p. 78). Surprisingly, in her client's accounts this researcher detected the two modes of creative engagement that were discovered during this study. They are the sub-themes of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*. Simply put by Quail, the client makes "a transition from being preoccupied with her inner world to becoming engaged in the process of making . . . the client responds to what she sees on the paper [RC] rather than continually trying to place her experience on the page [ER]" (pp. 82-83). For further elaboration on these sub-themes see chapter 6, Findings 7 and 8, as well as Table 3 in Appendix B.

An Evaluation of Zen Treatment Efficacy

Quantitative research findings of mindfulness meditation and concentration practice, like art therapy research, do not provide sufficient evidence to confirm their efficacy as a therapeutic treatment modality with an adult clinical population. Still, there is some impressive statistically significant evidence that demands further investigation.

Qualitative research findings of mindfulness meditation, concentration practice, and group art therapy process, present plausible applications for sitting in silence practice with clinical populations. Evaluations of the effects of sitting in silence are grounded by professional and participant accounts, self-reports that are perceptually based. Therefore, the outcome of treatment in each modality is founded on a client's perceptions of self, the therapist, and doing therapy, in addition to the placebo effect, whereby the "belief in effectiveness is a necessary condition for actual effectiveness of meditation" (Smith, as cited in Haimerl & Valentine, 2001, p. 48), art therapy, and treatment outcome.

Only a small number of articles mentioned how a combined alternative approach to treatment can either facilitate or accelerate the therapeutic process (Goldfarb, 1991; Scotton, Chinen, & Battista, 1996; Urbanowski & Miller, 1996). This is evident when we consider that client-presence is a stable feature of the therapeutic experience. While much of the research done in the above fields of study is short-term therapy, it is important to consider that "the length of therapy will vary according to the depth of a client's trauma" (Urbanowski & Miller, 1996, p. 46). Thus, follow-up studies are needed before any conclusions can be drawn about the short to long-term effects of Zen disciplines, particularly when used as an adjunct to art therapy practice with clinical populations.

Conclusion

This brief literature review introduced the principles of zazen and mindfulness, presented pertinent Zen research on the use of sitting in silence practice with a clinical population, and articulated the effects of each discipline. The similarities and differences between mindfulness meditation and concentration practice were elucidated.

Next, the application of sitting in silence practice in an art therapeutic context was substantiated by creative arts therapists, who recommend centering and grounding methods with clinical populations, particularly as a transitional period prior to a client engaging in the creative process. A comparison was made between the two approaches of zazen and art therapy practice.

Finally, theories, concepts and studies that bear on this investigation were included for the purpose of better situating sitting in silence practice within an art therapeutic context. Jung's (1946/1989) theory of the transference relationship, Goldfarb's (1991) humanistic-existentialist and Zen perspective on client-presence, and process-oriented research in psychotherapy, Zen, and art therapy were presented. An evaluation of treatment efficacy for the aforementioned disciplines concluded this chapter. The theory, research, and practice of heuristic methodology are discussed next.

CHAPTER 2: HEURISTIC INVESTIGATIVE PROCEDURES

Introduction

This chapter is divided into two sections, like the left and right brain hemispheres. Section A presents heuristic methodology in theory and research, while section B considers the applications of heuristic inquiry with this specific study. For Moustakas (1990) “the bridge between the explicit and the tacit is the realm of the between, or the intuitive” (p. 23). We maintain that it is this intuitive bridge in heuristic investigative procedures that provides a gateway to self-discovery.

Section A – Heuristic Methodology in Theory and Research

In this section we intend to briefly present Moustakas’s (1990) heuristic model of research methodology. Emphasis will be placed on describing the researcher’s process of self-discovery with Moustakas’s six-phase qualitative approach to scientific inquiry. These phases are “Initial Engagement”, “Immersion”, “Incubation”, “Illumination”, “Explication”, and “Creative Synthesis” (pp. 27-32). We further introduce his eight step process of extending the researcher’s findings through the inclusion of participants’ experiences with the phenomenon. Data analysis techniques will be elaborated on, and consideration will be given to the verification and validation of the researcher’s findings.

Heuristic Research – A Six-Phase Process

The word “*heuristic*” originates from a Greek term “*heuriskein*”, which means “to find, find out, discover, devise, invent, procure” (Higgins, 1996, p. 35). It is closely linked with the word “*eureka*”, recognized as the experience of self-realization or “the ‘aha’ phenomenon” (Moustakas, 1990, p. 9). Thus, heuristic research holds the implicit

promise of self-realization for the researcher, who uncovers the personal, social and universal nature and meaning of his/her subject of inquiry.

As a method of inquiry, heuristic research demands an “unwavering and steady inward gaze and inner freedom to explore and accept what is . . . within [self]” (Moustakas, 1990, p. 13). Yet, inner reflection must also be tempered by outer reality and the experiences of others. In this respect, the heuristic model houses a laboratory and a library, which is made available to the inquiry mind of the researcher, whose mission is to explore, discover, and describe the true nature of phenomenal experience.

The experiential component of heuristic methodology appealed to this researcher, because it requires first hand experience with the subject of inquiry, which was the case here. Moreover, findings are informed by concepts such as self-dialogue, tacit knowing, intuition, indwelling, and focusing with which this researcher is well acquainted (Moustakas, 1990, pp. 15-27). The fact that heuristic inquiry was used to investigate perceptual shifts and states of awareness, such as with Frick’s (1990) phenomenon of the “Symbolic Growth Experience” (SGE) (as cited in Moustakas, 1990, p. 99), further recommended it for the present subject of inquiry.

Heuristic methodology outlines for the researcher a six-phase process to follow, which is designed to support him/her in accomplishing his/her aim. Time invested in each phase is guided by the pace of the researcher in processing the information flowing through his/her stream of consciousness, from both right and left hemisphere activity. Transitioning between phases tends to occur in a spiral fashion, whereby the old-phase heralds in the new. The emergence of insight-wisdom and new creativity arises in the mind of the researcher to expand, deepen, and refine his/her understanding of the

phenomenon until the process is complete. Let us now turn to describing each phase of the heuristic process.

Initial Engagement

During phase-one the researcher seeks to find the primary research question that will occupy his/her whole being for the duration of this self-discovery process. It is a process of sifting through the layers of experience that deeply touch the researcher until he/she uncovers his/her source of inspiration. Next, the question undergoes a series of transformations. The final product is a distilled question that inspires the researcher to move on to phase two of immersion with a clear intention in mind.

Immersion

Phase two begins with the birth of a clearly defined primary research question that absorbs the researcher in deed, word and thought. Great discipline is demanded on the part of the researcher to concentrate on, attune to and follow the lead of the signals emerging from the phenomenal experience through all eight of his/her sensory information channels (Goodbread, 1987). The phenomenal experience maintains a central position in the consciousness of the researcher until he/she has reached a point of saturation with the data accumulated. This heralds in phase three of incubation.

Incubation

Phase three invites the researcher to take a vacation from the focus of inquiry, place it at the periphery of his/her mind, and concentrate on some other task. As he/she learns to trust the process to provide him/her with a deeper understanding of the phenomenon, unconscious contents are activated. His/her psyche assimilates and

transmutes the raw data on an unconscious level until it is ready to emerge as tacit knowing. When this occurs the researcher has entered phase four of illumination.

Illumination

Where previously the phenomenon's essential qualities or themes were beyond the researcher's awareness, now in phase four they arise into consciousness through art, flashes of insight, dreams, visions, and synchronistic experiences. An open and receptive state of mind permits the researcher to perceive the phenomenon's essence in a new way. The aha phenomenon transforms the mental landscape of the researcher with tacit knowing. This newly acquired insight-wisdom into the nature of the phenomenon directs the researcher's efforts towards and becomes a springboard for phase five of explication.

Explication

During phase-five the newly emergent qualities and cluster of themes of the phenomenon demand clarification by the researcher. He/she relies on tacit knowing, focusing, and indwelling skills to fully apprehend and then explain what he/she has realized. His/her concentrated efforts ensure that he/she reaches into his/her creative core, extracts the subtlest of meanings from his/her experience, articulates what he/she has discovered in a clear and concise manner, and depicts his/her experience of the phenomenon in part and whole. The resultant self-portrait of the phenomenal experience becomes the ground upon which the researcher must walk to enter into phase-six of creative synthesis.

Creative Synthesis

Once the researcher has proceeded through and mastered the above mentioned five phases, a last phase needs to occur, albeit on a different level. A shift in perspective

is necessary so that a new and creative synthesis can emerge out of the potentially chaotic mass of collected material. The researcher relies on his/her creative Self to consolidate the collected fragments of data into a creative whole that authentically honors the phenomenon, as well as his/her unique “internal frame of reference” (Moustakas, 1990, p. 26) of it. The phenomenon is given congruent expression by presenting its discovered essences in a narrative depiction that integrates comments by and examples of the researcher’s experience. Any means of creative expression can be used to achieve a creative synthesis, as long as it captures the essential nature of the phenomenon.

When the heuristic design incorporates data input from participants, the creative synthesis can be achieved through an eight-step process, in which the analysis of participants’ data allows for the verification, validation and extension of the researcher’s findings. Attention is given next to the elaboration of this process.

Participant Data Analysis Techniques – An Eight-Step Process

Data analysis involves an eight-step protocol according to Moustakas (1990, pp. 51-52). It begins with participant data collection, followed by researcher immersion with the material until it is understood in part and whole. An incubation or rest period fosters the emergence and identification of qualities or themes during the illumination phase. For the explication phase the researcher develops the participant’s individual depiction of the phenomenon experience. A summary of the phenomenon’s essential qualities or themes is identified and shared in writing with the participant to ensure the integrity of his/her individual depictions of the phenomenon. In turn, the participant verifies and validates the essential qualities or themes by leaving them as is or by providing the researcher with the necessary modifications, additions and/or deletions to

the original summary. If modifications are in order, then the researcher will correct his/her original summary to correspond to the participant's revised and final edition. Step five of data analysis involves applying the previous four steps with every participant until the researcher has a collection of individual depictions for the group to form a composite depiction of the phenomenon.

For step six the researcher enters again the immersion, incubation and illumination process with all the individual depictions, including his/her own, to uncover the phenomenon's universal qualities or themes. He/she then forms a composite depiction of core meanings for each participant and for the whole group that vividly illustrates the nature of the phenomenon under investigation. The development of two to three participant profiles comes next.

During step seven the researcher returns to the raw data, individual depictions, and biographical material gathered to choose two to three individual portraits to present that: (a) maintain the integrity of the phenomenon and person, and (b) exemplify the composite depiction. Step-eight extends the researcher's narrative rendition of the essential qualities or themes of the phenomenon beyond self to include verbatim comments and experiences by the participants' profiled, from their internal frame of reference (Moustakas, 1990, p. 26). The creative synthesis of self and others' experiences of the phenomenon presents a "composite depiction [that] draws on the shared themes . . . give[s] a sense of universal meaning to the individual experiences" (Bloomgarden, 1998, p. 52), and brings to a close the researcher's heuristic process of self-discovery.

Reliability and Validity of Heuristic Research Findings

In heuristic methodology the findings are subjectively informed by the researcher's process of self-discovery. A "reflective diary" (Skinner, 1998, p. 536) is a means for researchers, who work alone on "data generation and interpretation" (Kvale, 1983, p. 187) to reduce researcher bias. Systematic analysis is another method used to increase reliability and validity, whereby the visual record of analysis becomes a traceable paper trail for the acquired, coded and unitized data. This "audit trail" (Lincoln & Guba, as cited in Maykut & Morehouse, 1994, p. 135) can provide content validity in two ways. Firstly, it shows how meaning was interpreted, starting from the responses of the participants' shared life-world experience. Secondly, knowledge and understanding of the theoretical stance guiding the researcher's inquiry gives a context to the interpretation of meaning from the textual data.

The researcher can also incorporate Brannen's (1992) strategy of triangulation to increase the validity of his/her findings, such as by gathering data through multiple methods. This study used the "within-method [in which] the same method is used on different occasions" (p. 11), as well as the "between-method [in which] different methods in relation to the same object of study" (p. 11) are used. Triangulation can also be done using "multiple data sets" that were collected for example "through the application of different methods [e.g., questionnaire and group evaluation forms]. . . . the same method at different times [e.g., 2003 and 2004]. . . . and in a variety of contexts [e.g., therapeutic and research], situations and settings [e.g., individual and group therapy]" (Brannen, 1992, pp. 11-12). As a whole, the researcher's disciplined and rigorous approach to the preparation, collection, organization and synthesis of data should ensure a valid depiction

of the phenomenon. Now that we have briefly examined Moustakas's (1990) heuristic model of research methodology, let us turn to this study's application of heuristic inquiry.

Section B – Heuristic Methodology in Practice

In section B we elaborate on the research design and data collection methods. Ethical consideration is given to the choice of instrument used with participants for the gathering of data. A general description is given of the sample of participants, methods of recruitment, and contact with participants during this heuristic investigation. Next, the questionnaire format is introduced, followed by mixed-methods of data analysis procedures, descriptive and statistical. Provided is a step-by-step execution plan and time period for the study with research methods and procedures that follow Moustakas's (1990) heuristic model, as outlined in section A. This section concludes with Frick's (1983, 1987, 1990, 2000) heuristic explorations of the Symbolic Growth Experience (SGE), as a means to validate heuristic investigative procedures.

Research Design

This research study is designed to heuristically explore the experience of sitting in silence as a transitional phase, between the checking-in and art making periods. First, the phenomenon is investigated from the stance of researcher-client within an individual art therapy context. Next, descriptive accounts of the phenomenon are gathered through questionnaire responses from the stance of researcher-client and participant in order to extend the researcher's findings.

Methods of Collecting Data

Methodological approaches available to this researcher for data collection included multiple methods. The within-method approach was used to heuristically

explore the same phenomenon in the Summer of 2003 as a pretest to this study. Although the pretest and study periods occurred at different times, the setting of individual art therapy remained the same, as did the context of practicing sitting in silence prior to engaging in the art making process. Hence, the artwork is one data set accumulated through the within-method approach.

The between-method approach was another avenue of data collection available, such as through combining findings from the heuristic method of inquiry with responses given in a questionnaire format. In addition to the multiple methods approach, multiple data sets were available to this researcher, allowing for the possibility of a triangulation. For example, this researcher was able to access (1) observations made in the field of art therapy practice with her *Thérapie Transpersonnelle* groups by (2) rereading the therapy process notes taken, and (3) re-witnessing the artwork referenced by each participant in her completed questionnaire. We now turn to the data collected.

Data Collected

Data accumulated by this researcher that predates and is related to this study includes: (a) artworks created in the Summer of 2003 from a pre-trial 10 session personal investigation, where she integrated three, five and 10 minutes of sitting in silence practice prior to art making within her individual art therapy sessions, and (b) artworks from later art therapy sessions where she practiced 10 minutes of zazen. Other data accumulated consisted of observations made as a therapist in the field of art therapy practice, intake evaluation forms, therapeutic process notes, digital images of ex-members' artworks, who attended the *Thérapie Transpersonnelle* groups she led, and group evaluation forms completed by ex-members during the termination interviews.

For this heuristic study data collection strategies included audio-recordings from a total of 10 one hour individual art therapy sessions, three pretest and seven study sessions. During this study's seven sessions dream and artwork journal entries were added, as well as reading and taking notes on textual and creative material that could inform this investigation. Finally, a questionnaire was developed to collect data in the form of verbal descriptions of the phenomenon as lived by this researcher and the participants. Some modifications were made to this researcher's questionnaire to accommodate for any differences between individual and group art therapy sessions (e.g., period of zazen practice, and the inclusion of question 1b asking: "What influenced your decision to enter 'sitting in silence'?"). The questionnaire integrated the primary and subsidiary research questions, yet some subsidiary questions were formulated differently and others were added. Overall, there was an abundance of data to choose from, refer to and analyze for this heuristic investigation and future research.

Ethical Considerations for the Use of a Questionnaire Format

A questionnaire format was chosen for this study over the semi-structured interview for ethical reasons. Firstly, when the participants are known to the researcher, such as are the ex-members of this researcher's *Thérapie Transpersonnelle* groups, the literature highlights the importance of establishing clearly defined boundaries for engaging in the research process by differentiating the researcher-participant role as separate, for example from any previous therapeutic alliance (Etherington, 2001; Grafanaki, 1996). Burt (2002) asserts as a criterion for participation that outside therapeutic support is made available to participants that need to take care of any material or "unfinished business" (p. 16) that arises due to the research process. This is especially

important when we consider that the re-witnessing of emotionally charged artwork(s) or the rereading of journal notes can trigger in a client an emotional reaction, as well as a response. In order to maintain the new research context, communication between researcher and participants was limited to contact by phone and by mail only.

The Sample of Participants

This heuristic investigation includes one researcher with 12 years of zazen practice and six participants, who have from seven to 44 weeks of direct experience with the phenomenon under investigation, beginners with less than four years of zazen practice. Out of a population of 21 ex-members who participated in the four *Thérapie Transpersonnelle* groups led by this researcher, at a mental health community center, a sample of seven women over the age of 40 years were contacted. Selection criteria for this sample included: (1) having participated in a *Thérapie Transpersonnelle* group for mental health concerns, (2) having completed the therapy, (3) the participant being 40 years of age or older, (4) the participant being able to engage in a new relationship context of researcher-participant, (5) the participant being evaluated by the researcher and the coordinator of the mental health community center, where the therapy took place, as psychologically stable, and (6) the participant being able to clearly articulate her experience. While all seven ex-members contacted by phone agreed to participate in this study, one did not return her informed consent form.

One participant completed the first *Thérapie Transpersonnelle* group offered from June 16, 2001 to August 11, 2001, and the second group that ran from October 4, 2001 to July 4, 2002. Along with the first, four other members from the second group are

participating in this study, together with a sixth, who completed a group offered from October 10, 2002 to December 12, 2002.

These six women, either referred to the centre by a mental health professional or self-referred, were at the time of therapy living with mental health problems of varying severity and chronicity (e.g., mood and anxiety disorders), as well as some bearing histories of interpersonal violence, such as physical and sexual abuse, and/or taking a work leave of absence. All of the participants recruited have first hand experience with 15 to 25 minutes of zazen practice prior to engaging in the art making process.

Method of Recruiting Participants

To begin with, the mental health community center was asked for informed consent to contact ex-members, who participated in the *Thérapie Transpersonnelle* groups led by this researcher (See Appendix A, p. 194). Next, seven participants were chosen and contacted by phone to verify their interest in participating in the study. Each ex-member was informed of the purpose and procedures of the study, the conditions for participation in the study, and of her rights as a research participant. Those who agreed to engage in the study were notified that a package, including an information letter, informed consent form, and questionnaire was to be mailed to them during April 2005 by registered mail.

Contact with Participants During the Course of the Research

All the participants were advised that, beyond the recruitment phone call, phone contact between researcher and participant would be limited to clarifying textual or questionnaire information, and to ensure the legibility of the participant's handwritten responses. Otherwise, communication was handled through the post office.

For full details of the procedures implemented, please refer to section A on data analysis techniques and the research package found in Appendix A.

Questionnaire Format

The research questionnaire is the principal method of data collection chosen for this study on the phenomenon under investigation. It consists of questions providing yes-no, open-ended, and Likert-type scale responses. At the end of the questionnaire is an optional page for participants to include other comments. This page provided participants with the opportunity to express or bring up other views or issues that were neither considered by this researcher nor addressed in the questionnaire.

Method of Data Analysis I

Maykut and Morehouse's (1994) qualitative data analysis procedures were implemented solely for the purpose of uncovering this researcher's emerging qualities or themes. Their method of analysis provided the refined categories that inform this study's research questionnaire. The process involved systematically coding the raw data according to each transcribed session, and identifying in the data units of meaning by a phrase that attempted to capture the essence of this researcher's verbatim comments under investigation. Data units of meaning, which were displayed on a wall for global viewing, varied in length from one sentence to several paragraphs.

Keeping the focus of inquiry in mind, this researcher could next enter the discovery phase in the search for emerging themes, categorize and code the themes by titles, translate the titles into subsidiary research questions, develop the questionnaire, respond to the questionnaire, and aim at extracting the subjective essence of the phenomenon under investigation.

Method of Data Analysis II

Horovitz's (2002) art therapy dream assessment procedure (Brooke, 2005) treats journal or written responses as dream content. The procedure involves underlining and clustering significant words into themes. From this first list of words, the most significant ones are carried forward to create a second smaller cluster. Horovitz's final step of writing a complete sentence with eight or less key words completes the process.

Method of Data Analysis III

Lett (1998) was "using a combined adaptation of phenomenological indwelling . . . and a heuristic intersubjective response" (p. 332) to arrive at the essential themes contained within the participants' descriptions of the phenomenon. Key words and themes were identified in the descriptive texts. Then the cluster of words and themes were reduced and represented in poetic form, and finally the essential qualities or themes were identified and again represented in poetic form, making sure to maintain the words and meanings inherent in the text.

Other Means of Analysis of the Questionnaire Responses

Section A of the questionnaire served to compose the participants' profiles. Section B of the questionnaire used yes-no questions, an open-ended question format, and a Likert-type scale question. Likert-type scale responses were drawn as line graphs to clearly depict the effectiveness of zazen, on a physical and psychological level, in facilitating this researcher's and the participants' transition from the checking-in period to the art making period (see Figures 17 to 24).

A Step-by-Step Execution Plan and Time Period for the Study

Initial Engagement

The search for a primary research question began in January 2002 and ended in April 2004. During this period the question transformed in focus from the impact of zazen practice on the art making process of women survivors of childhood sexual abuse to it's final distilled form where this researcher explored: "*What is the experience of 'zazen' or 'sitting in silence' practice when used as a transitional phase in the art therapeutic context, between checking-in with the therapist and art making?*" The second objective of this study was to understand how zazen or sitting in silence practice acts as a catalyst for the art making process through client-presence, a concept under development. A shift in choice of methodology from phenomenological to heuristic came when this researcher realized the importance of describing her own first hand experience with Zen art therapy.

In May 2004 the research proposal was approved. Modifications were suggested by the Creative Arts Therapies committee to the choice of method used in gathering participant data on the subject of inquiry from an interview to a questionnaire format.

Immersion

In the month of June 2004 three individual art therapy sessions were applied to test out the recording equipment and pretest the investigative procedures. This study consisted of four consecutive sessions that were held in July, followed by a two-week break, and three consecutive sessions held in August 2004. Pretest one was a verbal session, pretest two included verbal, zazen and art making, while pretest three included only verbal and zazen.

During pretest two this researcher described her zazen experience to her therapist while engaging in the art making process. Dissatisfied with this method as a sole means of recording the experience, she chose instead to modify her data collection procedures by summarizing on tape, immediately after each session ended, her experience with the zazen phenomenon. This was done for the study's six out of seven individual art therapy sessions. Session six included zazen and a review of the image created in session five, but no artwork was created. During session seven no zazen was practiced. This last session was devoted to a review of all the artworks created during the pretest and study sessions, in addition to artworks created during the Summer of 2003 and later. Each of the seven 60 minute sessions that inform this study included 10 minutes of zazen practice.

From September to October 2004 all 10 audio-recordings of this researcher's individual art therapy sessions were transcribed verbatim and the artwork from pretest two and study sessions one to five were arranged on a wall for global viewing. Two weeks later the artwork from the Summer of 2003, and other art therapy sessions that included zazen, were arranged on the wall in close proximity to the already witnessed artwork. During this period of re-witnessing all the images together she searched for patterns in the imagery that may suggest the nature of the phenomenon.

Incubation

No journal entries were made from mid October to mid January. Emphasis was placed on translating the information package to be sent to participants.

Illumination

During January 2005, after a three-month period of incubating the artwork and transcribed verbatim accounts, this researcher began to search for literature that addresses

the concept of client presence, and to analyze the collected data. At the same time she systematically coded the transcribed data into the general categories of: (a) pre-session and upon arrival feelings, (b) checking-in, (c) decision to sit in silence, (d) impact of check-in on zazen, (e) zazen experience, (f) zazen purpose, (g) zazen informed by artwork (h) art making process, (i) artwork informed by zazen, (j) zazen imagery discussed with therapist, (k) research dreams explored, (l) archetypal myth (m) therapist and client presence, (n) therapist and client shared imagery, (o) therapist's comments about present and/or previous artwork, (p) conversation with spouse about session four zazen experience, and (q) revisiting session four zazen experience with therapist. From the general categories identified she proceeded to refine the choice and articulation of the subsidiary questions for this study. A first draft of the French questionnaire was translated into English by the end of January.

Immersion-Incubation-Illumination

During February 2005 an English version of the questionnaire was created and responded to by this researcher. Her version of the questionnaire differed from that completed by participants in three ways. Firstly, in the language of communication used. Secondly, the participants' 15 to 25 minutes of zazen practice was replaced with a 10 minute period of zazen practice to fit the individual art therapy one hour context. Thirdly, a question not found in the participants' questionnaire was included asking: "*What influenced your decision to enter 'sitting in silence'?*" This question points to the difference in contexts experienced by this researcher and participants. In the individual art therapy context it was she, who decided when to begin zazen practice, while in the

group art therapy context, it was this researcher-as-therapist who initiated the period of zazen practice.

The aforementioned procedure enabled this researcher to pretest the questionnaire. Further analysis of the coded data permitted her to develop a Likert-type scale that summarizes the raw data with seven physical and nine psychological zazen experience statements. This scale was added to the questionnaire (see Appendix A, question 7, in section B, p. 209).

In March 2005, after much immersion with and incubation of the coded data, two key sub-themes emerged of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*. These two modes of creative engagement were identified initially from analyzing this researcher's questionnaire responses. A return to her dream journal entries provided additional insight into the phenomenon under investigation. The final draft of the French information package, including the information letter, informed consent form, and the research questionnaire was completed at the end of March 2005. Overall, the process of completing the information package took under a year.

Initial Engagement Phase With Participants and Their Data

During April 2005 this researcher began to contact her chosen sample of participants and all seven agreed to respond to the questionnaire. Thereafter, each of the participants was sent by registered mail the information package. Only six replied.

Immersion-Incubation-Illumination Phases

From mid April to the end of June, 2005 steps one to eleven of data immersion, incubation, and illumination were completed, using the following procedures:

1. Each handwritten questionnaire was read and the responses were typed-up.

2. Some contact with participants was necessary to clarify handwritten statements, and to request a pseudonym by those who did not provide one.
3. Sequentially, the typed-up responses were placed on the wall for global viewing.
4. The responses were reread, written as journal entries, and treated as dream content using Horovitz's (2002) method of clustering words and themes. The first two steps of her method served to analyze this researcher's responses and that of two participants. Soon this method became cumbersome and was abandoned for Lett's (1998) heuristic method of analysis.
5. Textual material, ideas, dreams and drawings were recorded as journal entries.
6. A digital image of the artwork chosen by each participant to represent her significant zazen experience was viewed.
7. The therapeutic process notes were referenced by this researcher to identify each participant's presenting problem upon entering therapy, her recorded therapeutic impressions, and participants' comments concerning their chosen artwork.
8. Lett's (1998) method of creating two poetic depictions was applied to the data. Poem one summarized this researcher's description of the participant's responses, and poem two was a reduced version of poem one, describing the essence of qualities or themes in the participant's language of communication.
9. Once collected, all seven questionnaires were read in one sitting before continuing with Lett's (1998) method of analysis for the remaining four participants.
10. The two poetic depictions were sent to, verified and validated by each participant. A final draft was returned to the participant with the needed modifications, if any.

11. Once all the poetic depictions for each participant were validated they were placed on the wall for global viewing. Continued immersion in the data permitted this researcher to uncover the phenomenon's universal qualities or themes, and categorize them qualitatively under the headings of: "Therapy - The Transference Relationship", and "Zen - The Zazen Process" (see chapter 5), followed by "Art - The Act of Creating" (see chapter 6). A creative synthesis of the findings were quantitatively coded via Likert-type scale responses (see chapter 9, Finding 20, pp. 155-156), which were graphically illustrated (see chapter 9, pp. 157-160).

Explication and Creative Synthesis Phases

During July and August, 2005 steps 12 to 18 were completed.

12. Significant statements were extracted from the group's typed-up responses, and clustered under their respective universal themes. Next, a composite depiction of core meanings for each participant and the whole group was formed that vividly illustrates the nature of the phenomenon.
13. This researcher chose three individual portraits to present the universal themes.
14. Any of this researcher's experiences with the phenomenon that could not be extended to all the participants, if at all, were categorized in their respective findings chapters under the headings of: "Client Art Making Experiences – Traditional Versus Zen Art Therapy" (see chapter 7), "Surprise Findings" (see chapter 8), and "Evaluation of the Zen Art Therapy Approach" (see chapter 9). A fourth participant's profile was required to present Findings 10 and 11 (see chapter 7).

15. Each chapter is comprised of sub-themes or findings. Rules of inclusion were written for each finding. In total, 20 findings are outlined in Part Two.
16. A narrative rendition of the phenomenon's essential qualities or themes, using verbatim comments and experiences shared by this researcher and the participants' profiled, served to demonstrate, explain, and extend her findings.
17. An analysis of the similarities and differences in questionnaire responses helped to elucidate all emerging sub-themes, and explain the findings. Negative instances were mentioned, and relationships amongst the themes of chapters 5 to 9 were identified.
18. In August 2005 participants were sent an informed consent form requesting their permission to publish in professional journals and a book this study's findings (see Appendix A, p. 211). All replied affirmatively.

From September to December, 2005 the explication and creative synthesis of the collected data underwent a series of transformations, informed by additional literary readings. Yet, the essential structure and coherence of the findings, which originated with the data, were maintained. An artistic depiction of the zazen phenomenon was completed during January 2006, using the Likert-type scale responses. The painting, entitled "Client-Presence" (see Figure 25) creatively synthesizes this study's findings.

Moustakas's (1990) nonlinear process of heuristic inquiry complemented the pace and intuitive nature of this researcher, revealing the zazen phenomenon's essential qualities or themes, as experienced by her and the participants in an art therapeutic context. The validity of this investigative method is supported next by Frick's (1983, 1987, 1990, 2001) studies, which conclude this chapter.

Applications of Heuristic Inquiry

Frick's (1983, 1987, 1990, 2001) investigations of the Symbolic Growth Experience (SGE), a Western notion akin to Zen's Kensho experiences of awakening to one's true nature, began in 1983 with heuristic inquiry and the "core question: Is symbolic growth a potential reality of lived experience?" (Frick, as cited in Moustakas, 1990, p. 99). By 1990, after a seven-year period of immersion, incubation, and illumination with the data, Frick consolidated his heuristic efforts in search of the core meaning of the SGE phenomenon. His first definition of the SGE, which refers to "*the conscious perception of the symbolic-metaphorical dimension of immediate experience leading to heightened awareness, the creation of meaning, and personal growth*" (Frick, 1990, p. 68) was refined by extending his findings to include first-person accounts of the experience from participants and commentaries taken from literary works. Heuristic analysis and explication methods revealed the interrelationship of Frick's (1990) SGE notion with personality development, learning theory, and Jung's concept of synchronicity.

Thereafter, Frick (1990) creatively synthesized his SGE results into "two major dynamics of personality development. . . . 1. *Integration, order, and stability*. . . . 2. *Differentiation, change and growth*" (p. 71), which are rooted in the participant's "exquisite, eternal moment of total presence – her fully lived experience" (Frick, 1983, p. 113). In his final contribution to articulating the essence of the SGE phenomenon, Frick (2001) presented his concept of "symbolic latency" (p. 9) as a transcendental experience of lived presence that symbolically transforms the individual's world-view.

The poetic works of Wordsworth and Jung's concept of synchronicity substantiated his findings.

Frick's (1983, 1987, 1990) heuristic research efforts have demonstrated the validity of heuristic methodology for "understanding transitions in the development of identity, personality, character, and selfhood" (Moustakas, 1990, p. 102). The insight-wisdom he gained from exploring the Symbolic Growth Experience through such "humanistic themes: . . . [as] the unity of experience, patterns of meaning, forms of symbolic awareness, and personal transformation" (Frick, 2001, p. 29) inspired this researcher to use the heuristic method. For a poetic depiction and image of the SGE phenomenon, please refer to this author's symbolized Kensho-Satori experience of session four of this study (see chapter 6, pp. 129-130).

Conclusion

Chapter two was divided into two sections, A and B. Section A presented heuristic methodology in theory and research, as proposed by Moustakas (1990). Next, data analysis techniques were elaborated on through an eight-step process that a researcher uses when including a sample of participants in his/her study. Attention was given to the verification and validation of findings.

In section B a detailed description was given of this particular study's applications of heuristic inquiry, elaborating on the research design and data collection methods. Ethical consideration, sampling and contact with participants were discussed. A step-by-step execution plan and time period for the study was elaborated, identifying research methods and procedures used within Moustakas's (1990) heuristic model, as outlined in section A. It concluded with the presentation of Frick's (1983, 1987, 1990, 2001)

research findings in order to provide evidence of validity for heuristic investigative procedures and inquiry. Now that the bridge between methodological theory, research and practice has been established, let us turn to the heart of this investigation, the discipline of Soto Zen.

CHAPTER 3: SOTO ZEN DISCIPLINE

Introduction

This chapter was created to acquaint the reader with the zazen experience from a theoretical perspective. It provides a glimpse into the training that members undergo when participating in a Zen art therapy group. Zazen practice with Gilles Rivest, a Zen monk, ordained by Deshimaru in 1980, anchors this researcher's elaboration on the three fundamental points of Soto Zen discipline according to Taisen Deshimaru (1978/1985): concentration on one's posture, breathing, and mental attitude (pp. 301-303).

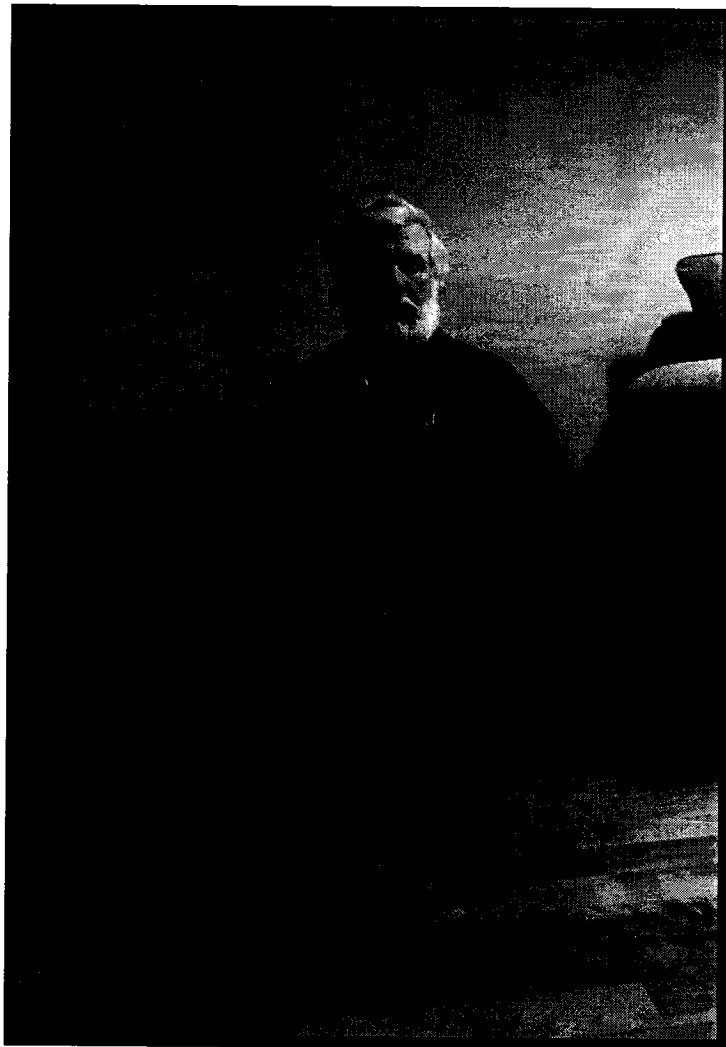


Figure 3. Gilles Rivest in Zazen Posture.

Correct Posture

During the practice of zazen the experience is of just sitting or “*shikantaza*” (Deshimaru, 1978/1985, p. 309). In Soto Zen the meditator faces a wall, except for the Zen master or teacher, who sits facing the center. Please refer to Figure 3 of “Gilles Rivest in Zazen Posture”⁸.

Traditionally, the meditator wears a kimono, entering sitting in silence by bowing, before sitting at the center of his/her *zafu* (cushion). Settling into the posture begins with placing the legs either in a full, half or quarter lotus position. The pelvis is tilted forward and the back or spine is straightened. This position enables the meditator’s knees to make contact with the *zafuton* (mat) or ground. Next, the chin is pulled in so that the neck is straight and the shoulders fall naturally on either side.

Once in position the body is swayed from left to right. This movement is slowed down until the meditator finds his/her vertical posture of balance. A bow is offered, stating in mind “*gassho*” (Deshimaru, 1978/1985, p. 306) or thank you before entering the silence. Hands are placed with palms together at the heart centre, fingers are pointing upward, and the body engages in the bowing motion.

Afterwards, the left hand is placed in a resting position inside the right hand with the two thumbs forming a horizontal bridge. The thumbs are gently touching or pressing against each other at the tips to form a closed oval shape. As the hands rest gently on the thighs, the meditator relaxes his/her stomach. With eyelids half closed and nose aligned with the belly button, the meditator gazes at a point about three feet in front of his/her sitting position. The tip of the meditator’s tongue touches the upper palate, while his/her

⁸ This photo was taken by André Dubé (2006) on behalf of Blanche Moskovici with the permission of Gilles Rivest, the leader of our Friday zazen practice.

mouth remains closed. Finally, the meditator's gaze is turned downward and inward, yet the half open eyelids provide a bridge for the meditator between his/her inner and outer world experience (Deshimaru, 1978/1985, pp. 301-302).

Absorption in the act of just sitting brings the meditator to a grounded standstill. There is nothing to do, but sit in silence with legs crossed, and be still as "acupuncture points activate the energy meridians of the liver, spleen, and kidneys" (Deshimaru, 1978/1985, p. 301). Bodily awareness is developed through the meditator's attentiveness to and witnessing of his/her posture. What is key to zazen practice and staying grounded in the body is having a correct posture and identifying with the outbreath.

Correct Breathing

When entering zazen practice often the meditator experiences difficulty adjusting to focusing on the outbreath and allowing for the inbreath to emerge naturally, even with the beginner's technique of counting (e.g., from 1 to 10) between outbreath and inbreath. Zen breathing aims at establishing a slow, powerful and natural rhythm that descends to the "*kikai-tanden*" (Deshimaru, 1978/1985, p. 114), the body's centre of vital energy located in the abdomen area just below the navel. Exhalation and inhalation of the breath is done through the nose. When concentrating on the outbreath, the exhalation is soft, long and deep, pressing all the air out of the stomach. When concentrating on the inbreath, the inhalation arises naturally, expanding the stomach with air. This movement resembles the newborn's breath.

Absorption in the act of breathing neutralizes shocks to and relaxes the nervous system, permits the mastering of passions, and controls mental activity. It improves cerebral circulation, relaxes the cerebral cortex, and awakens primitive brain activity.

Psychologically, focusing on the breath stops or slows down the stream of contents of mind, fosters a serene and sharpened mental attitude, and increases the meditator's state of awareness. Physically, blood circulation is improved and the meditator becomes receptive and attentive to all bodily activity on a cellular level through his/her awakened senses. Increased calmness radiates out from the meditator, who becomes attuned to his/her bodily wisdom. The meditator is revitalized, such as in deep sleep, yet he/she is in a state of awakened, attentive awareness, both in body and mind. Next, the meditator concentrates on his/her mental attitude (Deshimaru, 1978/1985, pp. 302-303).

Correct Mental Attitude

Once grounded in body the subtleties of mind take hold by filling the mental screen of the viewer with a continuous flow of impressions, thoughts, images, and perceptions. Emotions and their accompanying trains of thought can propel the viewer into a colorful inner world full of mental representations, whether pleasant, unpleasant, or neutral. This is an indication that the meditator has become accustomed to and has forgotten to maintain his/her focus on the task of breathing, resulting in his/her attention wandering.

The Wandering Mind

For the meditator, all forms of sensory information, such as audio and visual stimuli provide some form of distraction from just sitting and doing nothing. At first the mental environment is rich in entertainment value. Scenarios, projections of past, present, and future situations, relationships and events, enter the viewer's mind and demand attention. By grasping a hold of any one scenario the viewer concedes to attention wandering. Some scenarios are played out like familiar cassettes, while others lead the

viewer into uncharted territory. With practice the meditator can overcome these surface layers of mental distraction that are experienced as cognitive stress, quiet the mind, and access deeper layers of his/her psyche. The key is to take a step back mentally, sit, relax and observe each scenario as it arises to awareness with a detached mental attitude. Such a task can be difficult and often requires sustained and repeated effort on the part of the meditator.

Effort Made to Detach From Contents of Mind

Deshimaru (1978/1985) provides the following instructions on this matter of effort:

Assis en zazen, on laisse les images, les pensées, les formations mentales, surgissant de l'inconscient, passer comme nuages dans le ciel – sans s'y opposer, sans s'y accrocher. Comme des ombres devant un miroir, les émanations du subconscient passent, repassent et s'évanouissent. Et l'on arrive à l'inconscient profond, sans pensée, au-delà de toute pensée (hishiryō), vraie pureté. (p. 303)

Efforts made to enter a quiet state of mind begins with a conscious decision to shift focus away from mental distractions and into moment-to-moment awareness, to enter the perspective of the inner witness, and bring attention back to the breath.

The Reminder

While the viewer is caught in his/her projections, he/she might experience a physical jerk. This jerk acts as a reminder for the meditator to stay alert, not to grasp onto any particular train of thought, and to redirect his/her attention back to the present

moment, the act of sitting, and focusing on the breath. As breathing becomes fluid the meditator is able to watch all psychological contents arise and fall naturally.

Zazen training of correct posture, breathing, and mental attitude slows down the current of internal and external stimuli rushing by, and enables the viewer to see these stimuli for what they are: impermanent self-created scenarios or mental moments. These moments of thought that arise and fall in and out of consciousness have a beginning and an end, and they are porous.

Porous States of Mind

In practicing zazen the meditator comes face to face with the fragmented nature of his/her mind. Whereas previously the mind seemed so dense, now it begins to take on a “porous” (Moskovici, 1998, p. 7) nature. As the fleeting nature of thoughts, with their beginning and end, become transparent to the viewer, space begins to appear between each momentary thought fragment. The meditator is confronted with existential feelings of “being-in-the-world” (Goldfarb, 1991, p. 17). His/her impression of having an integrated self dissolves as he/she perceives his/her porous nature of mind. The expansion of mental space and the absence of thoughts reveal to the meditator a black screen of mind, “*sunyata*” (Deshimaru, 1978/1985, p. 310), vacuity or emptiness. Within the blackness of Zen internal absorption, he/she becomes aware of a cosmic “realm glittering with potentials . . . ‘a great round mirror, black as lacquer’” (Austin, 1999, p. 498).

Piercing these spaces of mind are new thoughts of a near-conscious, unconscious and archetypal nature that arise as flashes of insight, imagistic and sensory information. When this information is perceived as vivid and real to the viewer it is called “*makyo*” (Suler, 1990, p. 197). Experiences of *makyo*, such as seeing animals or forms in the

carpet, indicate that the meditator has penetrated deeper layers of his/her psyche and that his/her sensory channels have been activated. For certain individuals makyo is experienced through the reliving of memories, some traumatic in nature. Basically, the practice of zazen induces in the meditator a reduction in psychological tension through bypassing the ego-consciousness, thus allowing for the emergence of unconscious contents into awareness that require his/her attention.

Observing how the mind works can be very intriguing, even threatening, and possibly overwhelming for the meditator, because the process reflects the impermanent nature and the illusory manifestations of ego-consciousness and the forceful influence of the unconscious or non-ego. It is quite common for the beginning meditator to experience an increase in anxiety levels, especially with the notion of impermanence being so closely associated to unconsciousness and/or death (e.g., loss of control). A ripened mental attitude in the meditator, along with increased presence permits him/her to witness with equanimity and receptivity the spontaneous contents arising to awareness from the deeper layers of his/her psyche. These contents of mind or flashes of insight allow the viewer to glimpse his/her essential nature. Eventually, with accumulated practice the meditator can develop an extraordinary attitude of mind, and spontaneously awaken to his/her true nature through insight-wisdom, “kensho” (Austin, 1999, p. 707).

Deepened Practice Leading to Satori

Austin (1999) defines kensho as “[s]eeing into the essence of things. . . . It is regarded as the beginning of true training, a prelude to the depths of satori” (p. 707). For Zen Buddhists, awakening to one’s true nature, is related to the death of the ego. In Zen the path taken to “dissolve the egocentric self” (Austin, 1999, p. 449) is entered through

zazen practice, where “‘body and mind fall off,’ ‘departing from life and death,’ ‘liberated from name and sense,’” (Sasamoto, 1961, p. 134).

During the deepened, extraordinary state of satori, an “advanced state of insight-wisdom” (Austin, 1999, p. 709), the meditator receives a new vision and lease on life. Self-recovery is experienced by the meditator instantaneously in the encounter with the eternal cosmic presence of profound silence, clarity, luminosity and compassion. Thereafter, presence in daily life is the practice of zazen.

Conclusion

This chapter summarizes the three fundamental points of Soto Zen discipline according to Taisen Deshimaru (1978/1985): concentration on one’s posture, breathing, and mental attitude. In part two of this research paper, these principles will be revisited several times in order to: (a) investigate the experiential component of the practice, based on verbatim comments from participants and this researcher; (b) explore the parallels between the zazen process and the Jungian alchemical process of individuation; (c) articulate the Likert-type scale responses; and (d), synthesize the Zen art therapy treatment model. In the next chapter, the three art therapeutic contexts in which this author introduced zazen practice are identified, followed by her profile and that of four participants.

CHAPTER 4: ZEN ART THERAPY CONTEXTS, RESEARCHER AND PARTICIPANT PROFILES

Introduction

This chapter provides an overview of the Zen art therapy treatment model by first introducing the art therapeutic contexts in which zazen was integrated as a transitional phase; the transition period from concentration to creative engagement, between the periods of checking-in with the therapist and art making. Next, portraits of four participants and this researcher are given without disclosing more clinical material than necessary. Emphasis is placed on identifying the state of affairs that occupied each of us at the time of therapy, including our experiences with other forms of centering and grounding methods. Let us now turn to the three art therapeutic contexts in which zazen was successfully integrated as a transitional phase: (a) *Thérapie Transpersonnelle* groups, (b) researcher's 2003 trial of 10 sessions of individual art therapy, and (c) researcher's 2004 individual art therapy heuristic inquiry.

Thérapie Transpersonnelle Group Context

As an art therapy student this researcher first trained at the "Institut de formation professionnelle en psychothérapie par l'art de Sherbrooke" in humanistic-existentialist and process-oriented art therapy from 2000 to 2003, a program that emphasizes a strong experiential component to learning about art therapy practice. During this period women over the age of 40, who attended a community mental health center, participated in her *Thérapie Transpersonnelle* practicum groups. Each three hour session of *Thérapie Transpersonnelle* included five sub-phases: (a) a checking-in period; (b) 15 to 25 minutes of zazen practice; (c) art making; (d) journaling the zazen and art making experience,

followed by a break; and (e) the discussion and exploration of artworks. The three fundamental points of Soto Zen practice, concentration on one's posture, breathing and mental attitude, were the basis of the training participants underwent as members of her *Thérapie Transpersonnelle* groups, as described in chapter 3. This approach is now called "Zen Art Therapy."

In all the *Thérapie Transpersonnelle* group contexts led by this researcher-as-therapist members were instructed to creatively express what they sensed or experienced during sitting in silence. This directive was given at the onset of therapy, and repeated intermittently over the duration of therapy. Zazen practice began when the checking-in period ended. Next, this therapist initiated zazen practice by dimming the lights. Group members sat facing outward towards the wall, the way of Soto Zen. She, on the other hand, sat on a zafu (cushion) and zafuton (a mat) facing towards the centre when leading the zazen period. Group members sat on wooden benches designed for zazen practice. Kimono apparel, the swaying movement of settling into the posture, and the gesture of gassho practiced in traditional zazen were not enforced in the *Thérapie Transpersonnelle* groups. Once everyone was settled-in this therapist would ring a bell three times to begin the 15 to 25 minute period of zazen practice. For Franklin (2000) "the bell offers a pathway of sound, through breath, back to the present moment" (p. 107). The next time she spoke was to say "*Trois dernières minutes*" or "Last three minutes." When time was up she would ring the bell three times to close the period of zazen practice. The lights were turned back on and members engaged in the art making process.

During traditional art therapy groups, members sit facing each other while creating. The art therapist sits in a chosen position and watches the group's creative

process unfold. Once the art making period is over various arrangements for discussing artworks are used. For instance, members place their artworks on a wall, and an arc of chairs is organized for the viewing, exploration and discussion of members' artworks.

A different layout was adopted for the *Thérapie Transpersonnelle* groups in order to sustain members' zazen attitude. Tables and chairs were placed facing a wall or a window, leaving the central area of the room for zazen practice, and the exploration and discussion of artworks. The origin⁹ of this format stems from a consultation this author had with her Zen teacher, Gilles Rivest, on April 12, 1997, who sat a few feet away from her and practiced zazen while she created art (see Figure 1). His zazen presence felt reassuring as this author created her image, and for this reason she adopted the practice of zazen while members engage in the art making process. In fact, the idea for a Zen art therapy approach was born out of that consultation.

In a *Thérapie Transpersonnelle* context, by attending to the sounds created with art materials or a lack thereof, this therapist knew to approach members and check-in with them. Process-oriented art therapy methods of working with the art image, such as those inspired by Jungian and Gestalt techniques, would be applied on a need basis with members who were at a standstill. With all her senses open from sitting in silence, she could follow their unfolding creative process, whether being by their side or practicing zazen at a short distance, until the art making period ended.

When the art making period ended members were given five minutes to write about their experience of zazen and the art making process, which became their personal

⁹ For further details on the origins of Zen art therapy go to this researcher's article *Zen art therapy* in the Concordia University Creative Arts Therapies Newsletter Web page: <http://www.geocities.com/catnewsletter/2blanche.htm>

notes for future reference. After the break members came together in a circle for the period of discussion and exploration of the artworks. During this period members asked questions and/or offered comments about their zazen experience. Their shared experiences, along with the insights they gained during zazen practice, reinforced this author's confidence in the use of zazen as an adjunct to art therapy practice with a mental health population. Next, the individual art therapy contexts in which this researcher integrated zazen practice are introduced.

Researcher's 2003 Individual Art Therapy Context

In the Summer of 2003, a suggestion was given by Josée Leclerc, director of the Creative Arts Therapies Program at the time, to use a three minute zazen within an individual and group art therapy context during this author's Concordia internships, particularly when working with a mental health population. It made perfect sense to personally test out this suggestion prior to commencing her internship. Although short in duration, integrating three minutes of zazen into an hour art therapy session sounded feasible compared to the 15 to 25 minutes of the *Thérapie Transpersonnelle* groups.

Over a 10 week period this researcher introduced respectively three minutes of zazen in each of the first four sessions, five minutes of zazen in each of the next three sessions, and 10 minutes of zazen in each of the last three sessions. Each one-hour session of art therapy included four sub-phases, excluding journaling the zazen and art making experience, and the break, as done in the *Thérapie Transpersonnelle* group context.

During the first trial session she realized the potential for therapeutic movement inherent in practicing zazen prior to engaging in the art making process. Direct

experience with this multidisciplinary approach, as a group leader and in particular as a client, strengthened this researcher's conviction that a heuristic exploration was in order.

Researcher's 2004 Individual Art Therapy Heuristic Inquiry Context

The 2003 trial of 10 sessions, and in particular the 10 minutes of zazen, provided a model and baseline period of practice for this heuristic investigation. Each one-hour session of art therapy included four sub-phases: (a) a checking-in period, (b) 10 minutes of zazen practice, (c) art making, and (d) the verbal exchange and exploration of artworks.

As an art therapy client this researcher decided when to enter zazen. She sat in a chair facing a white desk, beginning her 10 minute period of zazen practice with the gesture of gassho, with palms together at the heart she bowed in thanks. Her therapist, who accompanied this researcher in silence, was asked to inform her of when she had three minutes left and when the 10 minutes were up, just like this author did with her *Thérapie Transpersonnelle* group members. This researcher would conclude zazen with a gesture of gassho, and next express in art what she experienced during zazen. A description of her zazen experience was recorded on tape after each session was over, providing this researcher with personal notes for this heuristic investigation.

Now that we have looked at all three art therapeutic contexts that concern this study it is important to introduce this researcher's Zen training and background, as well as provide portraits of the participants she has chosen to profile from the sample of six.

Portrait of the Researcher (B)

This researcher is a 44 year-old woman. On a personal basis, she has attended zazen retreats bi-yearly over the past 12 years, where she practiced from 60 to 90 minutes

of zazen four times daily. In addition, she practiced one hour of zazen on a weekly basis from 1993 to 2000 with Gilles Rivest. Once she began her master's studies in 2000 this researcher's attention turned to developing the Zen art therapy treatment model.

As a mental health community worker, relaxation therapist, and art therapist in training, this author introduced weekly one-hour zazen practice to members of her "Body-Mind Zen" group (1996-1999), weekly 15 to 25 minutes of zazen practice to members of her "Relaxation Therapy" groups (1996 to present) and *Thérapie Transpersonnelle* groups (2000-2003), and 10 minutes of zazen practice to members of her "*Zen Art-Thérapie*" group (2005 to present). This alternative approach was first offered to her Zen colleagues during retreats, and later to other community centers in the form of "Zen and Masks" and "Zen and Mandala" workshops. Personally, this author has attended two months of group art therapy and over seven years of individual art therapy with a psychoanalytic art therapist, who agreed to support her in this study. Tai chi and mindfulness meditation were also explored as centering methods.

When this author began in the Summer of 2003 integrating zazen into her individual art therapy sessions she was on a leave of absence from school and work. At the time, she was diagnosed as recovering from cerebral concussion due to a car accident. Her goals were: (1) to integrate zazen over 10 sessions, increasing the duration from 3 to 5 to 10 minutes of practice, in order to test run the model with brief periods of zazen within an individual context; (2) to deepen and accelerate her experience of the art therapeutic process by cutting through surface layers of cognitive stress; and (3) to confirm whether the potential for deepened self-exploration through the art making process is enhanced with prior zazen practice. All of these goals were attained.

Since 2003 this author has taken part in individual Zen art therapy on an intermittent basis. Her experience with this method is comparable to that of participants, who have attended 33 to 44 sessions of *Thérapie Transpersonnelle*, such as Nicky, Lumière, and Jacinda. We will consider their portraits next, and that of Marie-Rose due to her substantial experience as an art therapy client. Pseudonyms are used for all the participants.

Portrait of Nicky (N)

Nicky is a 58 year-old woman. When she joined the *Thérapie Transpersonnelle* group in 2001 she was on a leave of absence from work for depression and had no previous experience with art therapy or zazen. Nicky worked as a teacher with African American adolescents. She experienced racist feelings towards the aggressive students, which made her feel that she can no longer teach, but she did not know how to tell the School Board that she is no longer able to return to her job. As well, her daughter was looking to move out, which motivated her to sell her house. Nicky identified her therapeutic goals as: (1) to tell the School Board that she is no longer able to return to work; (2) to express her feelings; (3) to feel good with herself; and (4) to feel proud of what she has become.

Nicky has no other form of centering and grounding training, aside from using prayer as a form of meditation during the day and at night before going to sleep. From the start she was motivated to explore the combined approach of zazen and art therapy. After 35 of 37 *Thérapie Transpersonnelle* sessions she experienced increased self-confidence, and was better able to deal with other people's anger without feeling threatened. By the end of therapy she could express in words how she felt, including feelings of anger and

hurt. Nicky learned to set her limits by saying No without fear, and was prepared to tell the School Board that she has decided to no longer return to her teaching job. Family and friends reflected back these changes to Nicky. Her daughter moved out and the family house was sold. Today Nicky is involved in a new love relationship after many years of being divorced. She was not receiving any therapeutic service when she participated in this study.

Portrait of Lumière (L)

Lumière is a 59 year-old woman. When she joined the first *Thérapie Transpersonnelle* group in June 2001 she was dissatisfied with her work as a hostess for a fast food restaurant. Prior to beginning her second group in September 2001 Lumière identified her therapeutic goals as: (1) to love, know and connect with herself and her body more; (2) to trust herself; (3) to speak up and not be afraid of the consequences; (4) to take responsibility for what she says; and (5) to increase contact with her daughter. She entered therapy with the sense that she doesn't exist. A mother of three, two daughters and one son, she felt estranged from one of her daughters and alone. She also longed for a loving relationship with a man.

Lumière had substantial experience in zazen practice prior to attending the two *Thérapie Transpersonnelle* groups. She participated in the Body-Mind Zen group for three years, in which she practiced one hour of sitting in silence. Group art therapy was familiar to Lumière as well, having attended close to a year of weekly sessions. After participating in 44 of 45 *Thérapie Transpersonnelle* sessions she learned to be with her emotions, to respect herself and her needs in relation to other's needs, and to sense and respect her limits. She found that zazen permitted her to settle into her body, and art

therapy allowed her to express and verbalize her feelings and emotions. Once therapy ended Lumière attracted a new man into her life, which she continues to develop a relationship with today. She was completing a “Discussion and Yoga” therapy group when she joined this study.

Portrait of Jacinda (J)

Jacinda is a 53 year-old woman. When she joined the *Thérapie Transpersonnelle* group in 2001 she was a professional, working in the field of mental health. Jacinda identified her therapeutic goals as: (1) to get in touch with herself and her feelings; (2) to not fear other’s anger; (3) to not suppress her own anger; and (4) to live in the present moment. She entered therapy with fears of her ex-husband following through with his threats to commit suicide. A mother of three children, two sons and one daughter, her middle son of 19 was living with her at the time and perpetuating the pattern of violence he learned in the household, such as by punching a hole into the wall and verbally abusing his girlfriend in front of her eyes. Jacinda’s main coping methods were to work and eat to fill the void she felt of having no man in her life. She wanted her son to move out, and expressed a need to find her voice.

Originally, Jacinda was apprehensive about zazen practice, and the art making aspect of the therapy. After completing 33 of 37 sessions, she expressed that she was on her way towards self-discovery, having accessed a lot of sadness and some anger now and then. In addition, she stated that zazen helped her to relax and get focused for the artwork. Jacinda wrote that she found the artwork most satisfying, and that she appreciated this therapist’s spontaneous creative input at times when the art making process became stagnant or too emotional for her.

Overall, Jacinda learned about herself, her inner workings and feelings, how to trust and express them, and about therapy in general. By the end of therapy she succeeded in having her son move out. Attending music therapy next allowed Jacinda to explore her voice in a new and nourishing way that this author had the privilege of witnessing in a public performance during the writing of this research paper. Today, she continues to work as a mental health professional.

Portrait of Marie-Rose (M-R)

Marie-Rose is a 46 year-old woman. When she joined the *Thérapie Transpersonnelle* group in October 2002 she was on a work leave of absence from her profession as a self-employed illustrator due to depression. Marie-Rose identified her therapeutic goals as: (1) to learn to relax during moments of anguish; (2) to learn to resolve her inner anger; and (3) to access emotional balance more readily. She entered therapy with concerns about her boyfriend not wanting to commit to their relationship. She was attending couple therapy, questioning herself as a mother and on whether to make a career change. Marie-Rose suffered from acute anxiety and insomnia.

Marie-Rose was eager to invest in the therapeutic process. After having attended 7 of 8 sessions of *Thérapie Transpersonnelle* her perceptions of herself as a mother improved by working on her own mother-daughter relationship through art. Not by her own choice, Marie-Rose separated from her boyfriend. Today, they are reunited, and living in a new home, with an office to develop her new private practice as a massage therapist. Her portrait is included in this study due to her experience with group art therapy of two to five years and individual art therapy for less than two years. Marie-Rose's verbatim comments inform only research Findings 10 and 11 (see chapter 7).

Conclusion

This chapter provided an overview of the art therapeutic contexts, in which *zazen* was integrated as a transitional phase, between the periods of checking-in with the therapist and art making. Next, brief portraits of this researcher and four participants were given. Emphasis was placed on identifying the concerns that occupied each of us at the time of therapy, including our experiences with other forms of centering and grounding methods.

Now that we have a sense of the three contexts in which *zazen* was introduced and of the participants being profiled, let us turn to Part Two of this research paper, where the 20 findings of this investigation are presented and discussed.

PART TWO: AHA! THE SATORI OF HEURISTIC INQUIRY

INTRODUCTION

Part Two of this research paper is devoted to the presentation and explication of this study's findings. The findings emerged from the analysis of this researcher's heuristic experiences with the phenomenon under investigation, and from the questionnaire responses given by this researcher and her six participants. Moustakas's (1990) heuristic six-phase qualitative approach to scientific inquiry was used first, followed by his eight-step process of analyzing participants' input to arrive at the universal qualities or themes inherent in the data.

Participants' written comments ground the 20 findings presented next in chapters 5 to 9. Since the sample was all female, this author will use the feminine gender to report and explain the findings. Some findings are the sole providence of this researcher's subjective experience and do not extend beyond her to include the participants' experiences of zazen. As we have already mentioned, the conceptual frame used to explain the findings originates in Jungian analytic psychology and alchemy, Soto Zen practice, humanistic-existentialist and Zen psychotherapy, process-oriented psychology and art therapy. Jungian theory provides the frame for this investigation.

Chapter 5 presents two main themes that emerged from analyzing questionnaire responses to the primary research question: "Therapy - The Transference Relationship", and "Zen - The Zazen Process." Next, an analogy is made between Jung's description of the alchemical process of individuation and the zazen process.

Chapter 6 introduces the theme of "Art - The Act of Creating." In it we discuss how zazen prepares the client for the art making process. Next, the emerging sub-themes of "*Expressive Reactivity*" (*ER*) and "*Responsive Creativity*" (*RC*) are defined and

elaborated on. Examples are used to clarify the meaning of these terms. Finally, artworks that symbolize a meaningful zazen experience for participants and this researcher are related to the first two phases of Jung's alchemical process of individuation. The essential quality of blackness or darkness, inherent in the artworks, is explained from a Jungian, Zen, and art therapy perspective.

Chapter 7 presents findings from two participants and this researcher, regarding the experience of engaging in the art making process with and without prior zazen practice. These findings interact with responses collected on the client's experience of the checking-in period, the advantages and disadvantages of using zazen as a transitional phase, and the essential zazen qualities of distraction and concentrated presence. This chapter also reports findings on the concept of client-presence. Interactions exist between this concept and findings concerning the transference relationship, the zazen process, and the act of creating.

Chapter 8 introduces findings that were unexpected, yet are supported by Jung's (1946/1989) theory of the transference relationship, synchronicity (as cited in Frick, 1983), and his views on lower and higher levels of consciousness (Jung, 1953-1969/1974). They interact with the findings of chapters 5 and 6.

Chapter 9 focuses on findings that evaluate the Zen art therapy treatment approach. Consideration is given to the advantages and disadvantages of this method and the future applications of zazen practice with clients attending a mental health community center. The physical and psychological effectiveness of zazen as a transitional phase, between the checking-in period and the art making period, is discussed and evaluated

through Likert-type scale responses and line graphs. These results are creatively synthesized within a work of art entitled “Client-Presence” (see Figure 25).

Together, all the findings of chapters 5 to 9 support the use of zazen within an art therapeutic context. Chapter 9 closes with a descriptive synthesis of the Zen art therapy treatment model. Please refer to Appendix B for the Yes-No responses by participants and this researcher for Sections A and B of the questionnaire (Table 1), the research results (Table 2), a brief summary of the two modes of creative engagement (Table 3), and the artworks that symbolize a significant zazen experience (Table 4).

CHAPTER 5: THE THERAPEUTIC ENCOUNTER AND ZAZEN

In this chapter we address findings related to the first two phases of the Zen art therapy session: the checking-in period with the art therapist, followed by the transitional phase of zazen practice. Major themes that inform and are informed by the zazen experience on a microscopic level are explored, and pertain to the three keys of the Zen art therapy treatment model: (1) Therapy - The Transference Relationship, (2) Zen – The Zazen Process, and (3) Art - The Act of Creating. Aside from a brief reference to artwork viewed during the checking-in period, prior to zazen, findings related to the third phase of the Zen art therapy treatment model are elaborated in the next chapter.

Therapy - The Transference Relationship

The Checking-In Period with the Art Therapist at the Beginning of the Session

According to Jung (1946/1989) the transference relationship is a therapeutic relationship that is founded on a client's projections. Orlinsky, Geller, Tarragon and Farber's (1993) study has effectively demonstrated this transference phenomenon of projection through a list of statements in questionnaire format that reflects a client's scenarios or "internal representations of therapy-with-their-therapist" (Abstract, p. 596). Findings one to three of the current study support their conclusions and that of Jung's (1946/1989) on the nature of projections to influence a client's perceptions of therapy, therapist, and therapeutic interactions that fit a relief-distress model. This study also confirms that the continuity of the therapist-client relationship is sustained by the client's subjective perceptions, whether the client is outside of or within the bounds of the therapeutic frame, such as when making the transition from in-between sessions to arrival

or during the zazen process, and even after client contact with the therapist and therapy has ended.

Finding 1: Physical and psychological stimuli influence a client's state upon arrival.

This finding suggests that the client is psychologically distracted by an array of internal and external stimuli that elicit her attention upon arriving to a session. Feelings range from confusion and distress to contentment and relief in seeing and interacting with the therapist and other group members. Some physical tension or discomfort is noted.

Physically, I would experience tension after driving 45 minutes in traffic to get to sessions. This tension would increase or decrease upon seeing my therapist. . . . Psychologically, I would experience upon entering the sessions a range of feelings towards my therapist, from conflictual to a sense of relief. (B)

[I]l m'arrivait des problèmes ou des joies, j'avais hâte de partager tout cela, j'étais heureuse de revoir les filles. (N)

J'étais tendue, coupé de mes émotions, peur de ce qui m'attendais et avoir à m'exprimer. Je ne savais pas ce que j'allais dire était la bonne chose à dire. (L)

I was usually coming straight after work and felt tired and sometimes stressed. Upon entering I was happy to see other participants and Blanche. I felt I was entering a serene environment that was safe and structured. (J)

The intense nature of therapeutic relationships and their impact on a client's physical and psychological state is suggested in the participants' comments. This impact is accentuated by the therapeutic dialogue of the checking-in period. Most often the dialogue revolves around what the client experienced in-between sessions. On occasion, the client brings up transference relationship issues that were triggered within a current or previous therapeutic session, and that require the therapist's immediate attention. The client's concerns inform the therapist's reflections, interpretations and suggestions, which in turn direct the client's therapeutic focus for the session. Basically, the checking-in period of the Zen art therapy treatment model, like that of any other therapy, allows the

client to explore any pressing psychic material that she is preoccupied with upon arrival prior to beginning zazen practice.

Finding 2: *A client can experience stimuli saturation in dialoguing with her therapist.*

The therapeutic dialogue can solicit the client's attention through internal and external stimuli, up to the point of sensory information saturation.

I would hit a saturation point during the checking-in period, where I experienced a need to suspend verbal contact with my therapist. Typically, she would ask me a question I could not answer at the moment or said something that triggered or frustrated me. Sometimes she would put the finger on a sensitive topic that I was not ready to verbally explore. (B)

The fastest way to know self is through the Other. During the checking-in period the therapeutic dyad can communicate with each other through several of eight “discernible channels [which] are: 1. Auditory, 2. Verbal, 3. Visual, 4. Tactile, 5. Proprioceptive, 6. Kinesthetic, 7. Relationship, [and] 8. Synchronistic” (Goodbread, 1987, p. 24). Via these channels the client processes consciously and unconsciously a multitude of sensory information and signals coming from her internal and external environment, in particular the therapist's reflections, interpretations, and nonverbal body language.

Inherent in this researcher's verbatim comments is the client's need to shift focus away from the dialogue, such as by deciding to practice zazen. When this feeling arises in a client, it indicates that she has collected all the verbal and nonverbal cues necessary to work with therapeutically, and that she has reached a point of saturation or an edge. In the *Thérapie Transpersonnelle* groups this edge was evident when a member chose to stop expressing herself, signaling for someone else to share. Goodbread (1987), a process-oriented psychologist, defines the edge as follows:

The edge is where the process stops. It is where change ceases to occur, where the client feels stuck, blocked or 'in a complex'. It is the edge of the client's known world, the boundary of his consciousness, the limit of his identity, the beginning of all that is unknown, uncontrollable and threatening. To do effective psychotherapy, it is vitally important to work on edges as they make themselves known. (p. 204)

Therapeutically speaking, the client is responsible for her own process work and for making a conscious decision to go beyond her edges, while it is the therapist's role to intentionally bring the client to her edge so that she can integrate her projections and resolve her internal conflict. Thus, a therapist's question, reflection or interpretation that targets a client's edge can simultaneously bring up important resistances towards continuing the dialogue, while offering to alleviate a client's cognitive stress related to her present moment concerns.

Finding 3: *The dialogue of the checking-in period impacts the client's zazen experience.*

When engaged in a therapeutic relationship the client undergoes a process of subjective interaction between self-and-Other. Discrete portions of the therapeutic dialogue that the client identifies with are carried forward, internalized, processed and observed through the lens of self-with-therapist, self-with-image viewed, and self-with-Self during zazen:

*In the first minute I would begin to observe what I have carried forward from the therapeutic dialogue, such as what was said, what I said, and key phrases and responses that my therapist made that either frustrated or reassured me. . . . I noticed myself perceiving the forms and symbols that I used in the image, trying to imagine them in different organizational patterns. Furthermore, the associations my therapist voiced about my artwork had an impact on my psyche.
(B)*

Blanche nous donnait le sujet de la soirée et pendant “s’asseoir en silence” cela m’enlevait toutes mes tentions de la semaine. (N)

Je prenais conscience que j’avais besoin de respirer pour revenir dans mon corps. Que je n’étais pas en contact avec mes émotions, juste avec ma peur et ma tête. (L)

It helped to make the transition between the preoccupations of my day to the therapeutic process. But sometimes it also brought preoccupations to my mind which were hard to let go during the meditation. (J)

According to this researcher and all six participants, the therapeutic dialogue impacts the client’s zazen experience, whether the therapist or the client initiated zazen practice. As we can observe, all three results strongly suggest that the checking-in period informs a client’s zazen practice.

Next, findings concerning the primary research question of “*What is the experience of ‘zazen’ or ‘sitting in silence’ practice when used as a transitional phase in the art therapeutic context, between checking-in with the therapist and art making?*” are presented and explained. Participants’ verbatim comments provide a clear outline of the zazen process as it unfolds in their minds, and further elucidate other aspects of the zazen experience that Jung (1953-1969/1974) only hinted at or hypothesized about as possible within the context of a therapeutic relationship.

Zen - The Zazen Process

The Zazen Experience

Finding 4: *The client is a witness to her zazen process through client-presence.*

This heuristic study focuses on the transitional phase of zazen as experienced by this researcher and the participants within an art therapeutic context. It verifies Shapiro and Zifferblatt’s (1976) hypothetical “five-stage conceptualization of Zen breath meditation [*Zazen*]” (p. 520), as illustrated in Figure 2. In turn, their research

substantiates the findings of this investigation, but for one exception. A sixth stage or phase was added to the zazen process that takes into consideration the Zen art therapy context, as well as this researcher's 12 years of experience with the practice. It is important for us to emphasize that "[t]he division of meditation into different steps is used here only as a heuristic device to help understand the 'process' of [zazen], and is not meant to give the impression that [zazen] consists of discrete, nonoverlapping steps" (Shapiro & Zifferblatt, p. 520). Italicized words for sub-themes or rules of inclusion are used to reference Shapiro and Zifferblatt's (1976) ideas as distinct from and complementary to this author's bracketed ideas when explaining each phase of the zazen process. Let us now consider what a client experiences during each phase of the zazen process.

Phase 1. Focus on breathing. The client experiences a "[r]eactive effect":
[A]lteration in occurrence and response of breathing.

At the onset of zazen the client is aware that her task is to concentrate only on the fundamentals of correct posture, breathing, and mental attitude. Yet, immediately after shifting from mental or verbal activity to physical immobility and silence she experiences a reactive effect or difficulty concentrating and breathing, while slowly awakening to physical sensations of pain and suffering in her body.

I noticed difficulty concentrating . . . as I was going deeper I noticed difficulty breathing and relaxing into my body. (B)

"S'asseoir en silence" fut difficile pour moi au début. . . . J'ai trouvé cela pénible, je ne comprenais pas le "Pourquoi" de ce silence. (N)

Au début j'ai mal aux épaules et j'ai des crampes aux pieds. Je me concentre sur ma respiration et sur mon mal et je laisse passer la douleur. (L)

[A]t the beginning my joints ached in the meditation position. (J)

According to Shapiro and Zifferblatt (1976) a “reactive effect” implies that “the person has difficulty letting the air ‘come,’ catches his breath, and breathes more quickly and shallowly than normal. Often the person complains about not getting enough air and of ‘drowning’” (p. 520). For them “the reactive effect in Zen seems to serve no therapeutic value” (p. 523), but in the *Thérapie Transpersonnelle* context it served to tune the psychologically concerned client into paying attention to her present moment lived experience, to normalize her irregular breathing patterns, and to be inside her body.

Five of the six participants, who shared a history of physical and/or sexual abuse, and even the participant untouched by such experiences, felt either estranged or in a strained relationship with their bodies. Being in, listening to, feeling and connecting with their bodily wisdom, let alone breathing through any residual memories rising to the surface, took concentrated effort. For one participant profiled, Lumière, the relationship was so ruptured that she felt as if she did not exist. Thus, it was necessary to remind her to breathe during the checking-in period, because breath is life and as Schwartz-Salant (1995), a Jungian psychoanalyst states: “if you are inside yourself, in your own body, then you are in the psyche, which is the centre” (pp. 147-148).

Upon further examination, the reactive effect causes a client to shift her focus away from psychological concerns that disrupt her breathing, turn towards her physical self, and embody “a certain attitude or frame of mind” (Jung, 1946/1989, p. 116) that opens herself to commune with her “‘subtle’ body or ‘breath body’” (Jung, 1946/1989, p. 116), that part of us which is psychologically unconscious, alive, and transcendental in nature, the Self. Intrinsically, the reactive effect holds the promise of communing with the transpersonal, which Goldfarb (1991) defines as “a human being in relation to the

transcendent” (p. 9). As the client settles-in to practice zazen she forgets her focus and enters Phase 2 of the process.

Phase 2. Attention wanders: Habituation to the task of breathing.

During Phase 2 the client is a witness to her internalized therapeutic dialogue. Cognitive processes are activated. Sensory and perceptual information, internal and external stimuli, distract the client’s focus away from the task of breathing. The client observes her mental imagery and scenarios that she unconsciously projects onto the screen of her mind, noticing whether these contents reference the past, present or future. Surface layers of the client’s psyche reveal cognitive stress, speed of thought process, and an immersion in mental contents. A minimal level of concentration is attained.

I observe my thoughts travelling quickly between different scenarios making it difficult for me to concentrate, be present and maintain a consciousness around my breath. . . . the screen of my mind [is] a paler grey when I am minimally absorbed. (B)

[J]e regardais le tapis et cela me permettait de faire passer les images ou pensées de la semaine. (N)

Je reviens souvent dans mes pensées. . . . Je perd ma position droite et j’ai aussi sommeil. (L)

Often I caught my mind in the thought process. (J)

Results from Finding 3 and Phase 2 of Finding 4 suggest that the internalized therapeutic dialogue competes with the task of breathing for the client’s attention, making it difficult for her to concentrate in the early stages of zazen. While the reactive effect directs a client’s attention away from checking-in with the therapist to checking-in with herself, in Phase 2 of wandering mind she subjectively reanimates the therapeutic encounter. Once she is aware that her attention is wandering, the client remembers to return her focus to breathing and enters Phase 3 of the zazen process. We can see here

how attention training brings in its wake awareness, which is the point of using zazen practice as an adjunct to psychotherapy.

Phase 3. Focus returns to breathing: Eventually the client experiences “effortless breathing”: relaxed, attentive awareness, without reactive effect, without habituation.

During Phase 3 the client pays attention to and follows her breathing by focusing on her exhalation, getting centered and grounded. Conscious effort is made by the client to disengage from being immersed in her internal dialogue to being present with her breath. Until fluid breathing is achieved the client repeats the first three phases by returning to self and the task of breathing.

I decide to move out of a stuck state and into a process of moment-to-moment awareness. . . . Once the inner witness is in place I experience greater inner space, my breathing is more fluid, my body relaxes, and I feel more calm, centered and present with myself, my therapist and my environment. (B)

Pendant que mes yeux imaginait les choses j'avais la paix en dedans. (N)

[J]e reviens en contact avec ma respiration et je fixe un point. Je sens que ma respiration prend de plus en plus de place dans mon corps. (L)

I brought myself back to my breathing and counting. (J)

Once the client has reached a point of saturation with observing her mental scenarios the incubation process begins. The client's psyche, unconscious or Self, assimilates and transmutes the perceptions she holds of her therapeutic experience while she follows her fluid breath. Progressively, client-presence increases with fluid breathing and the clearing of an inner space, heralding in Phase 4 of the zazen process. Annouchka Gravel Galouchko's (1995) image of “*Les bonnos se transforment en Satoris*”¹⁰, which

¹⁰ From *Sho and the Demons of the Deep*, by A. G. Galouchko, page numbers not identified. Copyright 1995 by Annick Press Ltd. Reprinted with permission of Annick Press and the artist.

she translates as “The illusions transform into Consciousness” (personal communication, November 18, 2005) is a pictorial example of this phase (see Figure 4).

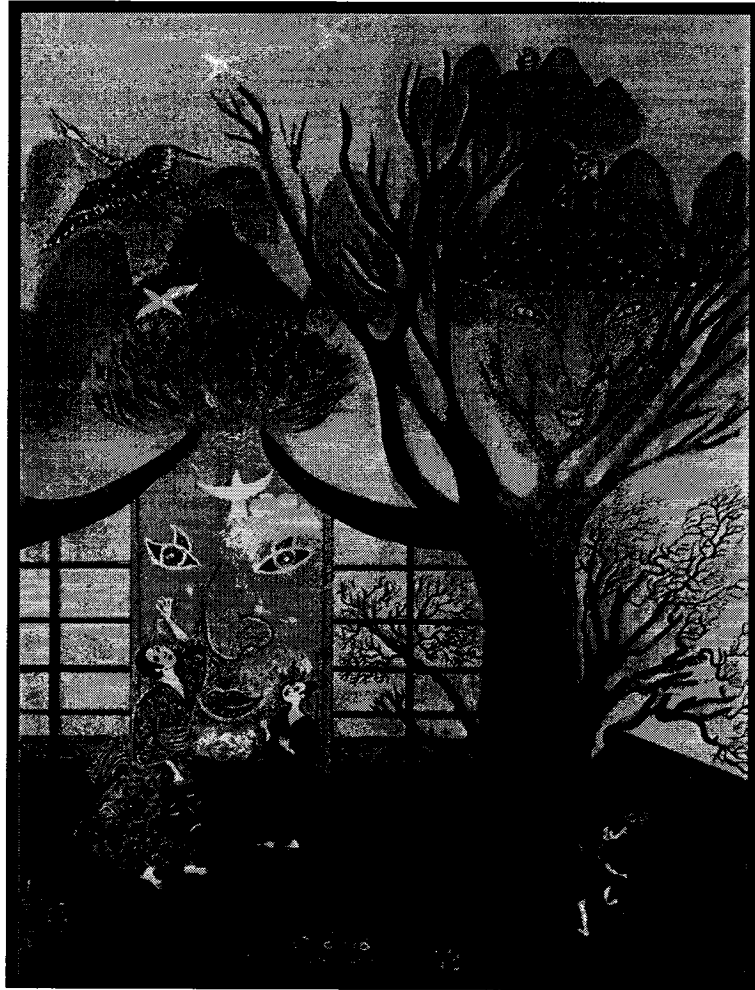


Figure 4. Les bonnos se transformen en Satoris.

Phase 4. [Porous states of mind]: New thoughts occur and are watched with relaxed awareness and continued focus on breathing. Global desensitization. Thought stopping.

During Phase 4 the client perceives the fragmented and fleeting nature of her trains of thought to have a beginning and an end, while maintaining her focus on breathing. Space begins to appear between each momentary thought fragment.

Concentration deepens revealing a dark grey or black screen of mind, which is described by the client as the void. The client has cleared an inner space that is pleasant and experiences inner silence.

Global desensitization, “unstressing” (Shapiro & Zifferblatt, 1976, p. 521), occurs as pain and anxiety provoking contents of mind are situated in the periphery of the client’s conscious awareness for further incubation. The client feels momentarily liberated from what burdens her, as she exercises *thought stopping*. By shifting her attention into the perspective of the inner witness, the client’s mind opens up for new contents to emerge from deeper layers of her psyche. Sensory and perceptual information in the form of vivid imagistic contents of mind called *makyo*, a deeply felt-sense, flashes of insight and emotionally laden content are released into the client’s awareness.

The screen of my mind changes . . . to a darker grey when I am more fully absorbed. It permits me to be attentive and receptive to the unveiling of [near-] conscious, unconscious, and archetypal material as it emerges out of nothingness intermittently, and takes the form of sensory information, vivid imagery, and residual material, such as forgotten memories and/or flashbacks. (B)

[J]’oubliais même mes genoux endoloris. Je m’amusais à chercher des images d’animaux, de fleurs et autre dans le tapis gris du local. (N)

[J]’ai sentie de la colère à travers ma respiration. (L)

[M]y joints ached. . . . Eventually this stopped. (J)

Occasionally, during Phase 4 forgotten traumatic memories and flashbacks are unveiled. At times, they can induce a reactive effect in the client, bringing her attention back to regulating her breath. Otherwise, they are watched with attentive awareness, relived, processed, cleansed and released. Illumination is experienced during this phase and continues to flourish in Phase 5.

Phase 5. [Quiet mind]: Absence of internal chatter; categories suspended; receptivity to internal/external stimuli. "Mind as mirror." [Presence].

During Phase 5 the client glimpses what Buddhist's call her "true nature" (Austin, 1999, p. 542). The still and silent mind relaxes and recharges the client with life force, the breath body or Self (Jung, 1946/1989). In its embrace she discovers compassion for her ego-self. Synchronistic experiences occur between her perceived inner and outer reality. Shared symbolic imagery may emerge into awareness for both client and therapist within the silence.

Flashes of insight or mental events that arise from below the client's threshold of conscious experience accumulate, eventually resulting in increased client-awareness and full presence. The stillness is fertilized with transpersonal and ego-transcendent qualities akin to Kensho and Satori, such as peace and calmness, and relativity of time and space.

My consciousness was deflected beyond what I call the "ego mind mass," outward and into darkness, inner space. I felt a sense of lifting up and out of a shackled state of mind, coming out of my self-created chaos. Suddenly, I was surrounded by cosmic space, star systems, and deep silence. I experienced an "Aha" moment of liberation, presence, expansiveness, stillness, eternity, and peace. . . . From this vantage point "I" could see clearly and sense all my surroundings. . . . Kensho! (B)

[L]entement cela m'apportais du calme, de la paix intérieure. J'étais beaucoup réceptive. (N)

Je suis plus calme et centrée. Je suis dans mon moment présent. Je suis avec ma respiration et bien. (L)

Sometimes it felt peaceful to be meditating as it brought me to the present moment, the here and now. . . . I felt more distant from my work day and all the little odds and ends in my mind. I felt conscious of my body, my breathing. (J)

Typically Phases 4 and 5 of intermittent no content (incubation) and content (illumination) are re-experienced by the client until the therapist announces “Last three minutes,” heralding the final phase of the zazen process, “Phase 6.”

Phase 6. [“Last three minutes”: No content and refined content].

This therapist’s statement of “Last three minutes” signals for the client that a transition from concentration practice to creative engagement is underway, while at the same time accentuating her therapeutic-presence. During these last three minutes the client maintains focus on the task of breathing, containing activated psychic contents until the therapist states that the “10 minutes are up” (individual art therapy context) or the bell is rung three times when the “15 to 25 minutes are up” (group context). She may experience feelings of apprehension, anticipation, and a readiness to end zazen and engage in the art making process.

This last phase of the zazen process is exemplified by a heightened awareness of body and mind processes. Signals perceived during zazen, for example, proprioceptively, kinesthetically, intuitively, through thoughts and/or vivid imagery, allow the client to verify what resonates for her from the therapeutic dialogue, discern what is important for her to express, and direct her art therapeutic focus of the moment with a bodily felt-sense or a clear idea in mind.

During the last three minutes I maintain my sitting in silence posture, breathing and mental attitude, while fully experiencing whatever emerged and remaining attentive to any insight or self-realization that may arise to consciousness. . . . Once I had thoughts of coming out of the silence, which synchronized with the phone ringing, literally breaking the silence. Although I continued to practice sitting in silence I was eager to give my experience of silence a voice through the art making process and by talking with my therapist. At other times I apprehend the silence period ending, wanting instead to prolong my experience, especially when I am living a transpersonal or transcendent state of awareness. . . . Most

often, I feel ready to come out of the silence and engage in the art making process. (B)

Pour oublier, je voyais des animaux ou des objets dans le tapis. (N)

Le temps de m'asseoir en silence, d'être avec ma respiration profonde et régulière par la suite et me centrer et d'être en contact avec ce qui montait, me projettais dans ma création avec tout mon corps, mon esprit et mes émotions. (L)

Overall at the end of the meditation I felt more in control of myself and ready for the artwork. . . . Meditation helped to inspire some of my artwork and put me into a calmer state. (J)

By the end of the zazen process, a significant zazen experience emerges out of the psychic material that the client has been processing from the therapeutic dialogue, in-between sessions through dreams, and via unconscious messages coming from her breath body or Self, that is ripe for creative transformation. More importantly, she feels in touch with herself, and embodies a state of calmness and concentrated presence that is conducive to creative expression. These universal qualities of the zazen experience were identified in the verbatim comments of all six participants and this researcher, as the next finding suggests.

Finding 5: *By the end of zazen the client experiences calmness and concentrated presence.*

I feel calm and centered, and all my senses are activated. . . . I experience an internal sense of expansiveness and self-control. I feel like I breathed life into myself anew. (B)

Le calme était en moi. (N)

On deviens en contact avec son corps, ses émotions. On calme son mental. Baisse la tension. On deviens centrer. (L)

I felt more centered, more in touch with myself, more focused, less dispersed. . . . it brought me into a state of serenity. (J)

Upon reviewing the client's zazen process, a general pattern of mental activity becomes evident, that of her moving from a broad or diffused focus of attention at the beginning of zazen towards a more specific or beam-like focus on present moment states of consciousness and their contents by the end of zazen. Evidently, the zazen process gives clients access to their creative Self, similar to the heuristic process described by Moustakas (1990), and referenced by Onda (1962). Consequently, the client is in a creative state that is conducive to continued self-exploration, and any insights she has gained during zazen can be deepened through the art making process.

Significant are the findings concerning the phases of the zazen process, which confirm Jung's (1953-1969/1974) hypothesis about the unconscious "psyche possess[ing not only] layers that lie *below* consciousness. . . . but [also] layers lying *above* consciousness. . . . [that] transcen[d] and as it were surroun[d] it on all sides" (p. 211). The responses by this researcher and participants have shown clearly that early on in the zazen process the contents of mind that a client observes are the product of relationship issues, informed by therapeutic projections or self-created scenarios that emerge from below consciousness, particularly when absorption is minimal. As client-presence increases with effortless breathing and absorption deepens, some contents appear that tend to "issue from a psyche that is more complete than consciousness. They often contain a superior analysis or insight or knowledge which consciousness has not been able to produce" (Jung, as cited in Austin, 1999, p. 545), and ultimately provide a sense of direction for the client or starting point for engaging in the art making process.

Most striking are the parallels emerging between the alchemical process of individuation and the zazen experience as described by participants and this researcher

alike. By looking at the zazen process from a Jungian perspective, and through a transference relationship context, it is possible to capture a glimpse of the “alchemical”¹¹ process of individuation in a designated zazen period of practice. A macroscopic view of this process involves movement for the client through three phases: (1) the undifferentiated phase of blackness, whereby ego-consciousness and the unconscious are fused; (2) the differentiated phase of whiteness, whereby ego-consciousness and the unconscious are separated; and (3) the individuated phase of redness, whereby ego-consciousness and the unconscious are united in the Self. An attempt to introduce this parallel follows, beginning with the checking-in period.

A Glimpse of Alchemy in a Designated Period of Zazen

Prior to entering zazen the client encounters the therapist’s perspective in a two-way dialogue, which brings her to a therapeutic edge. Bordering on chaos, the client’s “unconscious is then projected into the object [or therapist], and the object is introjected into the subject, that is, psychologized” (Jung, 1931/1962, p. 123). This melding of thoughts experience occurring in the psyche of the client, between her ego and unconscious projections and that of the therapist, Jung (1931/1962) describes as the “interweaving of consciousness” (p. 123) between subject and object.

The client’s initial attempts at the “detachment of consciousness from the world [object], and a withdrawal of it to an extramundane point”¹² (Jung, 1931/1962, p. 122) are futile. Her state of distraction with the internalized therapeutic dialogue, signifies that an

¹¹ For an elaborate explanation of the alchemical process of self-individuation we refer the reader to Jung’s (1946/1989) book *The psychology of the transference*.

¹² Jung’s commentary on Richard Wilhelm’s (1931/1962) *The secret of the golden flower: A Chinese book of life* describes the process of detachment encountered through meditation practice, and includes an alchemical perspective.

“*abaissement du niveau mental*, a slackening of the conscious tension . . . [has occurred that is the cause of her]. . . inability to concentrate” (Jung, 1946/1989, p. 106) on her posture, breathing and mental attitude. According to Jung (1931/1962) “in so far as the difference between subject and object does not become conscious, unconscious identity prevails” (p. 123). Phase 1 of reactive effect or difficulty in breathing, and especially Phase 2 of wandering mind exemplify this undifferentiated state of blackness, fusion, and chaos.

Jung (1946/1989) considers the beneficial effects of inducing “*abaissement* deliberately . . . for the purpose of relaxation” (p. 106). He also places emphasis on limiting the destructive effects of the unconscious on the client’s ego-consciousness with a return to the body, “for it is the body that gives bounds to the personality” (Jung, 1946/1989, p. 132) in time and space. This is achieved in practicing the three fundamental points of zazen, and particularly through repeatedly returning the attention to the breath.

In Phase 3 the client invests great effort in maintaining her focus on the task of breathing. Alchemically speaking, breathing is associated with the soul’s release and return to the body after many immersions in the unconscious. In other words, breathing purifies body and mind. Therefore, when the client feels saturated by, identifies with, and cannot detach from unconscious contents emerging out of and associated to the therapeutic dialogue, automatically Phases 1 through 3 are repeated, as often as needed. This repetition is synonymous with the “cleansing, over and over again. . . . [of issues] . . . complexes which have not been worked out and have to be looked at time and again” (von Franz, 1980, p. 222), until the client can differentiate self-from-Other.

Entry into Phase 4 of the zazen process is exemplified by the client's embodiment of objectivity through the inner witness perspective, whose "vantage-point *au-dessus de la mêlée*" (Jung, 1946/1989, pp. 108-109) suggests a differentiated state of being or whiteness. The clarity of perception gained from fluid breathing, and distilling a state of darkness into pure white light, is symbolically represented by the moon, the alchemical and "old Zen metaphor for enlightenment" (Austin, 1999, p. 577; Jung, 1946/1989, p. 138).

This mental attitude of "*consciousness behind consciousness*" (Jung, as cited in von Franz, 1980, p. 149), is described by Jung (as cited in von Franz, 1980) "on an emotional level, as being right in the storm of the conflict and at the same time out of it and watching it in serenity" (p. 149). For Jung (as cited in Austin, 1999) "[i]t is not that something different is seen, but that one sees differently. It is as though the spatial act of seeing were changed by a new dimension" (p. 573). Basically, "the centre of gravity of the total personality shifts its position. It ceases to be in the ego . . . and instead is located in a hypothetical point between the conscious and the unconscious, which might be called the self" (Jung, 1931/1962, p. 124).

The experience of client-presence increases within this phase and is accessed through the fluid breath of the subtle body or Self. From this stance of witness, the client fosters an open and detached attitude towards, as well as striking a balance between her conscious and unconscious demands. She can perceive her mind as porous, and experience the silence of no contents in mind with thought stopping. The projection of the unconscious stops, meaning that the client is in a position to withdraw her "illusions about people and things" (Jung, 1946/1989, p. 133), and be receptive to new contents

emerging from deeper layers of her psyche. Fundamentally, the client discovers during Phases 4 and 5 how “consciousness is at the same time empty and not empty. [Her psyche] is no longer preoccupied with the images of things but merely contains them” (Jung, 1931/1962, p. 122).

Once a separate and functional relationship between the client’s ego and the unconscious develops, synchronistic experiences of a transpersonal and ego-transcendent nature occur. Phase 5 of the zazen process points to such experiences, as well as the existence of an unconscious interface, where it is possible for client and therapist to share symbolic imagery through a meeting of psyches. For a discussion of this topic please refer to chapter 8, Finding 15.

Such an “extraordinary attitude of mind” (Jung, 1946/1989, p. 147), the return of the memory of wholeness, exemplifies a shift in world-view from a differentiated state of whiteness to an individuated state of redness. The union of ego and non-ego in the transfigured-self is characterized by such qualities as peace, space, timelessness, compassion, and “Mind as mirror” (see Phase 5, p. 96), qualities that are considered “*an internal fact of experience*” (Austin, 1999, p. 577).

Opportunities for the client to witness her “[s]tates of [c]onsciousness”¹³ (Austin, 1999, p. 291), and their contents abound, as she repeats Phases 4 and 5 of the zazen process (e.g., meditative and extraordinary states). As a result, the client experiences depths of being that go beyond the unconscious (non-ego) and her ego-consciousness, accessing the source of the hidden forces driving her towards individuation, the Self.

¹³ The reader is referred to Austin’s (1999) Tables 9 to 11 for a structured outline of the nine levels of consciousness, especially pages 300-303 of chapter four “Exploring States of Consciousness” in *Zen and the brain: Toward an undersanding of meditation and consciousness*.

Phase 6 of the zazen process is initiated by the therapist's statement of "Last three minutes." The client's sense of unified existence is pierced by the therapist's accentuated presence, bringing her attention back to the now of therapy and the reality of working through unfinished business. With increased client-presence she is able to maintain a connection with herself, and continue to be open to new insights coming from the Self until the zazen period has ended. Thereafter, the client can transfer to and maintain her state of calmness and concentrated presence while creating art.

Surprisingly, this research study is the first to present a client's experience of zazen as a transitional phase within the art therapeutic context that interfaces between the checking-in period and the art making period. In this respect it is breaking new ground. Analogically speaking, it is evident that the zazen process can be likened to a purifying alchemical process where the "empty stillness which precedes creative work" (Jung, 1946/1989, p. 17) fosters the development of client-presence, predisposes the client's conscious mind to the spontaneous emergence of activated unconscious contents for reintegration, and facilitates deeper self-exploration through the art making process. In summary, the essential qualities inherent to a client's zazen experience can be conceived along a continuum going from psychological distraction to concentrated presence, and physical tension to calmness and centeredness. That much is clear!

Conclusion

This chapter explored and attempted to explain findings related to the first two phases of the Zen art therapy session: the checking-in period with the art therapist, followed by the transitional phase of zazen practice. Major themes that inform and are

informed by the zazen experience on a microscopic level were elaborated on. Next, the universal theme of “Art - The Act of Creating” is presented and explained.

CHAPTER 6: THE ART MAKING PERIOD

Introduction

In chapter 6 we examine how zazen prepares the client for and informs her approach and engagement in the art making process. Emphasis is placed on defining, illustrating, and elaborating on the discovered sub-themes of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*. The universal quality of blackness or darkness is inherent in the artworks chosen by this researcher and five of the participants to represent a significant zazen experience. It is explored from the perspectives of Jungian analytic psychology and alchemy, process-oriented psychology and art therapy. Only one participant did not choose an artwork to symbolize her zazen experience. The findings of chapter 6 support Jung's (1946/1989) recommendation of stillness to see through oneself with objectivity, and as a precursor to the creative process. They interact with the Likert-type scale responses of Finding 20 (see chapter 9, pp. 155-156), which demonstrate that zazen prepares the client on a physical and psychological level for creative work.

Art - The Act of Creating

The Art Therapeutic Focus of the Moment

Finding 6: *Zazen prepares the client for engaging in the art making process.*

With increased client-presence to emerging contents of body and mind the client has a starting point for engaging in the art making process.

I began to feel clearer and experience a sense of relief in knowing what I need to explore in art therapy at this present moment. (B)

Bouquet de fleurs à la St-Valentin pour moi car depuis plusieurs années j'étais sans amoureux. Je me suis fait un gros bouquet de fleurs en peinture. (N)

Le fait de calmer mon mental par des respirations profonde et donner toute la place à mon corps par des respirations et en silence me donne le goût de

m'exprimer avec mon corps en entière avec les matériaux appropriés pour créer mon expression. (L)

I was more in touch with my inner feelings, my position and opinion regarding issues that preoccupied me, rather than being concerned with how others feel and think. Sometimes ideas and images that had surfaced during the meditation found their way into my artwork. (J)

Harris (2001) provides a clear explanation of how creativity emerges:

Concentration and utter discipline are needed in order to enter and to remain in the center. The unconscious actually moves continuously, circumambulating a center, and as the center becomes closer, it becomes more and more distinct. In a miraculous way, the center acts as a kind of magnet on the surrounding incompatible and chaotic material, gradually drawing these contents closer in order that an image of man may force its way through the manifesting chaos. It is as though the center is actually being fertilized by the creative contents of the unconscious. In this way, creativity manifests itself. Wondrously, a kind of mystical circle forms around the center, around the core we call the Self, serving as a protection from the outside world and allowing what is inside to further intensify. (p. 74)

This researcher has repeatedly experienced the zazen process and learned to trust it, knowing that the impact of the therapeutic dialogue on her psyche will stimulate an unconscious response that will allow for deeper self-exploration through the creative process. Participants' comments reflect an awareness and receptivity to unconscious responses or contents, but they do not describe how these responses emerge. That is what makes Harris's (2001) explanation so important for this study. It elucidates how the Self is driving a client's creative efforts.

According to Jung (1946/1989) “the artist does not act from his own creative whim, but is driven to act by the [self]” (p. 151). This suggests that the Self seeks to manifest its intention through creative expression, which is exemplified by Grey’s (1998) image of “Artist Hand”¹⁴ (see Figure 5).

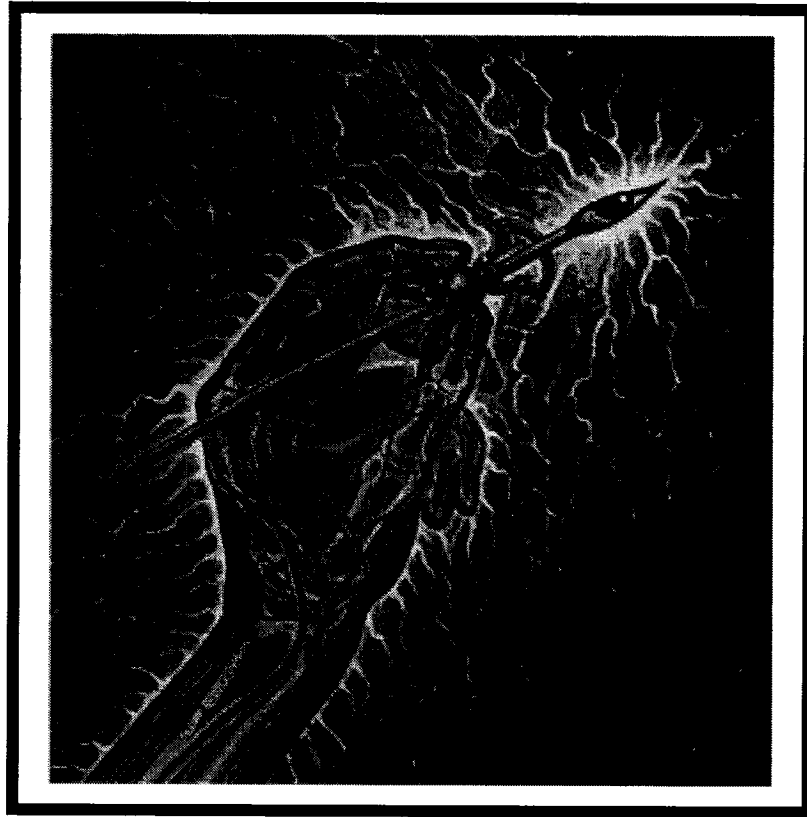


Figure 5. Artist Hand.

Process-oriented psychologist Mindell (1985/1989) asserts that the Self transmits its intention through various channels, compared to Jung’s focus on the visual sense in active imagination as the primary channel of communication. These channels relay signals or messages from below and above the client’s threshold of ego-consciousness.

¹⁴ From *The mission of art*, by A. Grey, Front cover. Copyright 1998 by Shambhala Publications, Inc. Reprinted with permission of the artist. To view artwork go to Grey’s Web page: <http://alexgrey.net/a-gallery/a-hand.html>

While zazen prepares the ground for creative expression by lowering the client's resistances and releasing unconscious contents into her awareness, it is up to the client to translate and transform the signals she detects during zazen into art form, thus deepening her present moment experience, and accelerating her art therapeutic process.

Two Modes of Creative Engagement

During this investigation this researcher discovered two modes of creative engagement used by the client for the purpose of translating and transforming her unconscious material into art form, that of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*.

Finding 7: Expressive Reactivity (ER).

The client engages in the immediate release of undesirable feelings and emotions that cause her internal conflict, discomfort and psychological pain. Absorption in the act of creating occupies her full attention. Dialoguing with her therapist, who is an external witness to her creative process, is the means by which the client becomes aware of the hidden forces of the Self that are driving her creation. Therapeutic-presence is constant (ER).

I did breathe better and then I started to feel tension, ahm, in my chest area. . . . there was an image of hand or hands . . . squeezing my heart . . . a tightness in the chest was the squeezing of the heart, and the releasing of the heart. . . . just like that (gesture in air in talking with my therapist). . . . realizing that I'm doing the squeezing on myself and I have to release the squ, the hold, so I can breathe easier, because of the self-criticism and self-judgment. (B)

Un soir entre autre je suis entré dans le local en colère contre l'insulte d'un vendeur. . . . Ce soir la j'ai compris les bien faits de la méditation. Ce soir la j'ai sortie la colère en moi par un dessin, des pleurs et des cries. (N)

Je me souviens d'avoir vécu de l'inconfort dans mon expérience "s'asseoir en silence" et que la colère est montée lors de la création artistique. (L)

When a client's mode of expression becomes reactive in nature, all her attention is focused on the cleansing or ridding herself of the discomfort and psychological pain, such as by symbolically purging her unconscious contents of mind into art form. Her need for immediate relief limits her awareness to the act of creating, which can unfold without her being consciously attentive and present to what she is experiencing and thinking, nor what she is expressing.

For example, one participant profiled, Lumière, experienced proprioceptively a physical discomfort during zazen that she could not identify, nor was she aware of the underlying affect of anger until she was fully engaged in the art making process. Even while tearing apart her painting she was disconnected from the emotion being expressed and required the therapist's presence, an external witness, to interpret the anger she was manifesting in gesture and projecting in art form.

Wilber (1980/1989) describes such an experience through the concepts of “*translation and transformation*”¹⁵ (p. 40), two processes that give expression to unconscious contents through signs and symbols respectively. Although it is beyond the scope of this paper to discuss in any detail these concepts and their implications for psychopathology, it is important to clarify the mode of *Expressive Reactivity (ER)* with the following viewpoint: When repressed “aspects of the self which originate at a different level of consciousness . . . *cannot*. . . enter awareness as a *sign* . . . [for] the individual [to] correctly translate [her] situation as, ‘I’m madder ’n hell!’ . . . [t]he anger is thus *transformed* into a *symbol* . . . and a symptom” (Wilber, 1980/1989, p. 43), requiring therapeutic interpretation. With Lumière this therapist's presence and request

¹⁵ The reader is referred to Ken Wilber's (1980/1989) book *The atman project: A transpersonal view of human development* for a full description of these terms.

for her to reconnect with her feelings and bodily sensations allowed for “the anger [to] enter [her] awareness in its original form” (p. 44). Thereafter, when playing with the painted fragments of anger Lumière began to laugh, and her anger dissolved. What this change in affect suggests is that the client underwent an alchemical process, whereby the “self *identifies* with, . . . *differentiates* itself from, . . . hence *transcends*” (Wilber, p. 40) the anger.

From personal experience this researcher can say that at one point the client arrives at a standstill, realizing that the creative process has more to offer than just providing a means for the release of neurotic symptoms, interpersonal surface tension and anxiety. Goldfarb’s (1991) Zen perspective points out that psychotherapeutically:

As the client’s ability to attend progresses, her ability to be present in the session increases. . . . The client’s approach to conflict and discomfort becomes one of exploration rather than trying to rid herself of the unwanted feelings as quickly as possible. The client learns that these areas of inner experience also have potential for enrichment and depth. (pp. 89-90)

This realization permits the client to go further in her therapeutic process, beyond her biographical self, such as by consciously transforming her suffering and her self-image, literally, during the art making process through taking the stance of *Responsive Creativity (RC)*.

Finding 8: Responsive Creativity (RC)

The client engages in a two-way dialogue with her unfolding creative process from the stance of participant and attentive observer. She detects, tracks, and creatively responds to signals that enter her awareness. Client-presence, accessed during zazen and

maintained during the creative process, is the means by which the client increases her awareness of the hidden forces of the Self that are driving her creation, and thus she can transform herself in the process. Dialoguing with her therapist, who is an external witness to her creative process, permits the client to become conscious of what remains unconscious, and to deepen her understanding of partially conscious therapeutic material. Therapeutic-presence is constant. Therapeutic movement towards self-realization is accelerated (RC).

Moments of stillness and inner silence during the process, non-doing and just being, nourish my experience of client-presence on a personal (mind and body), relational, creative and spiritual level. In turn, I can observe, identify, reflect on and creatively respond to my immediate needs and expressed conflicts, as well as make conscious decisions that catalyze change and foster self-transformation. (B)

[W]hen I made a statue of clay of myself I realized that I felt uncomfortable shaping the part between my legs. (J)

When a client's mode of engagement with the art making process is that of *Responsive Creativity (RC)* the inner witness is active, ensuring that there is some distance between self and the emerging content, a skill that the client acquires through attention training.

For example, another participant profiled Nicky, describes how on one evening one of the group members was unable to pronounce the word “NO” and together we all shouted with all our being “NO.” This experience was a trigger that awakened in Nicky the realization that “Now nobody will crush me. I will say No for myself and people who are not content, oh well.” This therapist witnessed and reflected to Nicky that her eyes lit up as she became illuminated with this new perspective. Client-presence provided the bridge for Nicky to translate her psychic impressions and self-transform. Figure 8 shows how she transposed her insight into art form by creating a mask with eyes that sparkle.

A receptive mind allows the client to capture subtle physical and psychological cues as she gives a voice to her subjective experience. While manipulating her chosen art tools and materials she pays particular attention to the intimate nonverbal dialogue occurring between her emerging content, artwork, art materials, therapeutic environment, therapist and her inner witness. Moments of silence during the process nourish her experience of client-presence. In turn, she can observe, identify, reflect on and creatively respond to her immediate needs and expressed conflicts, as well as make conscious decisions that catalyze change and foster self-transformation. Thus, the client can direct her process, while at the same time being creatively open to channel her known and unknown inner resources flowing spontaneously through her from the Self.

Upon further reflection, this researcher found it important to situate where these modes fall along a “Psychological Continuum for the Act of Creating in Art Therapy” (see Figure 6). For her the mode of *Expressive Reactivity (ER)* falls between unconsciousness and partial consciousness, while the mode of *Responsive Creativity (RC)* falls between partial consciousness and consciousness. The quality of consciousness that a client employs when engaged in the creative process is what distinguishes one mode from the other (e.g., purging her experience in art form versus attentively witnessing and dialoguing with her unfolding creation). Hence, each mode indicates the client’s present moment psychological state (e.g., reactive versus responsive), her capacity for containing emerging content (e.g., flooded by versus detached from), and her developing stance of client-presence. It is also important to mention that a client may experience a shift from the *(ER)* mode to the *(RC)* mode by realizing to enter the witness

perspective, and from the (RC) mode to the (ER) mode by reacting to emerging residual content during the creative process.

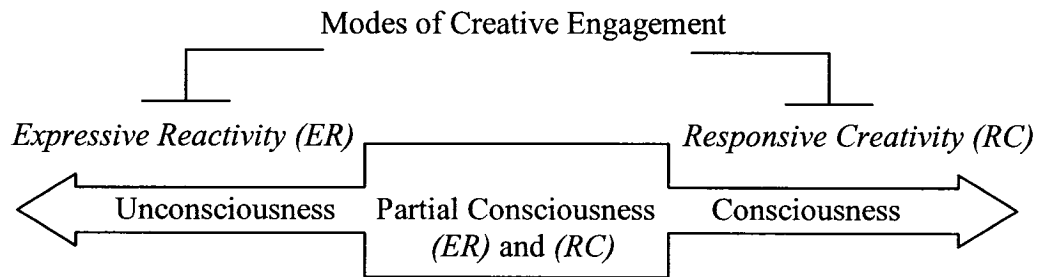


Figure 6. Psychological Continuum for the Act of Creating in Art Therapy.

On the topic of consciousness, Jung’s (1947/1982) views summarize eloquently where these modes fall along the psychological continuum presented in Figure 6:

[C]onsciousness is . . . relative, for it embraces not only consciousness as such, but a whole scale of intensities of consciousness. Between “I do this” and “I am conscious of doing this” there is a world of difference, amounting sometimes to outright contradiction. Consequently there is a consciousness in which unconsciousness predominates [ER], as well as a consciousness in which self-consciousness predominates [RC]. This paradox becomes immediately intelligible when we realize that there is no conscious content which can with absolute certainty be said to be totally conscious, for that would necessitate an unimaginable totality of consciousness, and that in turn would presuppose an equally unimaginable wholeness and perfection of the human mind. (pp. 97-98)

While Jung (1947/1982) finds it unimaginable for a person to experience full consciousness, Austin has reported such Zen states in the final stage of “Advanced Extraordinary Alternate States of Consciousness” (see Table 11, in Austin, 1999, p. 303).

Going in reverse, they are listed as stage “IX” or “The Stage of Ongoing Enlightened Traits,” preceded by stage “VIII” of “Ultimate Being, beyond Expression,” and stage “VII” of “Insight-Wisdom Kensho, Satori” (Ibid., 303). For the moment, this researcher has nothing further to add regarding this psychological continuum, except to state that it is meant to serve as a territorial map for delineating the modes of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*, which a client may use to engage in an art therapeutic process.

In an art therapeutic context, therapeutic-presence, the role of the therapist as a witness to the client’s creative process, is constant for both modes of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*. For the mode of *Expressive Reactivity (ER)* the client needs therapeutic input or mirroring to become aware of the hidden forces of the Self that are driving her creation. Respectively, the combined stances of client-presence and therapeutic-presence, that pertain to the mode of *Responsive Creativity (RC)*, suggest that client-consciousness is already present, even if only partially, and that client-consciousness can expand with additional therapeutic input.

Stated differently, the therapist, as a constant witness to the client’s art making process, has access to certain information while she is hearing and/or viewing the client’s creative process unfold, let alone in viewing together with the client the completed artwork. This information, when presented to the client via reflections and interpretations, whether during the art making period or the discussion and exploration of the artworks period, can help the client become conscious of what she is doing (*ER*), as well as enlarge her consciousness to see beyond what she is conscious of doing (*RC*), whether partially

(via symbols) and/or wholly (via signs). As well, the therapist may reveal or shed light on the deeper meaning inherent in the client's finished artwork.

Consideration must also be given to the fact that if the artwork was invested with a strong emotional charge, there is a possibility that the client may experience a reactive effect or a reaction towards her artwork while viewing it, no matter what mode of engagement she created her artwork in. Generally speaking, the finished artwork offers the client an accurate reflection of her inner world experience by the way she perceives her creation. Her perceptions are founded on her subjective experience of the present moment, and are substantiated by the colors, lines and forms she used to express, transpose or transfigure her psychic images and sensory information.

Once the finished artwork is "*in-sight*", a change of perception is possible for the client through client-therapist interaction with the witness of her creative process, the living artwork. This therapist would begin the discussion and exploration period of a session by inviting her clients to describe their zazen experience and creative process, so that they can get at the essential meaning contained in their artworks on their own accord.

She observed that when the artwork was created using the stance of *Expressive Reactivity (ER)* the client seemed to experience some difficulty articulating what her artwork expressed. This therapist's opinion is that such a difficulty stems from the client's incapacity to establish some distance between herself and her artwork (Other), meaning that the witness perspective was lacking during the creative process, and while viewing the completed artwork. Consequently, the client relies on the therapist for input, in order to become conscious of how she created her artwork, and what aspects of herself are contained and symbolized in her artwork.

When the artwork was created using the stance of *Responsive Creativity (RC)* the client's capacity to articulate what her artwork expressed was facilitated for two reasons. Firstly, she had a clear idea in mind or felt-sense in approaching the creative process. Secondly, she gained insight into her own creative process with the witness perspective, client-presence, meaning that some distance was established between the client and her artwork. In this researcher's view, the distance a client gains with the witness perspective permits her to discover, and even be surprised by her artwork when viewing it. She observed at times that the client would engage in a dialogue with her artwork as a means to deepen her understanding. Here, therapeutic input is offered to enrich the client's understanding of her creative process and to enlarge her consciousness, since the client already has some awareness of the unconscious contents contained and symbolized in her artwork. For this reason, this author asserts that a clear art therapeutic focus and client-presence, acquired through zazen practice, facilitates the forward movement of a client's art therapeutic process, particularly when client-presence is transferred to and maintained during the discussion and exploration period of an art therapy session.

Jung (1964) states that "just as a searchlight lights upon a new area by leaving another in darkness. . . . consciousness can keep only a few images in full clarity at one time, and even this clarity fluctuates" (p. 34). Thus, while some contents can be understood immediately by dialoguing with the therapist, other contents require time to be fully understood by the client, regardless of the client's mode of creative engagement. To quickly glance over what we discussed, please refer to Table 3 entitled "Two Modes of Creative Engagement Synthesized: A Zen Art Therapy Perspective" in Appendix B.

In summary, both modes of creative engagement, *Expressive Reactivity (ER)* and *Responsive Creativity (RC)* provide an avenue for self-discovery, and for the client to symbolize her zazen experience. Our study's artworks bear witness to this fact. Furthermore, they reveal the meaning of the color black as integral to the zazen experience. We will explore this issue in the next section.

The Color Black – An Art Therapy, Zen, and Jungian Alchemical Perspective

For this investigation each participant was asked to choose one artwork that represented a significant zazen experience and describe this experience. One participant did not complete this question. The other five participants and this researcher chose an experience that features the color black and/or darkness, which in our opinion reflects the mode of expression utilized by each client, her attitude or state of mind, and in which phase of the alchemical process of individuation she was situated at the time of creating her artwork. Jung's notion of "image *is psyche*" (as cited in Rack, 1991, p. 97), which we understand as the interrelationship between projections of mind and projections in art form substantiates this viewpoint. Franklin (2000) reinforces this view by stating how "the art materials and process serve as a mirror for the moment. As a neutral stimulus, they quickly take on the image of their maker in form, content, and process" (p. 20).

Images that inform this study are included with the intention of presenting an accurate mirror of the client's subjective experience during zazen, and are accompanied by verbatim/written comments from this researcher and participants' responses. No attempt will be made to explain the artworks. Instead, we will focus on how the color black is used or referenced in the creator's description by applying an art therapy, Zen, and Jungian alchemical perspective.

A Significant Zazen Experience Symbolized

Finding 9: *The color black is used or referenced by the client to symbolize a significant zazen experience and its accompanying affect.*

Kellogg (1977), an art therapist, describes the dual meaning of black or blackness in mandalas as “the psychological death that precedes new life. Black is the darkness of the womb where the seed is planted. All life is begotten in darkness” (Kellogg, Mac Rae, Bonny & Di Leo, 1977, p. 123). In dream content or unconscious projections, black is a sign of unmasked neurosis that foretells of a client’s therapeutic potential for psychic self-regulation, a readiness to share her suffering and resolve relations with parental figures (Romey, 1995). Romey (1995) considers black as an indicator of an “enlarged consciousness, particularly when associated with images that are circular in form” (Liberal translation by this author, p. 95).

Austin (1999) provides a Zen perspective on the color black, which points to the capacity of the awakened inner witness to penetrate beyond the “[g]rayness [that] represents the background noise in the visual system. . . . [to] the depths of *inner* space a black void, a vacuum empty of sound and of bodily self” (pp. 481- 482). For him an experience of “blackness”¹⁶ indicates that:

[A]side from a brief, stray hallucination. . . . [t]wo things seem to be missing.

One is the influx of fresh specific sensate impulses from the outside. The other is the replay of messages which might come from the interior data bank. Block or bypass input from these two sources, and there can be no content to the formless space at hand. The result is absolute blackness. (p. 498)

¹⁶ For a neurological explanation of this phenomenon please refer to Austin (1999), pp. 480-482.



Figure 7. Deeply Seeing.

Grey's (1998) image entitled "Deeply seeing"¹⁷ of Figure 7 provides a sense of the blackness a client encounters with deep internal absorption during zazen.

From a Jungian perspective the color black or blackness would be considered as representing the undifferentiated state of non-being, the "*prima materia*" (Jung, 1946/1989, p. 50) or chaos. It speaks of the client's unconscious descent into darkness. This is similar to the zazen process of internal absorption, and how it permits the unveiling of unconscious contents and insight-wisdom to emerge out of nothingness during Phases 4 and 5.

¹⁷ From *The mission of art*, by A. Grey, p. 70. Copyright 1998 by Shambhala Publications, Inc. Reprinted with permission of the artist.

In considering client affect Harris (2001) points out how “the contents of the personal unconscious [shadow] are usually revealed before the contents of the collective unconscious [archetypes] can emerge” (p. 100). While shadow aspects of self “belong to the ego” (Jung, 1946/1989, p. 98), collective contents abide in the unconscious and can be “felt to be something alien to us, [making us] suspect it of belonging to the particular person with whom we have emotional ties” (Jung, 1946/1989, p. 98). This is exemplified in Nicky’s chosen artwork of Figure 8, which represents for her a significant zazen experience. She describes her mask as follows:

Je fus très déçue au début car pour la couleur de ma peau j’avais utilisé un papier de soie beige et le résultat fut une couleur brune et à l’époque j’en avais contre les élèves noirs. Mais après l’avoir habillé de folies j’en étais fier. Il a été dans ma chambre pendant 2 années et puis avec mon amour d’homme j’ai fait un nouveau décor et j’en avais plus de besoin. (N)



Figure 8. Mask by Nicky, Session 26, *Thérapie Transpersonnelle* Group.

The dark brown color of the skin created with beige silk paper surfaced to Nicky's surprise, revealing repressed feelings of anger towards some black students she taught. On a work leave of absence, Nicky was finally coming face to face with her prejudiced attitude and affect of anger towards African Americans. Kellogg (1977) considers the "racial implications of blackness. . . . [and how] the psychological meaning of color is attached not so much to the physical body as the emotional body" (Kellogg, Mac Rae, Bonny & Di Leo, 1977, p. 123), which is true in Nicky's case.

Contrary to Nicky's difficulty in accepting the Other, Lumière experienced an incapacity to accept herself as she is. In either case, the individual is splitting off and projecting dark aspects of self that require integration for healing to take place. Lumière describes her artwork of Figure 9 as follows:

Je me souviens d'avoir vécu de l'inconfort dans mon expérience "s'asseoir en silence" et que la colère est montée lors de la création artistique. J'ai peint une feuille en noire et j'ai déchirée cette feuille avec mes doigts en pleurant de colère et de peine, parce que je m'acceptais pas comme je suis. (Je ne m'aimais pas). Par la suite j'ai rammaser les bouts de papier noir, j'en ai fait un paquet avec du papier de soie et attacher avec un ruban. (L)

As her therapist, this researcher suggested to Lumière that she collect the residual material and create a container for her destructive emotions. In this way the fragmented contents of the unconscious, her "pocket of chaos" (Jung, 1946/1989, p. 26), have a vessel in which to be purified and transformed.

Thereafter, in writing a fairy tale with two other group members, the artwork was referenced as "*Le Paquet de Merde*" or the parcel of shit. Her contribution to the story ended in "*flush, flush, flush, ouf, ouf, ouf*", which points to the cleansing phase of the alchemical work, and Phase 3 of the zazen process, "*Focus returns to breathing.*"

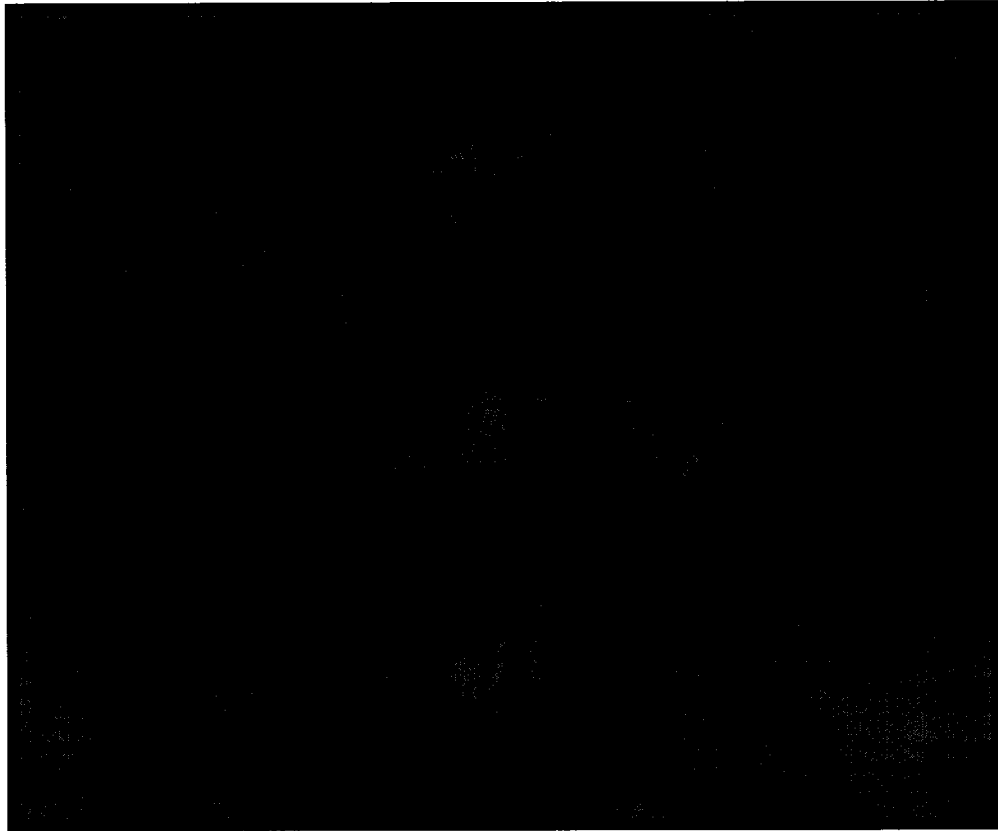


Figure 9. *Le Paquet de Merde* by Lumière, Session 23, *Thérapie Transpersonnelle* Group.

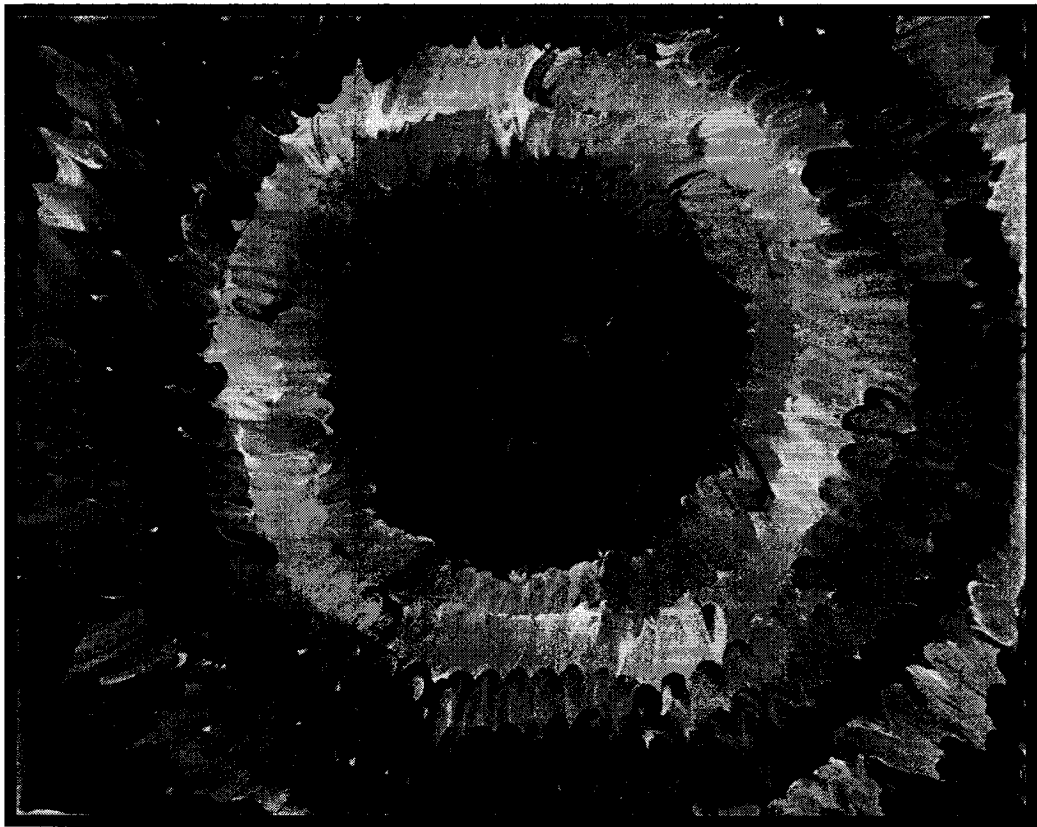
Jacinda created a target shaped mandala that she described as follows:

With each breath I took during the meditation I had the sense that I was rowing to get away from dark waters. As if I was trying to row myself out of my dark hole that I sometimes feel inside of me. (J)

Kellogg, who developed the “Archetypal Stages of the Great Round of Mandala”¹⁸ (Fincher, 1991, p. 149), maintains that “[t]he emotional import of black is generally due to its association with darkness, which, in primitive conditions, was to be feared” (Kellogg, Mac Rae, Bonny, & Di Leo, 1977, p. 123). Jacinda’s image of Figure

¹⁸ Stage five of “The Target” indicates “a sense of struggling to maintain control in order to cope. . . . The tasks here are to take courage, to confront our fears so as to reclaim projections . . . “ (Fincher, 1991, pp. 159-160). Kellogg (as cited in Fincher, 1991) makes an analogy between the alchemical vessel of transformation and the target stage of development, which corresponds to this study’s findings on the alchemical zazen process.

10 refers to “stage five” of thirteen according to Kellogg (1978/1984, p. 67). It resembles Grey’s (1998) “Deeply Seeing” (see Figure 7) artwork and reflects the level of internal absorption she attained during her significant zazen experience, as well as the influence of her unconscious on her psyche. For Jacinda, who reached an edge upon discovering the uncharted waters of the unconscious, this vortex brought on fear in her. She felt the tension of being pulled in by the “dark hole”, while at the same time resisting it’s pull by psychically rowing out of danger.



*Figure 10. Dark Hole by Jacinda, Session 17, *Thérapie Transpersonnelle* Group.*

According to Harris (2001) holding a posture of stillness will pull the individual, as if by “drop[ping] roots from the waist downward” (p. 76), as far as the center of the earth due to the force of gravity. She emphasizes that “[t]he world of archetypes is a

magnetic one; it pulls us in with tremendous force, yet we must resist being just sucked in, in order to avoid possession [by the unconscious] or, in the worst circumstances, psychosis” (p. 76).

Jung (1964) describes the negative pull of the unconscious on a woman’s psyche as causing her to experience “dreamy thoughts, filled with desire and judgments about how things ‘ought to be,’ which cut a woman off from the reality of life. . . . [in addition to a] strange passivity and paralysis of all feeling, or a deep insecurity that can lead almost to a sense of nullity” (p. 191). These statements reflect the experiences of Nicky and Lumière, who respectively expressed such a negative attitude towards others and self. The fact that their ego identified with these unconscious thoughts and feelings as their own reveals the possessive effects of the unconscious. In order for someone to detach from the destructive grasp of the unconscious, ego strength and concentration are required, which Jacinda showed in resisting being submerged by the unconscious.

This researcher as client created in 2003 Figures 12 to 14, called the “Black Series,” upon introducing three minutes of zazen into her individual art therapy sessions. In her view, they can be seen as providing a visual example of what Harris (2001) refers to as a state of unconscious possession. After creating Figure 12 of the “Black Series” this researcher discovered Figure 11, which represents “an undifferentiated personality”¹⁹ according to von Franz (1980, p. 145) or the black phase of the alchemical individuation process.

¹⁹ From *Alchemy: An introduction to the symbolism and the psychology*, by M.L von Franz, p. 145. Copyright 1980 by Inner City Books. No permission is needed. It is of public domain according to Princeton University Press, CCC, the publisher, and Copibec.

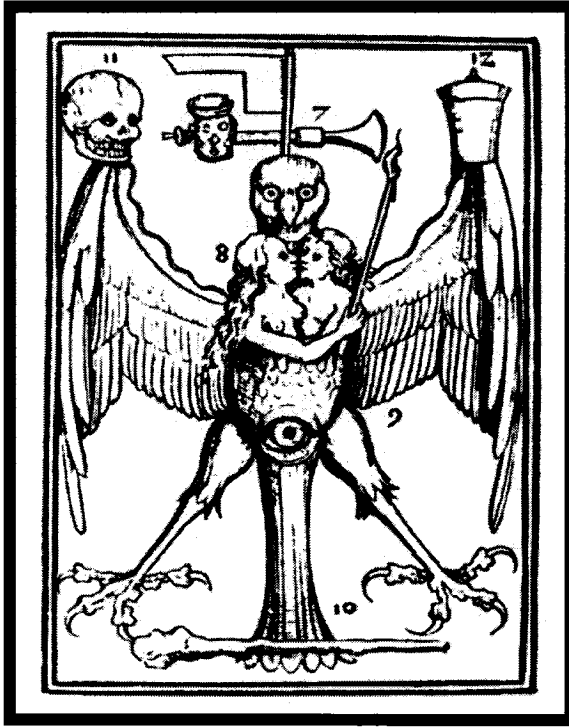


Figure 11. Hexastichon.

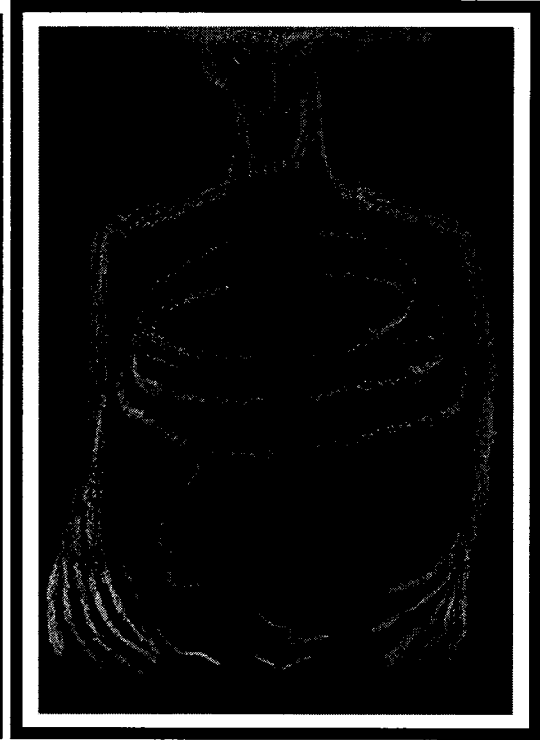


Figure 12. Drag-On.

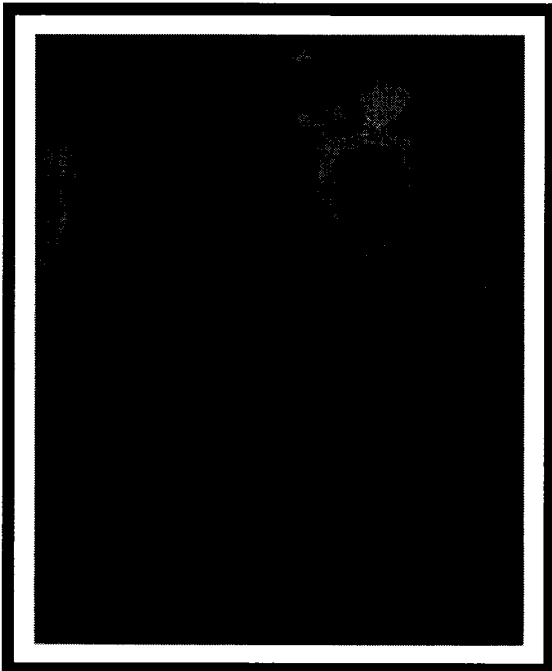


Figure 13. Light in the Dark.

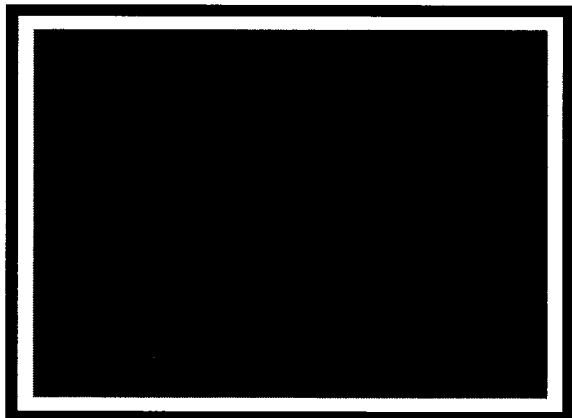


Figure 14. Cleansing Bath.

Therapeutic-presence, client-presence, and the qualities of “patience, perseverance, equanimity, knowledge, and . . . a capacity for suffering” (Jung, 1946/1989, p. 26), helped this author to move out of the undifferentiated black phase of the alchemical individuation process, where ego and unconscious are fused, and into the differentiated white phase of the sublimated-self, where ego and unconscious are separated.

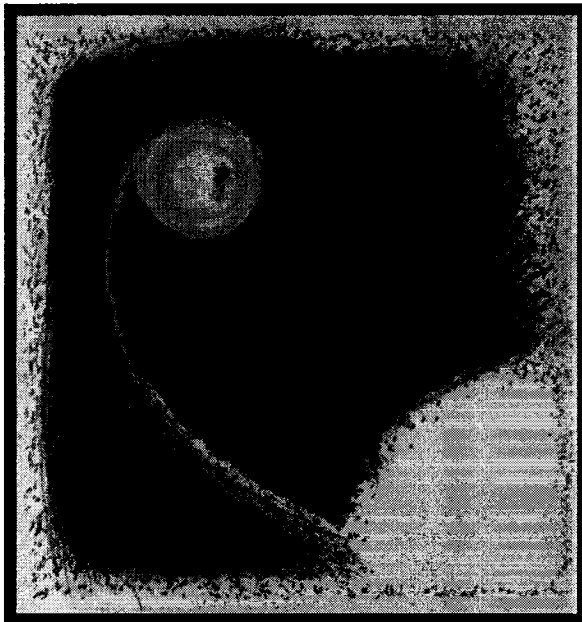


Figure 15. Kensho-Satori.

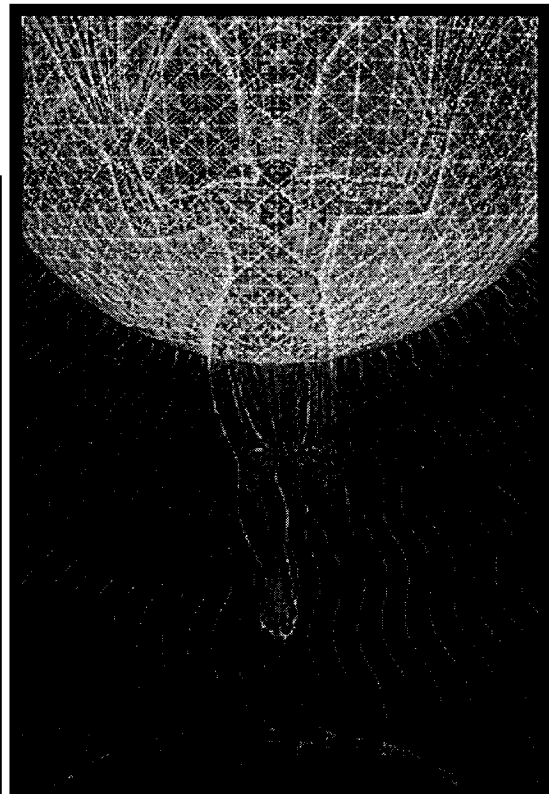


Figure 16. Transfiguration.

Jung (1946/1989) describes the white phase as “this brilliant whiteness [which] awakens joy and hope in the heart of the artist, that the work has gone so well and fallen out so happily” (p. 138). Figure 15 is representative of this researcher’s experience with

the White Light called Kensho-Satori, while Figure 16, entitled “Transfiguration”²⁰ by Alex Grey, portrays a similar experience with great artistic finesse. Both images capture the essence of insight-wisdom and reveal a “close connection between picture and psychic content” (Jung, 1946/1989, p. 37) of a universal nature.

At first glance Figure 15 has elements that resemble Jacinda’s painting of the “Dark Hole” (e.g., circular motion). Yet, while Jacinda resisted being absorbed by the dark hole this author willingly entered the portal when it appeared during zazen. Kellogg and Di Leo (as cited in Fincher, 1991) make an analogy between stage-five of conscious development called “The Target”, and the Zen koan of ““Show me the face before you were born!”” (p. 160) in order to demonstrate that “[b]y entering a seemingly impossible struggle, man eventually can go beyond it” (p. 160). As a result of deep concentration practice, the differentiation process of separating ego from the unconscious was successful for this author, heralding in the birth of the Self. The essence of this significant zazen experience is described in poetic form²¹ by her as follows:

Blue “ego” mind mass	Eternal presence
Clutches the senses	Boundless space
In a spherical labyrinth	“I AM” grace . . .
Of thought, deed, and speech.	As is, un-earth.
Concentration on the portal	Art in-sight and sound
Shift consciousness from other	New direction found
Embody compassion	Self intention for creation
Opposing forces are clear!	“reel” to “Real” transformation.

²⁰ From *The mission of art*, by A. Grey, p. 77. Copyright 1998 by Shambhala Publications, Inc. Reprinted with permission of the artist. To view artwork go to Grey’s Web site: <http://alexgrey.net/a-gallery/trns-2.html>

²¹ For Jung (1946/1989) “[s]uch matters must be transmitted in mystical terms, like poetry employing fables and parables” (p. 126).

Note. These verses are meant to be read from top left to bottom left, followed by top right to bottom right.

Evidently, Findings 6 to 9 indicate that zazen practice prepares a client for and catalyzes her art making process in thought, deed and symbolic language. Furthermore, the therapist provides an external witness perspective that oversees the client's mode of engagement with the creative process, whether she takes the stance of *Expressive Reactivity (RC)* or *Responsive Creativity (RC)*. And finally, black, the color that appears to represent Zen internal absorption and insight-wisdom seems to imbue the client's artwork with meaning and alchemical features that point to the undifferentiated and differentiated phases of her therapeutic work.

Conclusion

Chapter 6 examined how zazen prepares the client for and informs her approach and engagement in the art making process. Emphasis was placed on defining, illustrating, and elaborating on the discovered sub-themes of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*. The universal quality of blackness, which is inherent in the artworks chosen by this researcher and five of the participants, was explored from the perspectives of art therapy, Zen, and Jungian alchemy.

This chapter's findings validate Jung's (1946/1989) recommendation of stillness to see through oneself with objectivity, and as a precursor to the creative process. They interact with the Likert-type scale responses of Finding 20 (see chapter 9, pp. 155-156), which clearly suggest that zazen prepares the client to engage in the art making process, both on a physical and psychological level. A look at the art making experiences of this researcher and participants, who lived the creative process with and without prior zazen practice follows.

CHAPTER 7: CLIENT ART MAKING EXPERIENCES - TRADITIONAL VERSUS ZEN ART THERAPY

Introduction

There seems to be a growing number of therapists who are employing silence as a centering and grounding method that precedes the creative arts therapies process. Chapter 7 substantiates their experiences by exploring the impact of integrating a transitional period of silence. This investigation takes place through first-person accounts from two participants, as well as this researcher. Next, the concept of client-presence is synthesized, and related to the findings of this and other chapters, to illustrate its importance for the deepening and movement of the art therapeutic process.

Art Making With and Without Prior Zazen Practice

Participants, who have attended individual or group art therapy sessions that did not include a zazen transitional period were asked to compare their experience of engaging in the art making process with and without the discipline of zazen. Results pertaining to a client's experience of art making without prior zazen practice are discussed first.

Traditional Art Therapy

Finding 10: Distractions inform the client's creative process when there is no zazen practiced prior to art making.

I tend to enter the creative process in reaction mode, with a cluttered mind and a tense body. . . . I feel revved up, such that when I do engage in the art making process I notice I am mainly releasing cognitive stress and physical stress. (B)

Ma création artistique était les images de mon mental, mon état d'âmes et mes problèmes dans l'état que j'arrivais au groupe. (L)

J'arrivais souvent nerveuse aux rencontres [individuelles], heureuse d'être là, mais c'était la fin de l'après-midi et cela me donnait l'impression de courrir après la thérapie. . . . J'avais l'impression de toujours courrir. Je restait febrille souvent. (M-R)

These comments suggest that an interaction exists between Finding 10 and 1, which states that physical and psychological stimuli (distractions) influence a client's state upon arrival. Finding 10 shows that the client's unsettled or tense physical state and speedy or febrile psychological state upon arrival impacts her mode of engagement with the creative process. This can result in the expression of surface layers of stress in art form. Findings 18 and 19 (see chapter 9, pp. 151 and 152), which highlight the advantages and disadvantages of engaging in the art making process with versus without prior zazen practice reinforce this point.

As has been elucidated in Finding 3, the dialogue of the checking-in period impacts the client's zazen experience. By extension, the client's state of arrival and the checking-in period of a traditional art therapy session without zazen would impact the client's art making process. If we apply Orlinsky, Geller, Tarragona, and Farber's (1993) results to this finding, it would suggest that the client's perceptions of and attitude towards her therapist, therapy, and the art making process can relieve or accentuate her feelings of distress upon arrival. Furthermore, any layers of daily residual stress or surface tension that conceals from the client's view the source of her distress, like dust on a mirror, would contribute to how she reacts or responds creatively.

Considering that the "clients' in-session emotional state is related to the immediate impact of the session" (Saunders, 1999, p. 603), and that art can be used as a "tool" (Franklin, 2000, p. 19) for the expression of emotion in an art therapeutic context, it seems reasonable to conclude the following: Affect and internal representations that

were evoked in the client upon arrival, such as by the therapist and/or group member interactions during the checking-in period, would then be carried over as the material of expression during the art making process and set the emotional tone for creative work in the session.

By providing the client through zazen with a transitional phase for “clearing a space to breathe’ . . . and sit in temporary comfort” (Gendlin, 1978/1981, p. 72), she can relax, focus her attention inward, and access her present moment felt-sense (Cohn, as cited in Waller, 1993). At the same time, “by placing [herself] in the freshness and discomfort of what Zen calls ‘beginner’s mind,’ [the client] will regain the sense of risk and challenge” (Allen, 1995, p. 194) to move deeper into her therapeutic process, as demonstrated in the next finding.

Zen Art Therapy

Finding 11: *Client-presence informs the client's creative process when zazen is practiced prior to art making.*

My inner witness is actively engaged in the art making process, permitting me to perceive the dialogue I have with the art materials and respond immediately to what the image is reflecting back to me as I create it. (B)

Le temps de m'asseoir en silence d'être avec ma respiration profonde et régulière par la suite et me centrer et d'être en contact avec ce qui montait, me projettais dans ma création avec tout mon corps, mon esprit et mes émotions. (L)

[L]es sujets que nous avons exécuté grâce à elle était pertinents, et était pour moi des plus révélateur de moi-même à moi-même. (M-R)

Results on the zazen process and *Responsive Creativity (RC)* interact with Finding 11 to reveal the unconscious depths a client can access by maintaining a sense of presence, acquired during zazen, while engaging in the creative process. They confirm that zazen enables a client to bypass the surface layers of cognitive stress experienced

upon arrival to the session, reveal her Self to her self, prepare her for the art making process, and direct her art therapeutic focus of the moment with increased physical and psychological presence, client-presence. Basically, as the client learns to trust her “basic state of mind. . . . where creativity, the practice of meditation, and artistic activity all come together” (Franklin, 2000, p. 105) her creative self-expression emerges from a centered, grounded and self-attuned space. It is important to state that this “transpersonal approach ‘does not invalidate other approaches, any of which may be relevant to different people at different times’” (Vaughan, as cited in Franklin, 2000, p. 101). Instead, it highlights the potential for the development and increase of client-presence, a concept we explore next.

The Concept of Client-Presence

Within the field of transpersonal art therapy client-presence is considered of importance for the movement of the therapeutic process (Davis, 1998; Franklin, 2000). In this study participants were asked whether the definition of client-presence spoke to them about a state of consciousness that they have lived during a group session of *Thérapie Transpersonnelle*. The definition reads as follows:

A concept under development, which acknowledges that the client is a conscious person having the capacity to be an attentive witness of her own lived experiences in the present moment, whether they are agreeable, disagreeable, or neutral.

According to Goldfarb (1991) the “fundamentals of process [in existential psychotherapy and Zen] are united in the event of presence” (p. 223). She presents the notion of presence as a lived experience, which a client can encounter on several levels, as noted in Finding 12.

Finding 12: *Presence is experienced personally, relationally, creatively and spiritually.*

Creatively, being in a state of presence permits me to consciously witness and sensorially experience my unfolding process and evolving artwork with compassion. (B)

Il y a eu un soir une d'entre nous qui ne pouvait pas prononcer le mot "NON" et avec l'aide de Blanche on a crié de tout notre Être "NON" et cela pour moi fut le déclencheur et j'ai dit comme feedback "Maintenant, personne va m'ecraser". Je vais dire Non pour moi et les gens qui ne seront pas content et bien. (N)

Question 5 was responded to with a « Non ». (L)

While I was doing my art work I was often conscious of feelings of the present moment which I sometimes recorded in my notes. For example. . . . when I made a statue of my son I had a feeling that he was heavy. Or while I made my mask, I realized that I was bothered by others who were chatting. (J)

There are two key features of presence that inform the client's experience of her therapeutic process. First, there is the development of presence through being present to self and attending to one's subjective experiences (e.g., pain, bodily awareness, thoughts, feelings). Next, there is the increase of presence in the session through being present with the Other (Goldfarb, 1991; Jung, 1946/1989). In synthesizing Goldfarb's (1991) notion of presence and how presence informs the therapeutic relationship five key points have been chosen. Firstly, therapeutic presence is a pre-requisite for developing client-presence. Secondly, presence "is relevant to the most minute and particular interactions in the course of therapy" (p. 78). Thirdly, presence "refers to an experience recognized by psychotherapist and client" (p. 81). Fourthly, "both therapist and client must be sufficiently individuated to enable a meeting to occur" (p. 92). And finally, "presence is the ground of the [therapeutic] work" (p. 78).

While Goldfarb (1991) refers to presence as a personal, relational, and spiritual or transpersonal and transcendent experience, Quail (1991) identifies or hints at client-

presence within an art therapy context, through one sexual abuse survivor's creative experience, as "being in the materials. . . . being in the making. . . . being in the image being or becoming connected. . . . [and] increasing awareness" (pp. 78-80). Both her study and this investigation distinguish, illustrate and compare two modes of creative engagement, that this researcher termed *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*, through such statements as how "the client responds to what she sees on the paper rather than continually trying to place her experience on the page" (Quail, p. 83). In addition, these modes of creative engagement allow us to explore whether client-presence, acquired during zazen or another transitional activity, is maintained or not during the art making process.

According to Quail (1991), awareness, which is the vehicle of creative presence, is rare amongst clients who have experienced sexual abuse. In this study more than half of the women have experienced some form of sexual or physical abuse. Yet all but one participant gave a reply of "Yes totally" to understanding the definition given of client-presence, suggesting that zazen practice increases client-presence with survivors of interpersonal violence. To simplify the definition and make it more accessible to the participants we chose to exclude Zen terms that point to states of non-ego (unconscious) and beyond-ego (the "transcendent function" or Self) (Jung, 1959/1990, p. 289). It is interesting to note that Lumière, the participant who has the most experience in zazen, could not relate to or understand this definition. Why? That is unclear. Maybe it is because the definition lacked personal points of reference that she is familiar with, such as states of non-being and bodily presence, that are akin to Goldfarb's (1991) "bare sense

of aliveness” (p. 9). It is possible that the definition may need to be modified or refined for future use with this clinical population.

The closest Jung (1946/1989) comes to describing client-presence is via the two fundamental aspects of individuation: “in the first place it is an internal and subjective process of integration, and in the second it is an equally indispensable process of objective relationship” (p. 72). More specifically, he emphasizes the role of the therapist in “strengthening the conscious mind . . . with [a client’s] own understanding” (p. 108), particularly when the conscious attitude is suppressed by the unconscious, as Lumière’s negative response implies. In fact, her questionnaire responses indicate a subjective understanding of the zazen process and client-presence that did not reach ego-consciousness when presented with the aforementioned definition, as noted in her comments of:

Que c’est une bonne façon de revenir dans son moment présent. D’être à l’écoute de son corps et de ses émotions. Et aussi entendre nos pensées. (L)

Lumière’s understanding of client-presence seems to be in suspension mode, much like her anger of “*Le Paquet de Merde*,” which was residing below her level of consciousness and camouflaged by feelings of discomfort.

According to Goldfarb (1991) “[a] client with a fragmented sense of self lacks . . . the experience of and the immediate capacity for presence and will proceed more slowly. The whole development will be measured by her increasing attentiveness” (p. 81) towards self and Other within a therapeutic relationship. Finding 20 (see chapter 9, pp. 155-156) validates Goldfarb’s views, showing that a client can maintain client-presence, gained through zazen practice, during the creative process, and that the

experience of client-presence can range from weak (1) to high (3), depending on her state of mind and the psychic content she is expressing in art form.

In retrospect, the term most used in relation to the concept of client-presence is that of consciousness, whereby “*conscious* derives from *con* or *cum*, meaning ‘with’ or ‘together,’ and *scire*, ‘to know,’ or ‘to see’ . . . In other words, consciousness is the experience of knowing together with an other, that is, in a setting of twoness” (Harris, 2001, p. 14). Interestingly, it was Lumière’s response of “No” that permitted this researcher to discover the two modes of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*. Thereafter, it was possible for this author to compare and contrast these modes of creative engagement, and define these terms.

While the first-person accounts of Lumière, Marie-Rose, and this researcher do not hold much statistical weight, they clearly support the use of some form of centering and grounding method prior to art making, as certain art therapists have been recommending and practicing. Future research should focus on developing an instrument to quantitatively measure the stance of client-presence.

Conclusion

Chapter 7 provided evidence in support of integrating a transitional period of sitting in silence prior to art making through the first-person accounts of two participants and this researcher. The concept of client-presence was synthesized according to Goldfarb’s (1991) views, and results on client-presence were presented in conjunction with other pertinent findings from this study. Next, some unexpected findings of this study are presented and explained.

CHAPTER 8: SURPRISE FINDINGS

Introduction

The unexpected findings presented in this chapter belong to this researcher and do not extend to include the experiences described by participants in their questionnaires, except for Finding 13. On a whole, they suggest phenomena that touch on the concepts of relational presence, synchronicity, and the presence of the Self. Jungian analytic psychology and alchemy, and process-oriented psychology ground the findings of this chapter.

Relational Presence, Synchronicity, and the Self

A client's sense of reassurance that is grounded in the therapist's presence develops out of a positive transference relationship, which Jung (1946/1989) defines as a relationship between "the unconscious of one person to the conscious of the other" (p. 59). During shared periods of zazen practice and art making, periods of nonverbal contact, the therapeutic dyad are aware of and can sense each other's presence. Within the silent interface the client transmits unconscious non-verbal signals to her therapist. For example, sounds emitted by the client as she moves her body or breathes during zazen and in using the art materials, are cues of her present moment subjective experience, relayed to and observable by the therapist. As well, a stop during the creative process indicates a possible moment of reflection or a point of standstill. During a *Thérapie Transpersonnelle* session, when this therapist sensed that a client was at a standstill, she would approach her to view her artwork and use "process oriented art

therapy methods”²² to facilitate movement of her client’s therapeutic process. Unless solicited in this way, this therapist would continue to practice zazen until the art making period was over. Although sitting a few feet away from the client, the therapist’s zazen presence seemed to provide a container for the client’s unfolding creative process, and allowed her to feel securely held, as Finding 13 shows.

Finding 13: *The client feels reassured by the therapist’s zazen presence while she is practicing zazen and engaging in the art making process.*

I decided to bring up with my therapist during the exploration of artwork period how reassuring it was to hear her breathe while we are sitting in silence together. (B)

I also liked that Blanche was meditating during the period that we did art, rather than looking over our shoulders. I enjoyed the silence during the art work it helped me stay with myself, because I am easily distracted by any outside sounds. I felt secure to have Blanche present in silence. (J)

Aside from the client’s sense of containment during the silence, this finding also indicates that the therapist’s continued zazen practice and presence has an impact on the client’s art making experience. For example, Jacinda’s verbatim comments suggest that a client’s perceptions around being watched while “doing [art]” (Rhyne, 1998a, p. 116) can result in client distress. This researcher, on the other hand, did not mind her own therapist’s peripheral gaze. Earlier on it was mentioned that one main difference between traditional art therapy and Zen art therapy sessions is that the therapist practices zazen versus watching in silence the client create her artwork. For clients like Jacinda, who may perceive the expression of her subjective experience in the presence of a therapist as

²² The reader is referred to Duchastel’s (2005) book *La voie de l’imaginaire: Le processus en art-thérapie* [The path of imagination: The process in art therapy] for a comprehensive description of the process-oriented art therapy approach.

potentially threatening, it can feel safe to first reveal her unfinished business to herself (e.g., in mind and then in art), before revealing it to her therapist and/or group members.

Along the same vein Quail (1991) found that her participant “experienced feeling exposed, visible, as if she was undressing. She felt vulnerable, being part of an intensely personal process which she did not want anybody to see or interfere with” (p. 79). She adds that “[a]t the [art] making stage [the client] experienced irritation if the therapist watched her or came too close to her. Although initially she also experienced this when the therapist gave her direction, she also found it to be helpful to her in facilitating further self-exploration” (pp. 79-80).

It is obvious from Quail’s (1991) comments that how the client perceives and interacts with her therapist during the art making process, depends on the role assigned to the therapist by the client, central or peripheral. By practicing zazen as the art making period unfolds the therapist allows the client to begin her creative process in the safety of her own gaze. In Jacinda’s case, this therapist’s peripheral presence was sufficient to secure a sense of safety. Yet, it must also be noted that this therapist approached Jacinda during the art making process when sensing that she was at a standstill. The brief dialogue shared at such moments allowed her to verbalize feelings of discomfort that emerged as her creative process unfolded, and then resume art making. In summary, how the client perceives the therapist’s zazen presence in body and mind, combined with a positive therapeutic alliance, and especially client attention training will reinforce her sense of client-presence (Goldfarb, 1991). The next two findings, Finding 14 and 15, reveal how efforts made by the client to verbalize her subjective feelings through client-presence facilitate greater therapeutic contact.

Finding 14: Dialogue between the therapeutic dyad is deepened by client-presence.

Attentively, maintaining eye contact, the dialogue evolved towards sharing how “my own presence with myself allows me to be present with [her] and I assume vice versa.” Her response was that “this is the case.” (B and Therapist)

According to Goldfarb (1991) “the therapist and client are always changing and the only solid ground is the mutual disciplined commitment to the process” (p. 82) and to presence. This means centering in oneself. An authentic encounter between client and therapist evolves over time as layers of client resistances: “distractions or interferences . . . anything that pulls attention away from the now into the past or future” (Goldfarb, 1991, p. 66) are processed. As a result, client-presence can gradually increase within the context of a therapeutic relationship through the cumulative effect of attention training. When a client’s “ability to be present in the session increases” (p. 89), so does her capacity to experience a deepened relationship with her therapist. Thus, a client that reflects on her relationship with her therapist, such as Finding 20 indicates, is more likely to share her feelings aloud when in a state of presence with another. A deepening of this authentic encounter is demonstrated through Finding 15.

Finding 15: Symbolic imagery interfaces the silence shared by client and therapist during zazen, allowing for a meeting of psyches to occur.

It was one very meaningful personal/relational client-presence moment, which was followed by another where she revealed to me one symbolic image that emerged for her during sitting in silence, and that synchronistically matched my own, that of hands. (B)

Previously we affirmed how a client can relay signals to her therapist through sounds created by moving, breathing, and in how she uses the art materials. Respectively, the therapist can relay signals to the client. For a meeting of psyches to occur, it must be

assumed that the therapeutic dyad can transmit and relay signals across a shared psychological interface.

Jungian theory on the transference relationship and dream analysis points to psychic levels existing below and above the client's, as well as the therapist's threshold of consciousness. For example, Jung's (1946/1989) concept of shared "mutual unconsciousness" (p. 12) applies to levels below consciousness. The traditional implications of this concept are that unconscious contents of a personal nature, previously latent in the therapist, may be activated through the positive therapeutic alliance established between client and therapist. This can provoke a reaction of counter-transference in the therapist. Thus, shared mutual unconsciousness enters the therapeutic relationship.

A process-oriented psychology perspective suggests that when discomfort appears in the conversation, the therapeutic dyad is engaged in what is called "dreaming-up" (Mindell, 1985/1989, p. 65), whereby client or therapist experience an unconscious reaction to the incongruity or double signals present in the dialogue of the other party. Our findings suggest that dreaming-up can also occur in a positive encounter between client and therapist, one that touches on a higher level of communication that allows for a soul-to-soul encounter between dreambodies. This concept of "the dreambody" (Goodbread, 1987, p. 24), which Mindell (1985/1989) calls "the total, multi-channeled personality" (p. 39), is recognized in alchemy and by Jung (1959/1990) as the "transcendent function" (p. 289), the "breath body" (Jung, 1946/1989, p. 116) or unconscious, encompassing the personal and collective unconscious. Just as the dreambody or Self communicates with the body self through eight "discernible channels

[which] are: 1. Auditory, 2. Verbal, 3. Visual, 4. Tactile, 5. Proprioceptive, 6. Kinesthetic, 7. Relationship, [and] 8. Synchronistic” (Goodbread, 1987, p. 24), so too people communicate with each other via these channels. In Zen this soul-to-soul communication is known as “I SHIN DEN SHIN: De mon âme à ton âme” (Deshimaru, 1976, p. 236) or from my soul to your soul.

During this study this researcher discovered that activated unconscious contents of an archetypal or collective nature can spontaneously and synchronically rise to consciousness for both client and therapist, such as through shared symbolic imagery. Jung (as cited in Frick, 1983) distinguished three categories of synchronicity. Frick (1983) summarizes Jung’s theory on “meaningful coincidence” or synchronistic events as follows:

It is abundantly clear that, while the second and third categories deal with extrasensory events and relationships that are unavailable to the participant’s immediate field of perception and can be verified only after the fact, the first category includes the convergence of “meaningful coincidences” within the observer’s more immediate field of vision and awareness. (p. 117)

We maintain that Findings 14 and 15 are examples of synchronicity category one, and attest to the fact that the therapeutic dyad has mutual access to a psychic level above consciousness when sharing the silence during zazen. We believe that the next finding, Finding 16, can be understood as a synchronistic event of category type two and three.

Finding 16: *Client artwork informed by zazen contains a transverbal presence that makes itself known through synchronistic events.*

Example 1. Undifferentiated state.

In section C, under the heading of “The Zazen Experience Symbolized,” this researcher presented Figure 11 of her “Black Series.” First, she created this image. Next, there was a dream about a page, number 145. On this same page number of von Franz’s (1980) book on alchemy this researcher later found the alchemical image of Figure 11, which resembles her own. Hence, Jung’s (as cited in Frick, 1983) theory of meaningful coincidence appears to apply here, as well as in the next example.

Example 2. Unknown myth.

During 10 minutes of zazen, on April 4, 2004, a mysterious image emerged in this researcher’s mind which she could not decipher. In June 2004, during a visit to Montreal, her elder brother unknowingly revealed the source of this image when sharing the East Indian myth of Sukanya. One particular segment of the myth, lived by the main character, Sukanya, fit the zazen vision perfectly.

The archetypal nature of the image, which emerged during zazen, became known to this researcher two months after the fact, corresponding to categories two and three of synchronicity, but it’s meaning was still unclear. Wilber (1980/1989) suggests how “[a]nything I can point to on my present level of consciousness is only a sign; anything higher can only be discussed or thought about using symbols, and these symbols can only be finally understood upon transformation to that higher level itself” (p. 42). Although this researcher could describe to her therapist the immediate experience of this psychic impression, its meaning remained obscure. As soon as she heard the myth from her brother, the transverbal presence of the Self became manifest.

Finding 16 appears to support Jung's (1953-1969/1974) hypothesis, which states that "[u]nconscious contents connect [the conscious mind] *backwards* with physiological states on the one hand and archetypal data on the other. But it is extended *forwards* by intuitions which are determined partly by archetypes and partly by subliminal perceptions depending on the relativity of time and space in the unconscious" (pp. 211-212). While it is still difficult to scientifically validate Jung's hypothesis, the examples of synchronicity presented so far suggest that synchronicity may be a channel of communication accessible to both the client and the therapist. Furthermore, zazen, art making and the therapeutic dyad's verbal exploration of a client's artwork appear to be possible means for the unconscious or Self to communicate with the ego-self across time and space.

In retrospect, the archetypal image of Sukanya that emerged in the mind of this researcher during zazen, and which she expressed in art form, announced her transition from the black phase towards the white phase. Her experience of Kensho-Satori during session four of this study, suggests the white phase heralding in the red phase of the alchemical process of individuation, where ego and unconscious are united in the self, the "transfigured[-self]" (Jung, 1946/1989, p. 143).

Finding 17: Kensho-Satori, awakening to our true nature, can synchronically occur within a therapeutic context.

In Soto Zen, zazen is the practice of "l'éveil" (Ikemi & Deshimaru, 1985/1991, p. 140) or being awake. Kensho or "[s]eeing into the essence of things, insight-wisdom . . . is regarded as the beginning of true training, a prelude to the depths of satori" (Austin, 1999, p. 707). The timing of this experience was uncanny. It occurred mid-way through this research study, during session four out of seven. Premonitory dreams

announced the losing of ego-identity (e.g., lost wallet) and finding wholeness (e.g., Universal egg). This alchemical theme is addressed by Jung (1946/1989) when discussing the final stages of the individuation process (see pp. 121-158).

What triggered this peak experience? According to this researcher's therapist it may have been the recording of sessions, whereby the tape recorder acted as a witness to the art therapeutic process. Perhaps this was the case, since having the transference relationship issues recorded triggered an intense emotional need for change, through the realization of having outgrown the role of victim of unpleasant life circumstances. A process-oriented psychology perspective asserts that "incongruence is the gate to wholeness" (Goodbread, 1987, p. 28), pain is the vehicle of awareness used to get there, and emotion is the fuel or driving force that allows the client to give meaning to her problem, illness, or pain. Besides affect, other variables require consideration.

Austin's (1999) perspective, based on neurological Zen research and personal experience, is that "Kensho. . . requires a lengthy introduction: months or years. Then, after a subacute prelude, the shift takes place in a particular acute context" (Austin, p. 615). In this case, the key triggering stimulus that precipitated the Kensho-Satori experience or perceptual shift, in addition to all "[t]hese years of preparation, incubation, and struggle [which] tend to escape notice" (Austin, p. 453), was this researcher's reunion with her brother, who lived abroad for the past 17 years. It is also possible that an unconscious "suggestion à écheance" (Jung, 1946/1989, p. 90) in the form of a research proposal chapter entitled "Aha: The Satori of heuristic inquiry and experience" (Moskovici, 2003, p. 12) may have been another influential variable. In retrospect, we agree with Frick's (1990) view on the SGE phenomenon being "a 'meaningful

coincidence' that [does] not follow the linear cause-effect relationship of the natural science model" (p. 69). Ultimately, what matters is the change in world-view gained through the Zen art therapy research process, and how this researcher can be of service to others.

In part, the surprise findings suggest that the capacity to be an inner witness to one's own subjective experiences is accessible to both client and therapist simultaneously through attention training. Presence can extend to include the Other within a therapeutic encounter that is unfolding in silence, and sitting in silence practice can bridge the psyches of therapist and client, who may synchronically share symbolic impressions, in addition to a general feeling of communion.

The findings also reveal that the zazen experience of client-presence can be transferred to, and maintained, during the art making process, as well as during the exploration and discussion period between client and therapist, offering the therapeutic dyad ample opportunity to experience mutual presence. When the therapeutic dialogue is founded on mutual presence, the zazen experiences of client and therapist may be shared with discretion. Furthermore, a therapist that is acutely attuned to her client may access information that pertains to unconscious contents perceived in the silence and in the client's artwork. In the same way, a client may access in art form information from the Self, that manifests its intention and presence through synchronistic events.

Since, not all contents are consciously accessible to the therapist for interpretation, outside sources of reference are required to elucidate the client's zazen imagery. Informed dialogues with others, both within and outside of the therapeutic

context, demonstrate the depth of connection possible between humans across the earthly dimensions of space and time, and beyond.

Above all, Findings 13 to 17 suggest the existence of a higher level of presence through synchronicity, which Frick (2001) defines as “one manifestation of a holistic connecting principle in the universe, the interrelatedness of all phenomena including past and future time” (p. 28). This author views meta-presence as originating in the place where Oneness exists. Access to and from this primordial ground occurs through inner silence, the between area encapsulating separateness and unity, where all form and no form exist as One. In closing, we would like to state that aside from Finding 13, which is specifically related to the therapist’s zazen presence, these experiences are neither typical of nor exclusive to zazen practice and can occur outside of a Zen art therapy context.

Conclusion

The unexpected findings presented in this chapter belong to this researcher and do not extend beyond her to include the experiences described by participants in their questionnaires, except for Finding 13. All things considered, they suggest phenomena that touch on the concepts of relational presence, synchronicity, and the presence of the Self. Theories and concepts stemming from Jungian analytic psychology and alchemy, and process-oriented psychology served to explain the findings of this chapter. Next we will evaluate and synthesize the Zen art therapy treatment approach.

CHAPTER 9: EVALUATION OF THE ZEN ART THERAPY APPROACH

Introduction

Chapter 9 considers the advantages and disadvantages of using zazen with a clinical population in an art therapy context. Next, the effectiveness of zazen is examined through Likert-type scale responses and their respective line-graphs. Results are examined and used to shed light on the client's subjective zazen experiences and state of client-presence. The chapter closes with a creative synthesis of the findings in art form and a synthesized version of the Zen art therapy treatment model (see Figures 25 and 26).

Advantages and Disadvantages of Zazen

In order to establish clearer parameters for implementing zazen and art therapy practice with a mental health population, participants were asked their opinion on the advantages and disadvantages of using zazen as a transitional phase, between the checking-in period and the art making period. The results are presented and explained next.

Advantages

Finding 18: *The client experiences zazen practice as beneficial.*

[C]ut through mental chatter and stress, come home to myself, attend to my breath, be still, create inner space, and recharge my battery. . . . The practice . . . provides me with a safe container for the emergence of forgotten memories . . . to be with unveiled content on my own terms before expressing it through art and discussing it with my therapist. (B)

Cela nous relaxe, nous calme et on oublie même nos problèmes ou bien ils ne sont plus aussi terribles. C'est un application bénéfique autant au niveau physique que psychologique. C'est l'exercice qui permet d'oublier nos problèmes, nos peines, nos rages et notre colère. (N)

Les douleurs qui viennent durant s'asseoir en silence nous apprend où nous sommes tendus et en respirant dans cette douleur peut monter des émotions et

aussi nous détendre. Que c'est une bonne façon de revenir dans son moment présent. . . . D'être à l'écoute de son corps et de ses émotions. Et aussi entendre nos pensées. (L)

It helped me to be more in touch with myself, to make the transition from my work day to the therapy, it brought me into a state of serenity, it inspired some art work, it relaxed me. (J)

Everyone participating in this study identified as advantages accruing from the practice of zazen the universal qualities of feeling calm and centered. All the participants, including this researcher, were able to hold their contents of mind, express their zazen experience symbolically, and articulate it verbally, including the two participants not profiled, who stated that at times they arrived to the session feeling fragmented.

These results correspond to Finding 5, whereby at the end of zazen practice the client experiences calmness and concentrated presence. They also interact with Finding 6, which states that zazen prepares the client for engaging in the art making process, such as noted in Jacinda's verbatim comments. While zazen has definite advantages, Finding 19 considers what disadvantages may come with the practice of zazen in an art therapeutic context.

Disadvantages

Finding 19: *Zazen practice can frustrate and/or delay a client's need for creative and verbal expression.*

A structured time for sitting in silence did not meet my needs every session. Sometimes I would prefer to engage in the art making process immediately after our checking-in period. . . . I have felt on rare occasions a strong need to end the sitting in silence. . . . It occurred after witnessing the emergence of emotionally charged content, such as forgotten memories and/or experiencing a flashback. (B)

Aucun (N and L)

Sometimes I did not feel like meditating. . . . I would have rather spent more time doing art. (J)

Finding 19 reveals as a main disadvantage that a client is not always inclined to practice zazen. In a Zen art therapy context the client begins creating only when zazen is over, whether she feels apprehension, anticipation, or a readiness to engage in the art making process. Any creatively inspiring insights or realizations that arise for her during the checking-in period or zazen are put on hold. This delay of expression may disrupt a client's creative spontaneity or her need to externalize her emotionally charged material. However, as a result, she learns to contain and be with her material, therefore accessing deeper layers of her psyche. The participants mentioned no other disadvantages with zazen practice. On the other hand, this researcher, having both the perspective of a client and an art therapist, needed to consider several aspects when applying zazen with a mental health population.

We have seen in Finding 2 that a client can experience stimuli saturation in dialoguing with her therapist, which informs her decision to begin zazen practice, and in Finding 3 that the dialogue of the checking-in period impacts the client's zazen experience. Whereas in an individual therapy context, this researcher decided when to enter zazen, in a Zen art therapy group context, the time that sitting in silence began was dictated by this therapist. Consequently, the therapist must *"be aware of a person's tolerance level for therapist-client engagement. . . . which informs her practice of sitting in silence."* (B)

Furthermore, the therapist must ensure *"that the practice of sitting in silence does not threaten her [client's] sense-of-self."* Therefore, *"a therapeutic container must be in place that will support the client as she develops her own container for emerging content."* After all, *"there is a learning curve to the practice."* (B)

The notion of a client developing her own psychological and physical container with zazen practice suggests that *“a client’s threshold of silence extends to both mind and body.” (B)*. Hence, consideration must be given to the fact that *“sitting in silence demands of the practitioner a tolerance for silence, long enough to experience it as nourishing, [because] when the person is inexperienced or is unprepared to consciously witness and work with her residual material, she may become destabilized, disoriented, dissociated and feel scared to pursue this therapeutic practice.” (B)* To ensure that any residual material emerging during zazen practice is contained, this researcher chose to introduce sitting in silence practice prior to the art making process. Thus, the *“artwork becomes an additional container for the exploration and expression of previously inaccessible sensory information.” (B)*

Finally, *“it is important to consider the client’s needs, as well as her limitations and inner resources.” (B)* As Finding 19 suggests, a client is not always inclined to practice zazen prior to art making.

These findings affirm the client's need for self-interiorization, as well as for self-exteriorization and contact with the Other, whether this Other is a relationship with the art materials and artwork or with the therapist and group members. Like any therapeutic practice, the client's needs cannot always be immediately met, resulting in the client feeling frustrated and learning how to tolerate her present moment experience. Therapeutic-presence, along with a secure therapeutic space and frame reduce the client’s need for immediate gratification and ensure that the transition from being with Other to being with herself occurs smoothly. In the next finding we highlight the effectiveness of

the zazen process for increasing client-presence through a client’s capacity to bear witness to and tolerate her subjective zazen experiences.

Effectiveness of Zazen

Likert-Type Scale Group Composite Responses

Participants were asked to evaluate the effectiveness of the discipline of zazen in facilitating the transition between the checking-in period and the art making period. Basically, question seven of section B (Appendix A, p. 209) synthesizes this researcher’s subjective experiences with zazen practice, as they unfolded on a physical and psychological level, in a Zen art therapy context. Responses by this researcher and each participant are identified under their respective first name (pseudonym) initials.

***Finding 20:** On a level from 0 to 3, whereby 0 is none, 1 is weak, 2 is moderate, and 3 is high, zazen practice permits the client to experience on a physical and psychological level the following:*

<u>Physical Level</u>	B	T	N	L	S	M-R	J	Mean Score
1. Abandon yourself into “non-doing” and “just being”	2	3	2	2	3	3	2	2.43
2. Awaken to your physical sensations	3	2	1	3	2	2	2	2.14
3. Pay attention to and follow your breathing	2	2	2	3	3	2	2	2.29
4. Get centered and grounded	3	2	3	2	3	3	2	2.57
5. Clear an inner space in you that is agreeable	3	3	3	1	3	3	1	2.43
6. Relax yourself	2	3	3	2	2	2	1	2.14
7. Recharge yourself	3	3	3	2	2	3	1	2.43

<u>Psychological Level</u>	B	T	N	L	S	M-R	J	Mean Score
1. Reflect on the ties you have with your therapist and others	2	3	2	2	3	2	2	2.29
2. Observe your mental imagery and your “scenarios”	3	3	2	2	3	2	2	2.57
3. Liberate yourself momentarily from what burdens you	3	3	3	2	3	2	2	2.57
4. Experience your inner silence	3	2	3	2	3	2	2	2.43
5. Perceive your deep feelings	3	3	3	1	2	3	1	2.29
6. Unveil and relive your repressed memories	1	3	3	1	2	2	2	2.00
7. Discern what is important for you to express	3	3	3	1	2	2	2	2.29
8. Approach your creative process with a clear idea in mind	3	3	2	1	2	3	2	2.29
9. Maintain a “state of presence” during your creative process	3	3	3	1	3	3	2	2.57

As mentioned earlier in the methodology chapter, these responses are represented as line graphs. The first two line graphs, one for each level, present a group average of scores for the six participants, who have less than four years of zazen experience. Their results are compared with this researcher’s individual scores. Although possessing over 12 years of zazen practice, her experience with this method in an art therapeutic context is comparable to that of the participants, who have attended between 33 and 44 sessions of *Thérapie Transpersonnelle*. Therefore, it was decided to include two additional line graphs that provide an average of scores for the whole group. Please refer to Figures 17 to 24.

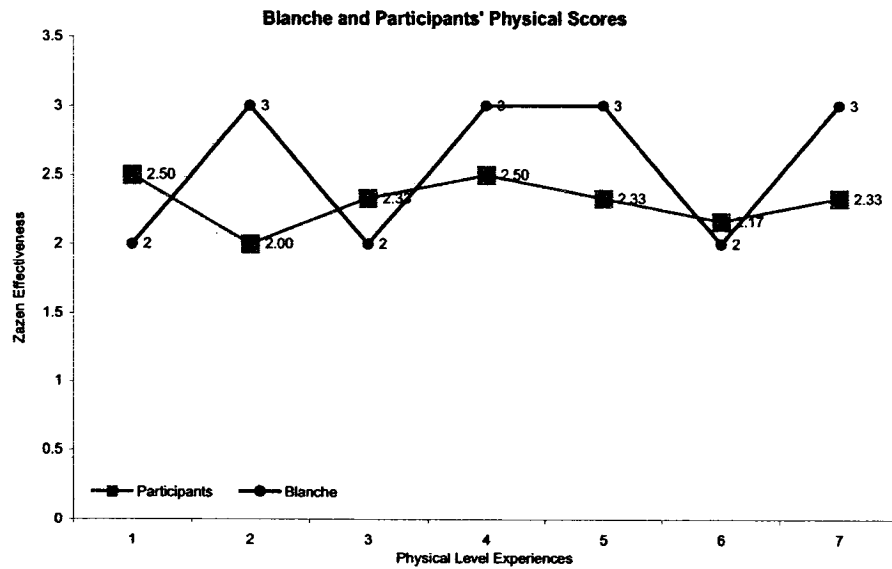


Figure 17. Average scores from participants' responses are compared with this researcher's individual scores for zazen effectiveness on a physical level.

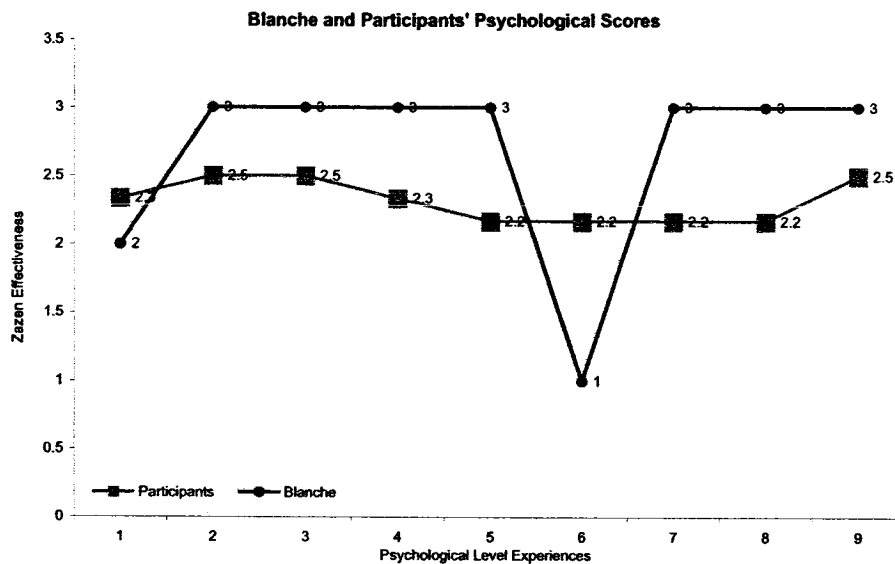


Figure 18. Average scores from participants' responses are compared with this researcher's individual scores for zazen effectiveness on a psychological level.

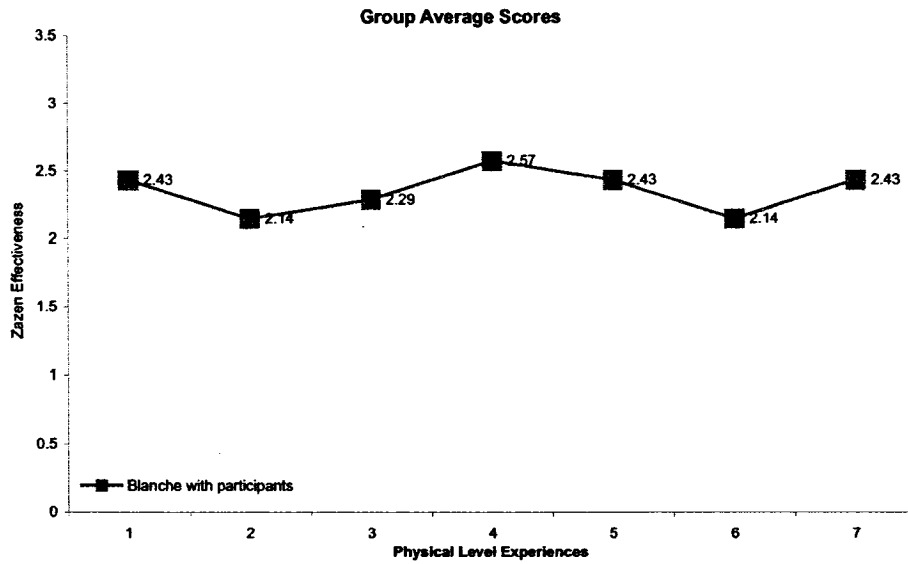


Figure 19. The group's average scores for zazen effectiveness on a physical level.

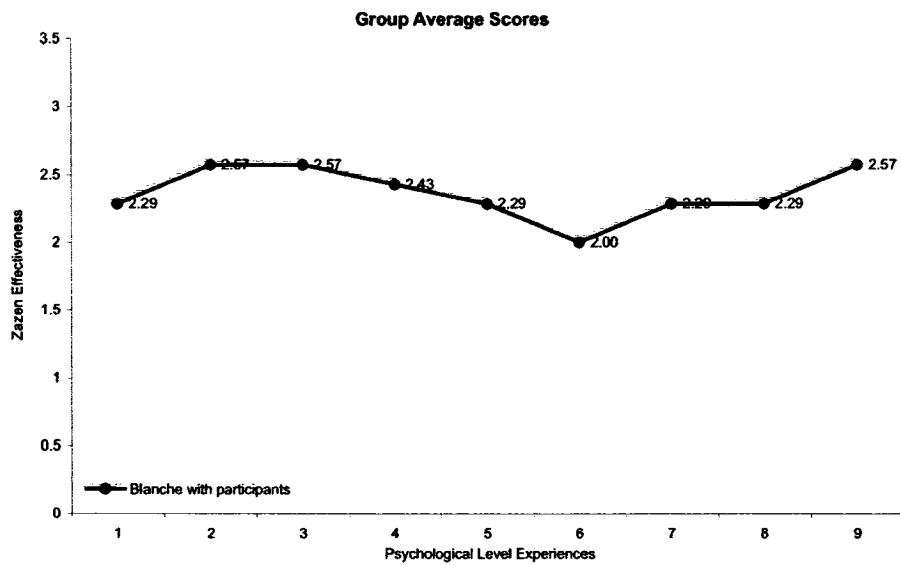


Figure 20. The group's average scores for zazen effectiveness on a psychological level.

Four other line graphs follow, one for this researcher and each of the three participants profiled, depicting individual scores for both levels.

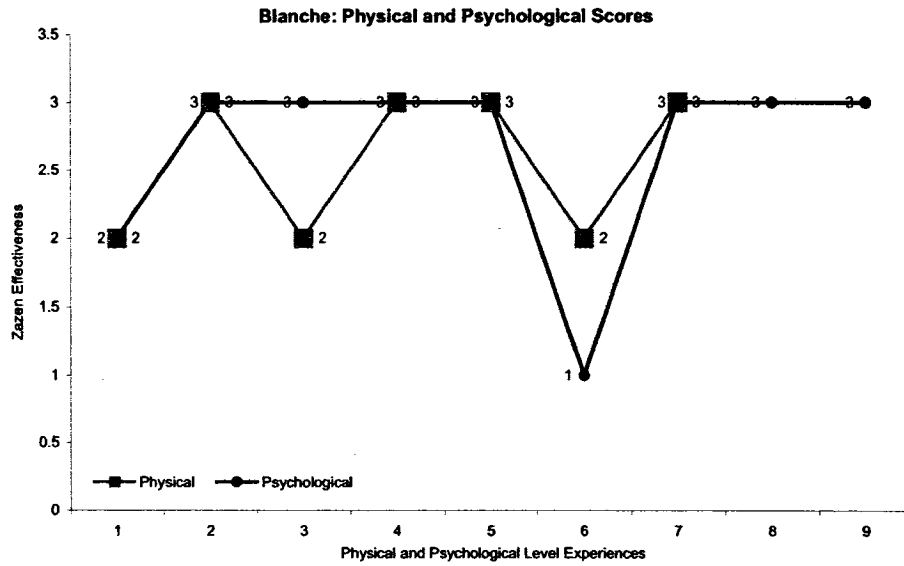


Figure 21. This researcher's individual scores for zazen effectiveness on both levels.

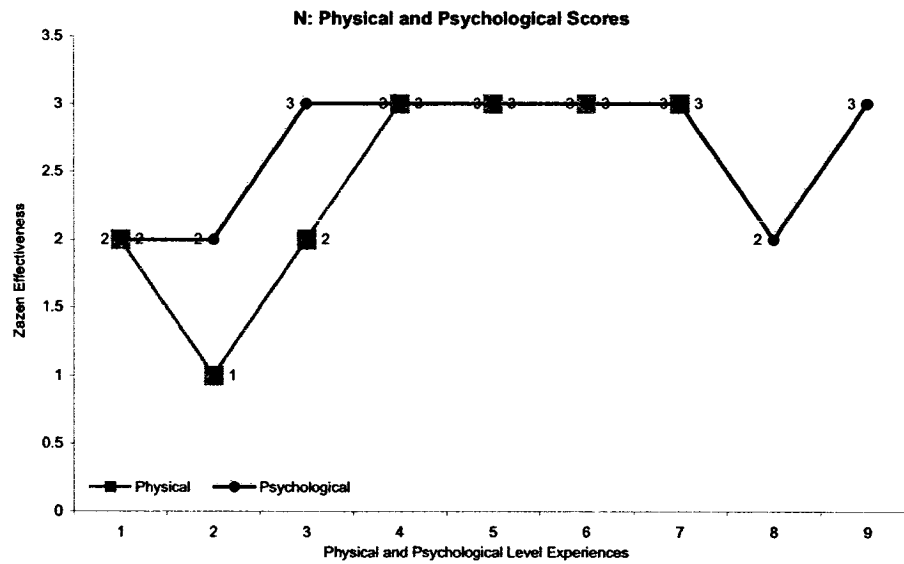


Figure 22. Nicky's individual scores for zazen effectiveness on both levels.

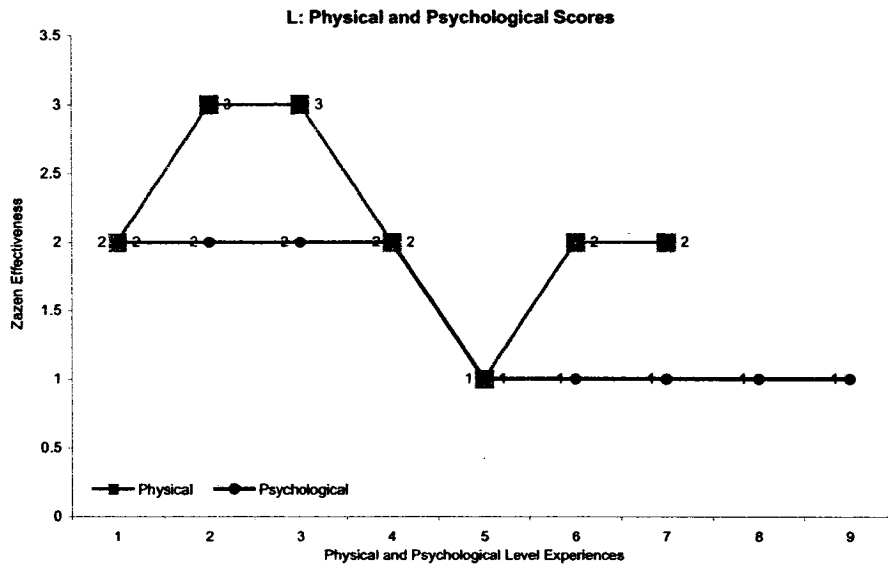


Figure 23. Lumière’s individual scores for zazen effectiveness on both levels.

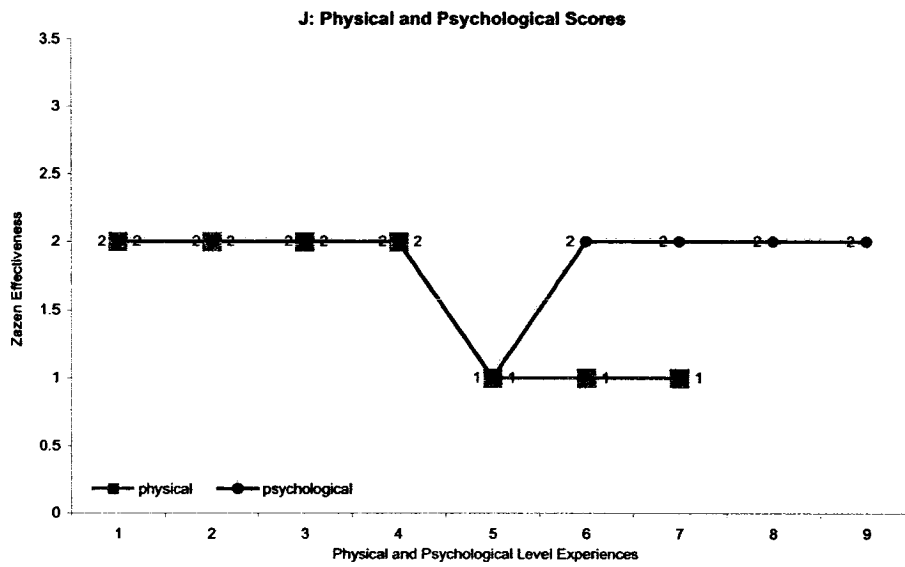


Figure 24. Jacinda’s individual scores for zazen effectiveness on both levels.

On a scale from 0 to 3, the Likert-type scale responses ranged from 1 to 3 to this question. This suggests that the zazen process permits the client to transition between the checking-in and art making periods. Basically, zazen provides the client with time to turn inward and connect with herself on a physical (overall mean, $M = 2.35$ or 78.3%) and psychological (overall mean, $M = 2.37$ or 79%) level prior to engaging in the art making process. Moreover, these responses are coherent with and reinforce the verbatim and written comments provided by this researcher and participants respectively. We will examine next the results for each of the 17 subjective experiences listed in Finding 20.

Zazen trains the client to abandon herself to her immediate experience through “non doing” and “just being.” A moderate to high score ($M = 2.43$) for this physical experience was registered, indicating that this clientele is able to settle into the posture of zazen for 15 to 25 minutes. For individuals who have difficulty being in their bodies to varying degrees, such as the participants profiled in this study, any physical sensations awakened²³ during the practice may be difficult at first to tolerate. It is important to remember that during zazen training, clients learn that all sensations reach a peak and then decline, such as the desire to scratch an itch or move.

Paying attention to and following one’s breath²⁴ is the vehicle of awareness used by the client to get centered and grounded in her body²⁵, and to develop a new attitude towards and trusting relationship with her body. Harris (2001) touches on the heart of the matter by saying that “it can take years for trust to enter the cells of the body” (p. 61). This is especially true for clients who have been physically or sexually aggressed by

²³ A moderate to high score ($M = 2.14$) was registered for this experience.

²⁴ A moderate to high score ($M = 2.29$) was registered for this experience.

²⁵ A moderate to high score ($M = 2.57$) was registered for this experience.

another. Zazen practice allows this trust to develop slowly at the client's rhythm and pace through concentration on her posture, breathing and mental attitude. Furthermore, her self-esteem increases with a feeling of erectness, the toxins of the body are released with the exhalation, and the cells of the body are rejuvenated with the inhalation as body and mind align (Deshimaru, 1978/1985).

Aligning body and mind in the “Here (vertical) and Now (horizontal)” (Keisan, as cited in Deshimaru, 1976, p. 199) is a prerequisite to making the shift into the perspective of the inner witness. Although this researcher cannot prove that such an alignment occurred for all the participants, their moderate to high scores for the first three psychological experiences listed indicate an increase in body-mind awareness. The fact that participants can reflect on the ties they have with their therapist and others²⁶, observe their mental imagery²⁷, and liberate themselves momentarily from what burdens them²⁸ suggests the development of client-presence.

Harris (2001) points out how “this ability to witness what is happening is where consciousness begins” (p. 59). Yet how does this witnessing ability emerge? In this author’s view the client must be able to clear an inner space in her that is agreeable²⁹ for the witness to come into being. This requires effort and the experience of inner silence³⁰ in order to perceive one’s deep feelings³¹, as the zazen process findings suggest. Without effort the experience of presence remains partially unconscious, neither recognized nor fully realized by the client.

²⁶ A moderate to high score ($M = 2.29$) was registered for this experience.

²⁷ A moderate to high score ($M = 2.57$) was registered for this experience.

²⁸ A moderate to high score ($M = 2.57$) was registered for this experience.

²⁹ A moderate to high score ($M = 2.43$) was registered for this experience.

³⁰ A moderate to high score ($M = 2.43$) was registered for this experience.

³¹ A moderate to high score ($M = 2.29$) was registered for this experience.

We know that as long as a client continues to subject herself to the illusory influences of the unconscious like a puppet, the unconscious reigns, “exercis[ing] a powerful influence on the woman’s emotional life” (Jung, 1946/1989, p. 141). Once the client experiences fluid breathing, which is the means by which an interface is created for consciousness to emerge out of nothingness, she can become aware of her inner witness, thus changing the dynamic between conscious and unconscious from a unidirectional one to a two-way dialogue between self-and-Self, as well as self-and-Other.

The space between self-and-Other is where presence abides. For Harris (2001) “the creation of space is what allows something new to happen” (p. 81). Zazen practice trains the individual to develop the distance necessary for a space to exist between self and one’s projections, which includes the Other. Such an attitude of nonattachment to emerging contents of mind permits the client to experience the secondary effect of physical relaxation³², and to recharge herself³³ while sitting in silence.

Phase 4 of the zazen process allows for the emergence of something new once physical and mental tension has abated, even if momentarily. It is important to emphasize here that when space is created physically it is also perceived psychologically through the eyes of the inner witness, which brings this researcher to the conclusion that a reciprocal relationship exists between body and mind around this pivotal point in the zazen process.

For two of the participants, Lumière and Jacinda, the capacity to create an inner space and to perceive deep feelings was not readily accessible. Each of them responded differently to these experiences. For Jacinda the effect was a physical one in that she had difficulty to relax and recharge herself during zazen compared to the other participants.

³² A moderate to high score ($M = 2.14$) was registered for this experience.

³³ A moderate to high score ($M = 2.43$) was registered for this experience.

On the other hand, Lumière's limited ability to create inner space affected her capacity to access deeper states on a psychological level, which made it difficult for her to translate her subjective experience on a cognitive ego-consciousness level as Wilber (1980/1989) points out.

Finding 20 reveals that the unveiling and reliving of repressed memories was an experience all the participants encountered during the zazen process, as the scores of 1 to 3 attest ($M = 2.00$). The moderate to high levels registered by participants is not uncommon for beginners of zazen practice. As mentioned earlier, psychological biographical content tends to emerge first, followed by archetypal content from deeper layers of the psyche, of a more biological origin. Zazen practice provides a psychological container, if and when flooding occurs, for layers of historical content that are released and worked through as zazen practice accumulates. In over 12 years of practice this researcher has rarely experienced repressed memories or flashbacks surface during zazen, which is reflected in her response.

Only one participant gave a score of 1 for this experience, Lumière, who has the most training in zazen of all the participants. It can be hypothesized that her response of minimal unveiling and reliving of repressed memories during zazen is related either to her four years of practice or to her limited capacity to be present with her own suffering. Only one other participant, not profiled, specified that she had flashback experiences within her questionnaire.

Participants' capacity to discern what is important for them to express scored moderate to high ($M = 2.29$), except in Lumière's case. The moderate to high scores for clarity in approaching the creative process ($M = 2.29$), and maintaining a state of

presence during the creative process ($M = 2.57$), are congruent with the responses given by the other five participants and this researcher. Lumière was the only participant who did not understand the concept of client-presence, who had some difficulty shifting into the perspective of the inner witness, and who could not often go beyond focusing on the breath and her bodily state during zazen. Yet, despite her emotional and concentration blocks, we would suggest that she felt something proprioceptively and/or kinesthetically, and it was this bodily wisdom that guided her art making process. Thus, Lumière was also present with her creative process. These results clearly demonstrate that awareness, acquired during zazen, is transferable to the art making process. In future, when using this Likert-type scale question, psychological statement 8 will read as follows: “Approach your creative process with a clear idea in mind and/or a felt-sense.”

On the topic of clarity Allan (1995) states how having “a clear intention is as important as space and materials” (p. 16) for accessing the riches of the creative Self. In support of this view Goldfarb (1991) emphasizes how during zazen, as layers of resistance are confronted, processed, and released, a “client’s attention becomes more focused, [and] awareness deepens. Her vision begins to clear, and in existential terms this means she has more sense of her own suffering and of the need for identity and purpose” (p. 79).

We agree with Allan and Goldfarb’s views on the importance of client intent and clarity in therapeutic work. Furthermore, from field experience in leading *Thérapie Transpersonnelle* groups, this researcher can attest to the fact that clients, who enter the art making process with a therapeutic focus or a clear idea in mind tend to carry forward and deepen the self-understanding they gained during zazen through creative-presence.

As well, they can more clearly articulate their zazen and creative experiences during the discussion and exploration of the artworks period.

To maintain a state of presence during the creative process “it is necessary to see, think and feel by the experience of one’s self in creative activity” (Onda, 1962, p. 16). Four of the participants in this study were able to maintain a high “state of presence” during their creative process, while the other two had scores of moderate and weak. In summary, zazen provides “the occasion [for] full presence” (Goldfarb, 1991, p. 79), for a clear intent to emerge, the state of mind with which a client commits to the act of creating, as well as for deepened creative self-exploration and self-transformation. Client-presence is key! For a pictorial depiction of this Zen attitude please refer to Figure 25.

Overall, the observations made by this researcher-as-therapist support the results presented in Finding 20, which strongly suggest that: (a) client-presence, accessed during zazen, is transferable to the art making process; (b) creative-presence, when consciously maintained, allows clients to attend to and integrate their psychic contents while giving an artistic voice to their zazen experiences; and (c) the Self manifests its intention and presence through the vehicle of relationship and art in an art therapeutic context. Undoubtedly, the crux of the Zen art therapy treatment approach is giving silence a voice, the art voice of silence.

As for the blank space provided at the end of the questionnaire for optional additional comments, it offered a means for four participants to communicate with this researcher their gratitude for services rendered and to state how their *Thérapie Transpersonnelle* experience continues to positively impact their relationships with self, others, and life.

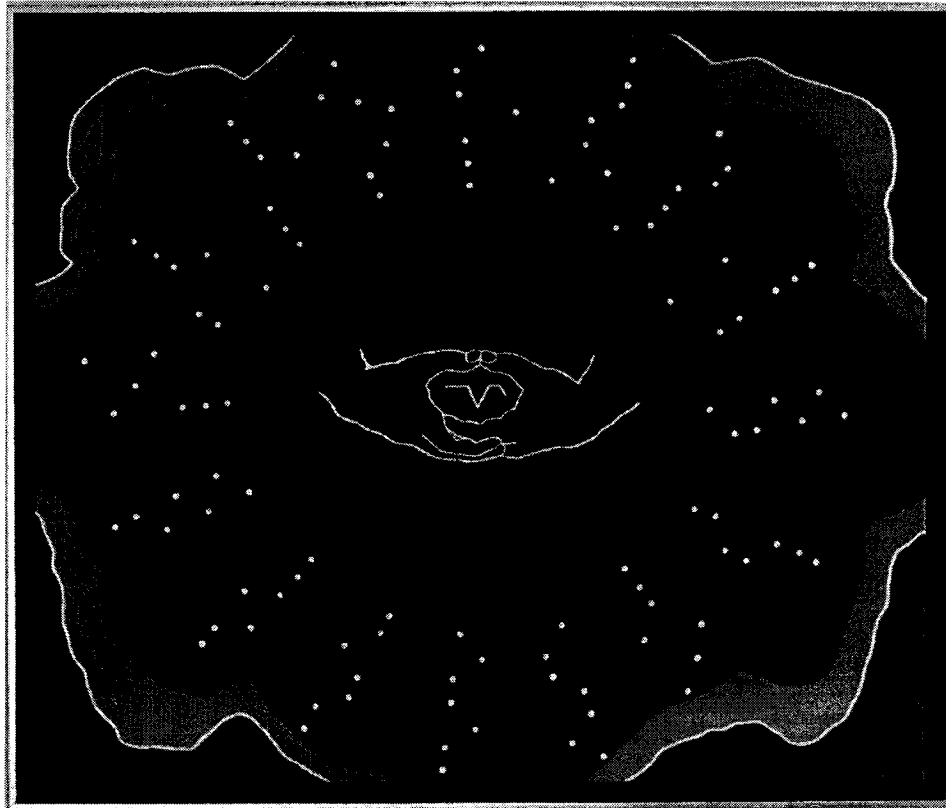


Figure 25. Client-Presence.

Figure 25 of “Client-Presence” is this researcher’s creative synthesis of the data generated by her study, and in particular Finding 20. The reader is requested to sit comfortably and be with the image to access its essential nature. As Deshimaru (1976) points out “Personne ne peut expliquer la condition de l’esprit en zazen” or “No one can explain the state of mind during zazen” (Liberal translation by this author, p. 224). Thus, we choose to let the image speak for itself and the viewer to perceive what he/she perceives, as he/she perceives it. After all, reality is nothing but the perception that one has of it.

In closing, this researcher would like to present the reader with a synthesized version of her Zen art therapy treatment model (see Figure 26). It provides a brief review of this study’s findings, and may be used as a reference by Zen trained art therapists.

Figure 26. The Zen Art Therapy Treatment Model Synthesized.

Checking-in period: A client experiences states of psychological distress to relief, and physical tension to relaxation. Accumulated residual material in-between sessions and from previous sessions can affect a client's perceptions of her therapist upon arrival.

A client may experience feelings of apprehension, anticipation, and readiness towards beginning zazen practice.

Decision to enter zazen: In an individual art therapy context, the feeling of stimuli saturation, while engaged in the checking-in period, informs the client's decision to begin zazen practice. In a group context it is the therapist, who directs the time zazen period begins, typically after the group checking-in period ends.

Impact of checking-in period on zazen: The therapeutic dialogue is carried forward, internalized, processed and observed through the lens of self-with-therapist, self-with-image viewed, and self-with-Self.

Zazen experience: Five-stage conceptualization of zazen according to Shapiro and Zifferblatt (1976). A sixth stage is added, based on heuristic experience and the art therapeutic context.

Phase 1: Focus on breathing; Reactive effect – alteration in occurrence and response of breathing. A client's perceptual focus is divided between relational-presence and settling into zazen practice. The internalized therapeutic dialogue competes with the task of breathing, making it difficult for the client to concentrate on the fundamentals of correct posture, breathing, and mental attitude.

Phase 2: Attention wanders. There is habituation to the task of breathing. The internalized dialogue activates cognitive processes, a reflection on the transference relationship and/or artwork viewed during the checking-in period. A client's immersion in sensory and perceptual information that comes from internal/external stimuli, distract her focus away from the task of breathing. Experiences projected onto her screen of mind reflect contents of past, present, and/or future. A minimal level of concentration is attained. Surface layers of psyche reveal cognitive stress and speed of thought process.

Phase 3: Focus returns to breathing. Conscious effort is made by the client to arrest the internalized therapeutic dialogue, separate self-from-Other, and breath. A shift into the perspective of the observer or inner witness is possible with fluid breathing. Until fluid breathing is achieved the client repeats the first three phases by returning to self and the task of breathing.

Client-presence increases with “effortless breathing”: relaxed attentive awareness, without reactive effect, without habituation. Internal stimuli saturation is attained and the client is able to clear an inner space. The inner witness is activated by the client’s decision to stop the thought process and experience the unknown or new.

Phase 4: Porous states of mind: The fragmented and fleeting nature of thoughts is perceived by the client to have a beginning and an end. Space begins to appear between each momentary thought fragment. Concentration deepens revealing a black screen of mind, the void. Global desensitization occurs (unstressing). Thought stopping. The client is incubating the therapeutic dialogue.

New thoughts occur and are watched with relaxed awareness and continued focus on breathing. Illumination.

Phase 5: Quiet mind: Absence of internal chatter; categories suspended; receptivity to internal/external stimuli. “Mind as mirror.” Presence. Compassion is experienced towards the ego-self. Synchronistic experiences occur between a client’s perceived inner and outer reality. Shared symbolic imagery emerges synchronically for both client and therapist within the silence. The stillness is pregnant with imagistic, sensorial, transpersonal and ego-transcendent qualities akin to Kensho and Satori, such as peace and calmness, and the relativity of time and space.

The mind is still and silent. Stillness activates the emergence of contents from deeper layers of the psyche. New thoughts emerge out of nothingness of a near-conscious, unconscious and archetypal nature. Sensory and perceptual information in the form of vivid imagistic contents of mind, a felt-sense, flashes of insight and emotionally laden content are released into the client’s awareness.

Occasionally, forgotten traumatic memories and flashbacks emerge, are watched with attentive awareness, relived, processed, cleansed and released. Otherwise, they can induce a reactive effect in the client. Typically, Phases 4 and 5 of content (illumination) and no content (incubation) are re-experienced by the client until the therapist announces “Last three minutes.”

Phase 6: “Last three minutes”: No content and refined content. Therapeutic-presence is accentuated. The therapist’s statement of “Last three minutes” signals a transition from concentration to creative engagement. The client maintains focus on the task of breathing, containing activated psychic contents until the therapist states that the “10 minutes are up” (individual art therapy context) or the bell is rung three times when the “15 to 25 minutes are up” (group context).

A client may experience feelings of apprehension, anticipation, and readiness towards ending zazen and engaging in the art making process. Senses are activated and self-awareness is heightened. The art therapeutic focus of the moment emerges, such as an affect, a felt-sense or as vivid imagery.

Art therapeutic focus: With increased client-presence to emerging contents of body and mind the client has a starting point for engaging in the art making process. She approaches the art making process with calmness and concentrated presence.

Art making process: The client approaches the art making process through the discovered modes of *Expressive Reactivity (ER)* or *Responsive Creativity (RC)*, which fall along a psychological continuum ranging between unconscious and partially conscious (*ER*) to partially conscious and conscious (*RC*). It is called “Psychological Continuum for the Act of Creating in Art Therapy.”

Expressive Reactivity (ER): The client engages in the immediate release of undesirable feelings and emotions that cause her internal conflict, discomfort, and psychological pain. Dialoguing with her therapist, who is an external witness to her creative process, is the means by which the client becomes aware of the hidden forces of the Self that are driving her creation. Therapeutic-presence is constant.

Responsive Creativity (RC): The client engages in a two-way dialogue with her unfolding creative process from the stance of participant and attentive observer. Client-presence, accessed during zazen and maintained during the creative process, is the means by which the client increases her awareness of the hidden forces of the Self that are driving her creation, and thus she can transform herself in the process. Dialoguing with her therapist, who is an external witness to her creative process, can permit the client to become conscious of what remains unconscious, and to deepen her understanding of partially conscious therapeutic material. Therapeutic-presence is constant. Therapeutic movement towards self-realization is accelerated.

Personal notes: The client writes down her experience of zazen and the art making process before taking a break (group context).

Break-time: Group context only (15 minutes).

Artwork: The artwork offers the therapeutic dyad an accurate reflection of the client's perceived inner world experience, substantiated by the materials, colors, lines, forms, gestures and space inherent in the image. Client artwork informed by zazen contains a transverbal presence that manifests through synchronistic events.

The artwork reveals the client's phase of development through Jung's (1946/1989) alchemical individuation process:

1. Undifferentiated (black): ego and unconscious are fused, potentialized-self.
2. Differentiated (white): ego and unconscious are separated, sublimated-self.
3. Individuated (red): ego and unconscious are united in the self, transfigured-self.

Giving silence a voice, the art voice of silence, is the crux of the Zen art therapy treatment model.

Discussion and exploration of zazen, the art making process, and the artwork:

The dialogue between the therapeutic dyad is deepened by client-presence. When appropriate, both client and therapist (individual art therapy context) reveal what they perceived during zazen with discretion, such as when shared symbolic imagery emerges during the silence. Activated unconscious contents of an archetypal nature can spontaneously and synchronically rise to consciousness for both client and therapist during zazen and via the client's artwork. A therapist can access information from a client's artwork that reveals the deeper meaning inherent in her artwork. Some contents can be understood immediately, with input from the therapist, while other contents require time to be fully understood by the client. The external Other (e.g., the artwork, therapist, personal notes, or cassette recorder in a research context only), and the internal Other (e.g., the observer-watcher), hold the role of witness to the client's art therapeutic process, presence and increased self-understanding.

Contact between client and therapist is enhanced through mutual presence. The therapeutic dialogue is internalized by the client and processed in-between sessions. The cycle is repeated.

Population: While this study's findings are based on an adult female sample, 40 years of age and older, the Zen art therapy approach is offered by Blanche Moskovici to both genders, individuals living with mental health concerns of varying severity and chronicity.

Cautionary note: The reader is recommended against the use zazen practice with an adult mental health population, unless he/she is a Zen trained art therapist or psychotherapist.

Conclusion

Chapter 9 considered the advantages and disadvantages of using zazen with a clinical population in an art therapy context. The effectiveness of zazen was examined through Likert-type scale responses and their respective line-graphs. Results were examined and explored in order to shed light on the client's subjective zazen experiences and state of client-presence. The chapter closed with a creative synthesis of the findings in art form and a synthesized version of the Zen art therapy treatment model.

CONCLUSION

Introduction

This groundbreaking investigation presented a new multidisciplinary approach to art therapy practice. Part One provided guideposts to relevant literature concerning this study's subject of inquiry, heuristic methodology, Soto Zen discipline, and the art therapeutic contexts in which this researcher introduced herself and ex-members of her *Thérapie Transpersonnelle* groups to zazen practice. Part Two presented the 20 findings of this heuristic investigation, a creative synthesis of the results in art form, and a synthesized version of the Zen art therapy treatment model.

In these last few pages conclusions are drawn about the Zen art therapy treatment model, focusing on the zazen experience and its effectiveness in directing the client's focus towards deeper levels of art therapeutic work through client-presence. Conclusions regarding the research questions are summarized in light of theory already discussed, and limitations of the study are restated. Implications for future studies are offered in the form of unanswered questions and suggestions that are relevant to art therapy clinical practice.

Restatement of Purpose

The purpose of this heuristic investigation was to explore answers to the primary research question: "*What is the experience of 'zazen' or 'sitting in silence' practice when used as a transitional phase in the art therapeutic context, between checking-in with the therapist and art making?*" Subsidiary questions that pertain to the first three phases of a Zen art therapy session were used to gain understanding of ex-members' experiences with this treatment model, women over the age of 40. Other questions compared three clients' experiences of art making with and without prior zazen practice, examined

participants' understanding of the concept of client-presence, evaluated the Zen art therapy approach, and utilized Likert-type scale responses to score the effectiveness of zazen in facilitating a client's transition between the checking-in and art making periods.

Results

In all, 20 findings were presented and explained in-depth, using Jungian analytic psychology and alchemy, Soto Zen practice, humanistic-existentialist and Zen psychotherapy, process-oriented psychology and art therapy theory. Therefore, it is unnecessary to re-iterate them again. The findings validate, elaborate, and ground the aforementioned theoretical viewpoints in lived experiences. More importantly, they illustrate in thought, word, and symbolic form or speech what transpires during zazen for a client, and how the zazen experience acts as a catalyst for the art making process through client-presence.

The essence of this study's 20 findings is that the zazen experience directs a client's focus towards deeper levels of art therapeutic work through client-presence. Verbatim and written comments by this researcher and participants suggest that a client experiences physical tension and cognitive stress upon arriving at a therapy session, whether it is a traditional art therapy or *Thérapie Transpersonnelle* session, and that a client's initial encounter with the therapist during the checking-in period impacts her zazen experience. In turn, the client's zazen experience, which unfolds over six-phases, moves the client from a state of distraction to one of calmness and concentrated presence, a state that is conducive for creative self-exploration. As expected, participants required a learning or adjustment period with sitting in silence. Results indicate that the initial

heightened anxiety levels experienced by a clinical population with this discipline were reduced with regular zazen practice.

This study also confirmed that participants experience at the beginning of a session physical and cognitive stress or uneasiness about doing art therapy, and that zazen enables a client to bypass her surface layers of cognitive stress, prepare her for the art making process, and direct her art therapeutic focus of the moment with increased physical and psychological presence, client-presence. Consequently, the client's zazen end state informs her art making process by providing her with a starting point (e.g., a felt-sense or image), which in turn catalyzes her mode of creative engagement, whether it be *Expressive Reactivity (ER)* or *Responsive Creativity (RC)*.

The concept of client-presence, grounded in first-person accounts and theory, is the thread that weaves this study's findings together. Five out of six participants were able to develop client-presence, a deeper awareness of present moment self-states and subjective experiences during zazen practice, which they were able to translate visually into art and articulate verbally with their therapist in an open two-way dialogue. Results show that client-presence was experienced on a personal, relational, creative, and spiritual level, providing many occasions for mutual presence between self-and-Other (e.g., artwork).

Surprisingly, the artworks chosen by this researcher and five of the participants to represent a significant zazen experience either contained or were verbally referencing the color black or darkness, indicating the client's level of absorption in the act of just sitting. This finding also reinforces Jung's notion of "image *is psyche*" (as cited in Rack, 1991,

p. 97), which we understand as the interrelationship between projections of mind and projections in art form. Most striking were the unexpected findings suggesting phenomena that touched on the concepts of relational presence, synchronicity, and the presence of Self, as well as higher and lower states of consciousness.

In evaluating the Zen art therapy approach the findings suggest that when no zazen is practiced prior to art making, distractions inform the client's creative process, while with zazen practice as a precursor to creative engagement, client-presence develops and continues to flourish during the art making process, allowing the client to deepen any insights she gained during zazen via art form. Aside from the beneficial qualities of feeling calm and centered one main disadvantage stands out, whereby zazen practice can frustrate and/or delay a client's need for creative and verbal expression. As for the effectiveness of zazen to facilitate the transition between checking-in with the therapist and art making, Likert-type scale overall mean scores for the physical ($M = 2.35$ or 78.3%) and psychological ($M = 2.37$ or 79%) levels revealed significant positive responses that correspond to and are reinforced by the verbatim comments provided by participants and this researcher's questionnaire responses.

Limitations of the Study and Implications for Future Research

On a whole, this study demonstrates that a clinical population is able to practice zazen for 15 to 25 minutes when provided with the necessary Zen training of correct posture, breathing, and mental attitude. The small sample size and qualitative nature of this investigation, limits the generalization of results to other creative arts therapies modalities, clinical populations, gender and/or age groups. As well, it must be added that the Soto Zen discipline of zazen is different from other forms of meditation practice,

therefore its effectiveness cannot be generalized to other centering and grounding methods.

While as researcher, art therapist, and zazen practitioner this author entered the heuristic process of inquiry with the intention of discovering what zazen brings to art therapy practice, she was aware of having a bias in favor of zazen. For this reason she used all the means at her disposal to ensure the validity of this heuristic investigation. They are briefly restated next.

A “reflective diary” (Skinner, 1998, p. 536) was kept to reduce researcher bias when working alone on “data generation and interpretation” (Kvale, 1983, p. 187). Systematic analysis was another method used to increase reliability and validity, whereby the visual record of analysis became a traceable paper trail for the acquired, coded and unitized data. This “audit trail” (Lincoln and Guba as cited by Maykut & Morehouse, 1994, p. 135) provided content validity by showing how meaning was interpreted from what the participants shared of their life-world experience, while knowing the theoretical stance guiding this researcher’s interest of inquiry gave a context to the interpretation of meaning from the textual data.

Maykut and Morehouse’s (1994) qualitative data analysis procedures were implemented for the purpose of uncovering the emerging qualities or themes implicit in this researcher’s initial verbatim responses. Their method of analysis provided this researcher with the refined categories that inform her study’s research questionnaire. As well, Horovitz’s (2002) art therapy dream assessment procedure was briefly attempted, and replaced with Lett’s (1998) method of identifying and representing the essential qualities or themes in poetic form.

Brannen's (1992) strategy of triangulation was incorporated to increase the validity of findings, such as by gathering data through multiple methods. This study used the "within-method [in which] the same method is used on different occasions" (p. 11), as well as the "between-method [in which] different methods in relation to the same object of study" (p. 11) are used. Triangulation also incorporated the use of multiple data sets that were collected for example "through the application of different methods [e.g., questionnaire and group evaluation forms]. . . . the same method at different times [e.g., 2003 and 2004]. . . . and in a variety of contexts [e.g., therapeutic and research], situations and settings [e.g., individual and group therapy]" (Brannen, 1992, pp. 11-12).

Furthermore, a Likert-type scale was developed to score the effectiveness of zazen in facilitating the client's transition from the checking-in period with the therapist to engaging in the art making process. It served to quantify on a physical and psychological level the zazen experiences of this researcher and participants, which proved to be consistent with their questionnaire responses.

Few qualitative studies include first-person accounts by participants. Thus, it must be stated that the merit of this heuristic investigation was in giving clients a voice to express their subjective experience with the phenomenon under investigation. Considering the elusive nature of zazen experience, heuristic inquiry seemed the most appropriate method, and could be used again to deepen our understanding of zazen practice within an art therapeutic context. Overall, this researcher's careful and disciplined approach to the preparation, collection, organization and synthesis of data ensured a faithful depiction of the phenomenon.

Unanswered Questions and Future Directions in Research

This study opened up new avenues for future exploration by suggesting that an image, viewed during the checking-in period, may impact the client's zazen experience. It points to the unanswered question of: "*What is the experience of 'zazen' or 'sitting in silence' practice when used as a transitional phase in the art therapeutic context, between the art making period and dialoguing with the therapist about the created artwork?*" As well, a search for patterns in imagery informed by zazen may reveal the nature of the zazen phenomenon in a new light.

Verbatim comments by this researcher that made reference to the concept of relational or mutual presence and shared symbolic imagery between client and therapist indicate an area of study that requires further investigation. While some art therapists have encountered such experiences in their practice (Tanguay, personal communication, September 7, 2005), this author has not found any references to such phenomena in art therapy literature. Thus, a second question worth asking would be: "*How would a client that attends traditional art therapy articulate her understanding of the concept of client-presence?*"

Furthermore, this author would recommend that future studies focus on developing an instrument to quantitatively measure client-presence. Thereafter, it would be possible to measure the client's developing stance of client-presence as the therapy progresses. It is important to emphasize that (1) the modes of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)*, introduced during this study, should be considered as sub-themes of the art making process that require verification through further research, and (2) the use of this researcher's terms of *Expressive Reactivity (ER)* and *Responsive*

Creativity (RC), by definition, are meant to indicate the client's capacity for containing her emerging content, and refer to her developing stance of client-presence while engaging in an art therapeutic process. Hence, the application of these terms to other contexts is unexplored terrain. Additional research would be required for her to be able to identify and define any other modes of creative engagement that may exist along the "Psychological Continuum for the Act of Creating in Art Therapy."

Implications for Art Therapy Clinical Practice

There is a growing interest amongst creative arts therapists to include centering and grounding methods as a precursor to creative engagement. This researcher believes that her study has elucidated the potential benefits and risks inherent in "dovetailing" (Franklin, 2000, p. 21) zazen and art therapy practice, and helped to establish clearer parameters for implementing this model with a clinical population. Consequently, therapists, who choose to include sitting in silence practice as an adjunct to art therapy, are better informed of what transpires during such a transitional phase. Of course, to apply zazen practice with a clinical population we strongly suggest that the therapist be versed in both Zen theory and practice. In closing this author would like to affirm that client-presence, developed through zazen practice, is the key to maintaining a state of presence during the creative process, deepening the therapeutic relationship, increasing treatment efficacy, and accelerating the client's art therapeutic process.

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APPENDIX A:

CONSENT FORMS, INFORMATION LETTER & QUESTIONNAIRE

- 1. Thérapie Transpersonnelle Stage Site Informed Consent Form to Contact Ex-Members**
- 2. Lettre d'Information**
- 3. Formulaire de Consentement de la Participante au Projet de Recherche**
- 4. Introduction au Questionnaire, Questionnaire "Section A" , Questionnaire "Section B"**
- 5. Formulaire de Consentement de la Participante au Projet de Recherche**

**THÉRAPIE TRANSPERSONNELLE STAGE SITE
INFORMED CONSENT FORM TO CONTACT EX-MEMBERS**

Authorisation to contact ex-members from our Center by phone for art therapy research purposes.

I, the undersigned, _____, Coordinator of
Community Mental Health Center, authorise Ms. Blanche Moskovici, in the Graduate Program in the Creative Arts Therapies at Concordia University in Montreal, Quebec, to contact ex-members, who participated in a “*Thérapie Transpersonnelle*” group she lead at our Center.

	YES	NO
As a method of recruitment of research participants	<input type="checkbox"/>	<input type="checkbox"/>
To verify an ex-member’s interest in participating in the study	<input type="checkbox"/>	<input type="checkbox"/>
To inform the participant of the purpose and procedures of the study	<input type="checkbox"/>	<input type="checkbox"/>
To inform the ex-member of the conditions for participation in the study	<input type="checkbox"/>	<input type="checkbox"/>
To inform the ex-member of her rights as a research participant	<input type="checkbox"/>	<input type="checkbox"/>

I have received a copy of and reviewed the documents to be mailed to each research participant prior to giving my informed consent:

	YES	NO
Information letter	<input type="checkbox"/>	<input type="checkbox"/>
Informed consent form to participate in research	<input type="checkbox"/>	<input type="checkbox"/>
Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>

However, I make the following restriction(s):

Signature of the Coordinator of the Center

Date

Signature of Art Therapy Master’s Student

Date

Pour participer, la chercheuse vous demande de suivre les étapes suivantes :

1. Formulaire de consentement : Remplir et signer ce formulaire et lui retourner par la poste dans l'enveloppe pré-affranchie et pré-adressée, dans un délai d'une (1) semaine suivant la réception de la trousse.
2. Questionnaire : Répondre au questionnaire (sections A et B) et lui retourner par la poste dans l'enveloppe pré-affranchie et pré-adressée, dans un délai de deux (2) semaines suivant votre envoi du formulaire de consentement.

La chercheuse vous invite à vous rappeler et à décrire clairement, de façon générale et détaillée, toutes vos expériences rattachées à « *s'asseoir en silence* » lors des séances de groupe de *Thérapie Transpersonnelle*.

2.1 Résumé des thèmes : Après avoir relevé les thèmes mentionnés dans vos réponses (section B du questionnaire), la chercheuse les consignera par écrit dans un résumé. Par la suite, ce résumé vous sera envoyé pour vérification afin de vous assurer que la description des thèmes relevés respecte l'intégrité de votre expérience.

2.2 Délais de modifications : Vous aurez un délai d'une (1) semaine pour apporter des modifications, des ajouts ou des suppressions au résumé et pour le retourner à la chercheuse par la poste dans l'enveloppe pré-affranchie et pré-adressée.

Version finale : S'il y a lieu, la chercheuse effectuera vos modifications et le résumé vous sera de nouveau envoyé par la poste pour une dernière vérification. Vous disposerez d'un délai d'une (1) semaine pour retourner la version finale par la poste dans l'enveloppe pré-affranchie et pré-adressée. Par la suite, vous recevrez une copie personnelle de la version finale du résumé.

La procédure de vérification des thèmes relevés permettra à la chercheuse de développer votre profil de participante dans le cadre de son projet de recherche.

CONDITIONS DE PARTICIPATION

Profil de la participante : Votre profil de participante sera créé principalement à partir de vos réponses au questionnaire et si nécessaire, inclura des informations complémentaires provenant des documents ou items ci-après énumérés au point 2, de a) à d). Ces informations serviront à la rédaction de la recherche pour la maîtrise en art-thérapie.

Consentement écrit : Votre consentement écrit est requis pour l'utilisation :

1. De vos réponses recueillies dans le questionnaire ;
2. Des informations complémentaires provenant :
 - a) du formulaire d'évaluation pour une demande de service ;
 - b) des notes d'évolution de votre thérapie ;
 - c) des photos numériques de vos œuvres d'art ;
 - d) du formulaire d'évaluation de groupe.

- 2.1 Résumé des thèmes : Je comprends qu'après avoir relevé les thèmes mentionnés dans mes réponses (section B du questionnaire), la chercheuse les consignera par écrit dans un résumé. Par la suite, ce résumé me sera envoyé pour vérification afin de m'assurer que la description des thèmes relevés respecte l'intégrité de mon expérience.
- 2.2 Délais de modifications : Je comprends et j'accepte que j'aurai un délai d'une (1) semaine pour apporter des modifications, des ajouts ou des suppressions au résumé et pour le retourner à la chercheuse par la poste dans l'enveloppe pré-affranchie et pré-adressée.

Version finale : Je comprends que, s'il y a lieu, la chercheuse effectuera mes modifications et que le résumé me sera de nouveau envoyé par la poste pour une dernière vérification. Je comprends et j'accepte le fait que je disposerai d'un délai d'une (1) semaine pour retourner la version finale par la poste dans l'enveloppe pré-affranchie et pré-adressée. Par la suite, j'accepte de recevoir une copie personnelle de la version finale du résumé.

Je comprends que la procédure de vérification des thèmes relevés permettra à la chercheuse de développer mon profil de participante dans le cadre de son projet de recherche.

CONDITIONS DE PARTICIPATION

Profil de la participante : Je comprends que mon profil de participante sera créé principalement à partir de mes réponses au questionnaire et si nécessaire, inclura des informations complémentaires provenant des documents ou items ci-après énumérés au point 2, de a) à d). Je comprends que ces informations serviront à la rédaction de la recherche pour la maîtrise en art-thérapie.

CONSENTEMENT

Pour les fins de sa recherche, j'autorise la chercheuse, Blanche Moskovici, à utiliser :

1. Mes réponses recueillies dans le questionnaire ;
2. Des informations complémentaires provenant :

	<u>J'autorise</u>	
	OUI	NON
a) du formulaire d'évaluation pour une demande de service	<input type="checkbox"/>	<input type="checkbox"/>
b) des notes d'évolution de ma thérapie	<input type="checkbox"/>	<input type="checkbox"/>
c) des photos numériques de mes œuvres d'art	<input type="checkbox"/>	<input type="checkbox"/>
d) du formulaire d'évaluation de groupe	<input type="checkbox"/>	<input type="checkbox"/>
3. Des données de cette recherche en art-thérapie à des fins éducatives, ultérieures au projet de recherche, telles que : présentation et formation.		

Je comprends que dans l'éventualité où la chercheuse voudrait publier les résultats de sa recherche dans des revues professionnelles, elle devra préalablement obtenir mon consentement écrit.

Processus de recherche : Je comprends et j'accepte que ma participation implique la révision de mon processus thérapeutique, de mes œuvres d'art et/ou de mes notes personnelles, ainsi qu'une nouvelle relation participante-chercheuse.

J'ai été informée à l'effet qu'il n'y a aucun risque connu à participer à cette recherche. De plus, je comprends et j'accepte que dans l'éventualité où je ressentirais un malaise au cours du processus de la recherche ou qu'un besoin spécifique se ferait sentir, la chercheuse, Blanche Moskovici, me référerait à un(e) autre professionnel(le) qualifié(e) ou à un service de thérapie approprié à mes besoins. Je comprends que je pourrai en tout temps mettre fin à ma participation au projet de recherche, sans motif et sans conséquence négative en communiquant par téléphone avec la chercheuse ou avec sa directrice de recherche ci-dessus mentionnée.

Contact téléphonique : Je comprends et j'accepte que la chercheuse communique avec moi pour clarifier le texte ou les informations contenues dans le questionnaire afin de veiller à une juste lecture de mes réponses écrites à la main.

CONFIDENTIALITÉ

Je comprends que tous mes renseignements personnels demeureront confidentiels et seront conservés sous clé par la chercheuse pour une période de cinq (5) ans suivant la fin de la recherche. J'ai été avisée et je comprends qu'aucune information permettant mon identification ne sera utilisée dans le travail de recherche ni à des fins éducatives. J'accepte que la chercheuse utilise plutôt un pseudonyme de mon choix pour toutes les données personnelles. J'ai été informée et j'accepte que seule la chercheuse ait accès à ces informations. De plus, je comprends et j'accepte qu'une copie reliée du travail de recherche soit conservée au Centre de ressources du département de thérapies par les arts et à la bibliothèque de l'Université Concordia.

DROITS À TITRE DE PARTICIPANTE À LA RECHERCHE

Pour toute question concernant mes droits à titre de participante à la recherche, j'ai été avisée que je peux communiquer avec Madame Adela Reid au bureau de la recherche.

J'AI ÉTUDIÉ AVEC SOIN LES DOCUMENTS SUSMENTIONNÉS ET JE COMPRENDS L'ENTENTE. JE DONNE LIBREMENT MON CONSENTEMENT ET J'ACCEPTÉ DE PARTICIPER À CE PROJET DE RECHERCHE.

Nom (en lettres moulées) : _____

Pseudonyme : _____

Signature de la participante

Date

INTRODUCTION AU QUESTIONNAIRE

Le questionnaire est composé de deux sections qui serviront à créer votre profil de participante :

- « Section A » - Informations générales
- « Section B » - Informations requises pour le travail de recherche

Délai : Pour compléter le questionnaire (sections A et B), vous disposez d'un délai de deux (2) semaines suivant votre envoi du formulaire de consentement. Vous devez le retourner à la chercheuse par la poste dans l'enveloppe pré-affranchie et pré-adressée.

Avant de répondre au questionnaire (section B), il est suggéré de :

- Lire attentivement toutes les questions.
- Sortir et réviser vos œuvres d'art créées au sein du groupe de *Thérapie Transpersonnelle* et vos notes personnelles si vous en disposez.

Quand vous serez prête à répondre au questionnaire (section B), il est suggéré de :

- Prévoir une à deux période(s) de 45 à 60 minutes pour répondre au questionnaire, préférablement sans être interrompue dans le processus.
- Revisiter votre expérience de groupe de *Thérapie Transpersonnelle*.
- Entrer dans un état de relaxation et pratiquer à nouveau la posture, la respiration et l'attitude de « *s'asseoir en silence* ».
- Répondre à chaque question en décrivant le mieux possible, de façon générale et détaillée, toutes vos expériences rattachées à « *s'asseoir en silence* » lors des séances de groupe de *Thérapie Transpersonnelle*. Assurez-vous d'écrire vos réponses le plus lisiblement possible.
- Prendre une pause si vous sentez que votre concentration est affectée (diminuée), jusqu'à ce que vous soyez en mesure de continuer le processus dans l'état suggéré.
- Après avoir répondu à toutes les questions, il est suggéré de réviser chacune de vos réponses et d'élaborer sur celles qui vous semblent incomplètes.
- Avant de retourner le questionnaire à la chercheuse, assurez-vous d'avoir répondu à toutes les questions.

Il est également suggéré de conserver une copie du questionnaire complété pour votre référence personnelle, afin d'assurer que la description des thèmes relevés par la chercheuse respecte l'intégrité de votre expérience.

**QUESTIONNAIRE
« SECTION A »**

Informations générales

Renseignements personnels

Prénom : _____ Nom : _____ Âge : _____
Pseudonyme (pour les fins de la recherche) : _____
Adresse civique : _____ App. : _____
Ville : _____ (Québec) Code postal : _____
Téléphone : Maison : _____ Autre (spécifiez) : _____

Groupe de Thérapie Transpersonnelle

1. Quand avez-vous participé au groupe de *Thérapie Transpersonnelle* ?
Période : De _____ à _____
2. Est-ce que la discipline de « *s'asseoir en silence* », au sein du groupe de *Thérapie Transpersonnelle*, était une nouvelle expérience pour vous ? Oui Non
Si non, à quel endroit avez-vous pratiqué auparavant la discipline de « *s'asseoir en silence* » ? : _____
3. Avez-vous encore accès à vos œuvres d'art créées au cours du groupe de *Thérapie Transpersonnelle* ? Oui Non
Si oui, les avez-vous conservées : En entier En partie
4. Avez-vous encore accès à vos notes personnelles écrites au cours du groupe de *Thérapie Transpersonnelle* ? Oui Non
Si oui, les avez-vous conservées : En entier En partie

Activités d'art-thérapie

5. En dehors du contexte du groupe de *Thérapie Transpersonnelle*, avant et/ou après, avez-vous déjà participé à des séances d'art-thérapie ? Oui Non
Si oui, veuillez spécifier le type de séances et la durée de la thérapie :

En individuel 1 an et moins 1-2 an(s) 2-5 ans 5 ans et plus
En groupe 1 an et moins 1-2 an(s) 2-5 ans 5 ans et plus

Autres activités de centration

6. Avez-vous déjà participé à une retraite intensive de « *s'asseoir en silence* » ?
Oui Non Si oui, pendant combien de fois ? ____ Combien de jours ? ____
La durée de « *s'asseoir en silence* » ? ____ minutes et la fréquence par jour ? ____
7. À l'exception de votre participation au groupe de *Thérapie Transpersonnelle*, quelle autre forme ou technique de centration « corps-esprit » ou de méditation avez-vous déjà expérimenté ?
Avant le groupe de *Thérapie Transpersonnelle* : _____

Après le groupe de *Thérapie Transpersonnelle* : _____

8. Est-ce que vous pratiquez en ce moment la discipline de « *s'asseoir en silence* » ?
Oui Non À l'occasion
Si oui : - Pendant combien de minutes vous assoyez-vous en silence ? _____
- Quelle est votre seuil de tolérance à ce propos ? _____ minutes.
- À quelle fréquence pratiquez-vous « *s'asseoir en silence* » ?
Chaque jour Chaque semaine ou autre (spécifiez) ? _____

Si non : - Quelle(s) autre(s) méthode(s) de centration pratiquez-vous ? _____

- Pratiquez-vous cette(ces) méthode(s) sur une base régulière ?
Oui Non Spécifiez : _____

Renseignements complémentaires à votre profil de participante

- Recevez-vous présentement des services thérapeutiques ? Oui Non
- Si oui, veuillez spécifier le type de séances : individuelles ou en groupe
- De quel genre de thérapie s'agit-il ? _____

**QUESTIONNAIRE
« SECTION B »**

**Informations requises
pour le travail de recherche**

Contexte

Dans un état de relaxation, rappelez-vous votre expérience de groupe de *Thérapie Transpersonnelle*. Laissez libre cours à toutes vos pensées, sentiments et sensations corporelles découlant de cette expérience.

La période d'accueil avec l'art-thérapeute et le groupe au début de la séance

1. Comment vous sentiez-vous au niveau physique et psychologique au commencement des séances de *Thérapie Transpersonnelle*, plus précisément en entrant dans la salle ?

Expérience de « s'asseoir en silence » :

La phase de transition entre la période d'accueil et la période de création artistique

- 2a. Est-ce que le partage pendant la période d'accueil a eu un impact sur votre expérience de « *s'asseoir en silence* » ? Oui Non
Si oui, veuillez décrire cet impact :

Le processus de création artistique

4. Si vous avez répondu oui à l'effet d'avoir déjà participé à des séances d'art-thérapie, en dehors du contexte du groupe de *Thérapie Transpersonnelle* (voir question 5 à la « section A »), veuillez comparer en quoi le simple processus de création artistique est différent de celui où vous vous engagez dans la discipline préalable de « *s'asseoir en silence* ». Vous pouvez utiliser autant de détails que nécessaire :

a. Processus de création artistique sans la discipline de « *s'asseoir en silence* » :

b. Processus de création artistique incluant la discipline de « *s'asseoir en silence* » :

Concept – « La présence de la cliente »

Définition: Un concept en développement qui reconnaît que la cliente est une personne consciente ayant la capacité d'être un témoin attentif de ses propres expériences vécues dans le moment présent, qu'elles soient agréables, désagréables ou neutres.

5. Est-ce que le concept « *La présence de la cliente* » vous parle d'un état de conscience que vous avez vécu au sein du groupe de *Thérapie Transpersonnelle* ?

Oui totalement Oui, en partie Non

Si oui, veuillez élaborer sur cet « état de présence » en donnant un ou deux exemples qui vous rejoignent, soit au niveau personnel, relationnel, créatif ou autres :

Évaluation de l'approche de *Thérapie Transpersonnelle*

- 6a. Qu'est-ce que vous aimeriez partager avec la chercheuse concernant les avantages et les désavantages d'utiliser la discipline de « *s'asseoir en silence* » comme phase de transition entre la période d'accueil et la période de création artistique ?

Les avantages : _____

Les désavantages : _____

- 6b. Selon vous, qu'est-ce qui serait important à considérer quant à l'application de « *s'asseoir en silence* » avec d'autres femmes qui feront appel à une thérapie similaire? Veuillez spécifier :

Efficacité de la discipline de « s'asseoir en silence »

7. Évaluez l'efficacité de la discipline de « *s'asseoir en silence* » afin de faciliter la transition entre la période d'accueil et la période de création artistique. Encerclez à quel degré d'efficacité, au niveau physique et psychologique, la discipline de « *s'asseoir en silence* » vous a permis de :

<u>Niveau physique</u>	<u>Aucun</u>	<u>Faible</u>	<u>Modéré</u>	<u>Élevé</u>
Vous abandonner à « ne rien faire » et « juste être »	0	1	2	3
Vous éveiller à vos sensations corporelles	0	1	2	3
Porter attention à votre respiration et la suivre	0	1	2	3
Vous centrer et vous enraciner	0	1	2	3
Dégager un espace intérieur agréable en vous	0	1	2	3
Vous relaxer	0	1	2	3
Vous ressourcer	0	1	2	3

<u>Niveau psychologique</u>	<u>Aucun</u>	<u>Faible</u>	<u>Modéré</u>	<u>Élevé</u>
Réfléchir aux liens tissés avec votre thérapeute et autrui	0	1	2	3
Observer votre imagerie mentale et vos « scénarios »	0	1	2	3
Vous libérer momentanément de ce qui vous encombre	0	1	2	3
Vivre votre silence intérieur	0	1	2	3
Percevoir vos sentiments profonds	0	1	2	3
Dévoiler et ressentir vos souvenirs refoulés	0	1	2	3
Discerner ce qu'il est important pour vous d'exprimer	0	1	2	3
Aborder votre processus créatif avec une idée claire	0	1	2	3
Maintenir un « état de présence » au cours de votre processus créatif	0	1	2	3

Optionnel :

Autres commentaires

**FORMULAIRE DE CONSENTEMENT DE LA PARTICIPANTE
AU PROJET DE RECHERCHE**

Titre de la recherche : La présence de la cliente : Une enquête heuristique sur l'intégration du Soto Zen à la pratique de l'art-thérapie.

Pour les fins de sa recherche, je soussignée, _____,
résidant au _____,
autorise la chercheuse, Madame Blanche Moskovici, à utiliser :

Des photos numériques de mes œuvres d'art; mes réponses recueillies dans le questionnaire et le matériel d'accompagnement et ce, dans le but suivant :

	OUI	NON
• Publication dans les revues professionnelles ou livres	<input type="checkbox"/>	<input type="checkbox"/>

Toutefois, j'émet les restrictions suivantes :

Il est entendu que ma confidentialité sera respectée. Il est également entendu que je peux retirer mon consentement en tout temps.

Signature de la participante

Date

Signature de la chercheuse

Date

APPENDIX B:

RESEARCH DATA AND FINDINGS

Table 1. Sections A and B Yes-No Questionnaire Responses

Table 2. List of Findings 1 to 20

**Table 3. Two Modes of Creative Engagement Synthesized: A Zen Art Therapy
Perspective**

Table 4. Significant Zazen Experience Symbolized – Eight Artworks

Table 1

<i>Sections A and B Yes-No Questionnaire Responses</i>							
<i>Section A</i>	B	T	N	L	S	M-R	J
Question 2 "Sitting in silence"- New	No	No	Yes	No	Yes	Yes	Yes
Question 3 Artwork kept All (A), in part (P)	Yes A	Yes P	Yes P	Yes P	Yes P	Yes P	Yes A
Question 4 Personal notes kept All (A), in part (P)	Yes A	No	No	No	Yes A	Yes P	Yes A
Question 5 Art therapy experience Years, individual (I) Years, group (G)	Yes I: 5+ G: 1-	No	No	Yes G: 1-	No	Yes I: 1-2 G:2-5	No
Question 6 Zazen retreat experience	Yes	No	No	No	No	No	No
Question 8 Zazen practiced presently Practice (zazen/other) Attending therapy now	Yes Zazen Yes	No None No	No Prayer No	No Yoga Yes	Yes Zazen No	No None No	No None Yes
<i>Section B</i>	B	T	N	L	S	M-R	J
Question 2a Check-in impacts zazen	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Question 3b Art that symbolizes zazen Notes referenced	Yes Yes	Yes No	Yes No	Yes No	Yes No	No* Yes	Yes Yes
Question 5 Client-presence concept Yes (Totally), Yes (Partially)	Yes T	Yes T	Yes T	No	Yes T	Yes T	Yes T
Note. * No artwork was chosen by M-R for question 3b. First name initials are used to identify the researcher (B), and the participants profiled, whose pseudonyms begin with (N), (L), (J), and (M-R).							

Table 2

List of Findings 1 to 20

Finding 1: Physical and psychological stimuli influence a client's state upon arrival.

Finding 2: A client can experience stimuli saturation in dialoguing with her therapist.

Finding 3: The dialogue of the checking-in period impacts the client's zazen experience.

Finding 4: The client is a witness to her zazen process through client-presence.

Phase 1: Focus on breathing

Phase 2: Attention wanders

Phase 3: Focus returns to breathing

Phase 4: Porous states of mind, fluid breathing

Phase 5: Quiet mind, presence

Phase 6: Last three minutes, no content and refined content

Finding 5: By the end of zazen the client experiences calmness and concentrated presence.

Finding 6: Zazen prepares the client for engaging in the art making process.

Finding 7: *Expressive Reactivity (ER).*

Finding 8: *Responsive Creativity (RC).*

Finding 9: The color black is used or referenced by the client to symbolize a significant zazen experience and its accompanying affect.

Finding 10: Distractions inform the client's creative process when there is no zazen practiced prior to art making.

Finding 11: Client-presence informs the client's creative process when zazen is practiced prior to art making.

Finding 12: Presence is experienced personally, relationally, creatively and spiritually.

Finding 13: The client feels reassured by the therapist's zazen presence while she is practicing zazen and engaging in the art making process.

Finding 14: Dialogue between the therapeutic dyad is deepened by client-presence.

Finding 15: Symbolic imagery interfaces the silence shared by client and therapist during zazen, allowing for a meeting of psyches to occur.

Finding 16: Client artwork informed by zazen contains a transverbal presence that makes itself known through synchronistic events.

Finding 17: Kensho-Satori, awakening to our true nature, can synchronically occur within a therapeutic context.

Finding 18: The client experiences zazen practice as beneficial.

Finding 19: Zazen practice can frustrate and/or delay a client's need for creative and verbal expression.

Finding 20: On a level from 0 to 3, whereby 0 is none, 1 is weak, 2 is moderate, and 3 is high, zazen practice permits the client to experience on a physical and psychological level the following:

<u>Physical Level</u>	B	T	N	L	S	M-R	J	Mean Score
1. Abandon yourself into “non-doing” and “just being”	2	3	2	2	3	3	2	2.43
2. Awaken to your physical sensations	3	2	1	3	2	2	2	2.14
3. Pay attention to and follow your breathing	2	2	2	3	3	2	2	2.29
4. Get centered and grounded	3	2	3	2	3	3	2	2.57
5. Clear an inner space in you that is agreeable	3	3	3	1	3	3	1	2.43
6. Relax yourself	2	3	3	2	2	2	1	2.14
7. Recharge yourself	3	3	3	2	2	3	1	2.43

<u>Psychological Level</u>	B	T	N	L	S	M-R	J	Mean Score
1. Reflect on the ties you have with your therapist and others	2	3	2	2	3	2	2	2.29
2. Observe your mental imagery and your “scenarios”	3	3	2	2	3	2	2	2.57
3. Liberate yourself momentarily from what burdens you	3	3	3	2	3	2	2	2.57
4. Experience your inner silence	3	2	3	2	3	2	2	2.43
5. Perceive your deep feelings	3	3	3	1	2	3	1	2.29
6. Unveil and relive your repressed memories	1	3	3	1	2	2	2	2.00
7. Discern what is important for you to express	3	3	3	1	2	2	2	2.29
8. Approach your creative process with a clear idea in mind	3	3	2	1	2	3	2	2.29
9. Maintain a “state of presence” during your creative process	3	3	3	1	3	3	2	2.57

Note. The effectiveness of zazen to facilitate the client’s transition between checking-in with the therapist and art making, revealed Likert-type scale overall mean scores for the Physical Level of ($M = 2.35$ or 78.3%), and for the Psychological Level of ($M = 2.37$ or 79%).

Table 3


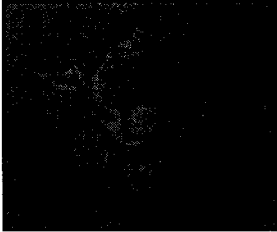

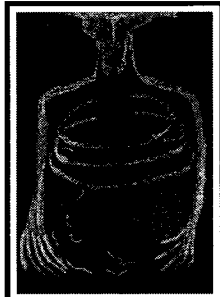
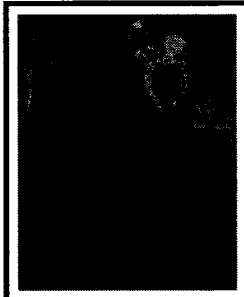


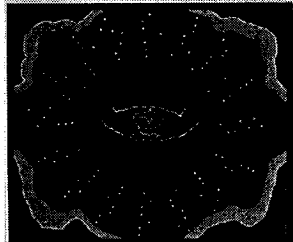
<i>Two Modes of Creative Engagement Synthesized: A Zen Art Therapy Perspective</i>		
<i>Aspect</i>	<i>Expressive Reactivity (ER)</i>	<i>Responsive Creativity (RC)</i>
Location on psychological continuum	Ranging between unconsciousness and partial consciousness	Ranging between partial consciousness and consciousness
Mode change along psychological continuum	Progression towards consciousness can occur during the creative process (RC)	Regression towards unconsciousness can occur during the creative process (ER)
Art therapeutic focus acquired during zazen	Enters client's awareness as a "symbol"*	Enters client's awareness as a symbol and/or a "sign"**
Psychological state of client	Reactive	Responsive
Emotionally charged psychic contents emerging during zazen	Intolerable, distance between self-and-Other is lacking, client has a sense of losing self-control	Tolerable, distance exists between self-and-Other, client has a sense of self-control
How client approaches the creative process	As a means to release her suffering	As a means to explore, and consciously transform her suffering
How client engages in the creative process	By purging her psychic contents	By exploring her psychic contents from the stance of participant and attentive observer
Creative process	Unconscious is ruling the process	Unconscious is guiding the process
Client-presence, acquired during zazen, is transferred to the creative process	Witness perspective is lacking or limited to client immersion in the act of creating	Witness perspective is maintained during the creative process
Client interaction with unfolding artwork	One-way dialogue	Two-way dialogue
<p>*Symbol. When repressed "aspects of self which originate at a different level of consciousness . . . cannot . . . enter awareness as a <i>sign</i> . . . [for] the individual [to] correctly translate [her] situation as, [for example,] 'I'm madder 'n hell!' . . . [t]he anger is thus <i>transformed</i> into a <i>symbol</i> . . . and a symptom" (Wilber, 1980/1989, p. 43), requiring therapeutic interpretation.</p> <p>**Sign. When aspects of self enter the client's awareness on an ego-consciousness level as a sign, the individual can correctly translate her situation and clearly articulate it (Wilber, 1980/1989, p. 43).</p>		

Therapeutic-presence, zazen presence, during the creative process	Constant	Constant
Role assigned to the therapist by the client during the creative process	Central	Peripheral
Therapeutic input during the creative process (used in the process-oriented art therapy approach)	Mirroring is required when the client has reached an edge, is disconnected from or is feeling overwhelmed by what she is expressing symbolically	Mirroring offers the client a means to move beyond her edge, and/or to explore the symbols and signs emerging from deeper layers of her psyche
Discussion and exploration of the finished artwork, meaning making	Client may find it difficult to articulate what she symbolically expressed	Client has the capacity to articulate in part (symbols) and/or whole (signs) what she expressed
Viewing the artwork	A reactive effect may occur	A reactive effect may occur
Perceiving the artwork	Client develops her external witness perspective, a change of perception is possible by dialoguing about the artwork with her therapist	Distance gained with the witness perspective permits the client to dialogue with, discover, and even be surprised by her artwork
Therapeutic input on the client's creative process, and finished artwork	Reflection and interpretation is necessary to make the client conscious of how and what she expressed symbolically	Reflection and interpretation permits the client to more fully comprehend how and what she expressed in symbols and signs
Therapeutic movement	Gradual. Therapeutic-presence is needed to facilitate movement of the client's art therapeutic process	Accelerated. Client-presence, combined with therapeutic-presence, catalyzes the client's art therapeutic process

Note. Both modes of creative engagement provide an avenue for self-discovery, and for the client to symbolize her zazen experience. Each mode, whether *Expressive Reactivity (ER)* or *Responsive Creativity (RC)*, corresponds to the client's unfolding rhythm and pace of therapeutic engagement, meaning that her innate therapeutic process and progress is respected. Therapeutic movement, psychological development, is measured by the client's increasing attentiveness to self-and-Other within a therapeutic relationship and context (e.g., individual and/or group), particularly within a Zen art therapy context.

Terms: The terms of *Expressive Reactivity (ER)* and *Responsive Creativity (RC)* serve to indicate the client's capacity for containing her emerging content, and refer to her developing stance of client-presence.

Table 4

<i>Significant Zazen Experience Symbolized - Eight Artworks</i>		
A. Participants Profiled		
		
Figure 8. (N) Mask.	Figure 9. (L) Le Paquet de Merde.	Figure 10. (J) Dark Hole.
B. Researcher		
		
Figure 12. (B) Drag-On.	Figure 13. (B) Light in the Dark.	Figure 14. (B) Cleansing Bath.
		
Figure 15. (B) Kensho-Satori.	Figure 25. (B) Client-Presence.	

APPENDIX C:

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- 1. Gilles Rivest**
- 2. Annick Press**
- 3. Annouchka Gravel Galouchko**
- 4. Copibec**
- 5. Alex Grey**
- 6. American Psychological Association**
- 7. Deane H. Shapiro, Jr.**

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Between: Gilles Rivest (Person Photographed) and Blanche Moskovici (Author)

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