

The Inner Power Awakens: Contemplative Presence and AEDP as a Way of Life

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Abstract. Presence has been underscored as a foundational therapeutic stance for AEDP. We propose that contemplative presence is deeply intrinsic to the AEDP therapeutic stance. Enabled by von Economo neurons, the AEDP therapist, by embodying contemplative presence, can enhance intuitive ability and accuracy to land the right intervention with a client, in just the right time, and in just the right way. A session transcript highlights practical elements and applications of contemplative presence. The stances of ‘being’ proposed by Rogers, Buber, and Schweitzer are explored for their resonance with the AEDP therapeutic stance, and also for the example that a root idea, such as contemplative presence, can be adopted as a way of life. Finally, we offer our reverie that the therapist’s well-being would be enriched by practicing, beyond the therapy room, the embrace of existence in the here and now with appreciation, admiration and reverence, as exemplified by contemplative presence.

The good rain knows its season,
When spring arrives, it brings life.
It follows the wind secretly into the night,
And moistens all things softly, without sound.
On the country road, the clouds are all black,
On a riverboat, a single fire bright.
At dawn one sees this place now red and wet,
The flowers are heavy in the brocade city.

Du Fu, Welcome Rain on a Spring Night

The Inner Power Awakens

Welcome Rain on a Spring Night, written by Du Fu (712 - 770 CE), China's "poet-saint," is a powerful metaphor for the essence of Accelerated Experiential Dynamic Psychotherapy (AEDP).¹ Using the symbolism of rain as activating the growth and transference of blooming flowers, Du Fu's poetic imagery resembles the transformation of a client, empowered through a therapeutic dyadic encounter in AEDP treatment.

Implicit in Du's poetic symbolism is the nutrient power of rain and the integrative power of transformation innate in blooming flowers (May, 1998). Making the implicit explicit, the poetic imagery is applicable as a metaphor for awakening the inner nutrient power of the therapist, which in turn, is activating or awakening the inner integrative power of transference within the client.

In his analysis of Du's poems, Christopher Bollas (2013) contends that non-human objects such as rain are "storehouses for the self's soul" (p.24) and how "a self comes to live in the poem, or how a poem becomes a self" (p.31). Du was widely regarded for his profound pathos, movingly palpable in his poetic imagery and descriptions, for his country and people. Du's sensitive responsiveness for his fellow country folks is projected onto the spring rain that 'knows its season.' This sensitive responsiveness and timely knowing the needs of a client, what an AEDP therapist does in treatment, is exemplified by the therapeutic stance of contemplative presence.

The aim of this paper is to explore what contemplative presence is and its application as a therapeutic stance to AEDP. Furthermore, we explore the possibility that contemplative presence, as a practice of self-cultivation, could be a way of life, a *Weltanschauung* or worldview.

Contemplative Presence

Presence could be understood as a temporal referent or a spatial referent. From the dimension of time, presence is not about the past nor the future, it is about the present moment. From the dimension of space, presence is about the whole and integrated engagement of the mind-and-body. In short, presence is referring to paying full attention in the here-and-now.

¹ This poem and its relationship to AEDP was first brought to my attention by a participant, whose name I should have remembered, during an AEDP training workshop at Chinese University of Hong Kong.

Presence has been underscored as a foundational therapeutic stance for AEDP, in the following concise procedural formula (Yeung, 2008, 2010; Yeung & Cheung, 2008):

[AEDP aims to] catalyze a psychobiological state transformation through the moment-to-moment reading and optimal responding to the client's core somatic affective experience, dyadically regulated, worked through to completion, with metaprocessing, and autobiographical reconstruction, in the here-and-now *presence* of an attachment-based therapist.¹

The therapeutic stance for AEDP, beginning with presence, was later enriched by the concept of dyadic mindfulness (Fosha, 2011, 2013). Equally informed by attachment, intersubjectivity and mindfulness, dyadic mindfulness encompasses a multiplicity of therapist attitudes: affirmation, explicit empathy, care, compassion, kindness, realness, generosity, lovingkindness, tenderness, sincerity, undoing aloneness, helpfulness and emotional engagement (Fosha, 2013, 2017; Lipton & Fosha, 2011; Medley, 2018; Yeung & Fosha, 2015). And going beyond simple "presencing" and dyadic mindfulness, we proposed that contemplative presence be included in the therapeutic stance of AEDP (Yeung et al., in press).

What is contemplative presence? Contemplative presence, according to May, is an "open, panoramic, and all-embracing *awareness*, but it is really this all-embracing awareness brought into the fullness of living and action, and an attitude of the heart and a quality of presence rather than just a state of consciousness (1991, p.192)." ² This fullness of living and action is simultaneously a way of being and doing, or in other words, a way of life. It "always reverses the mystery of life" (p.192). In an earlier work, May (1982) suggested that "contemplation implies a totally uncluttered appreciation of existence, a state of mind or a condition of the soul that is simultaneously wide-awake and free from all preoccupation, preconception, and interpretation... a gaze of the mind accompanied by admiration." In short, *contemplation presence is the open, attentive reverence to whatever is, in the here-and-now*. May further stated that "contemplation is very similar if not identical to the philosophical term *intuition*"³ Will (1927) suggested, "Let us for a while stop thinking, and just gaze upon that inner reality...We see life in its subtle and "penetrating flow...This direct perception, this simple and steady looking upon (*intueor*)⁴ a thing, is intuition; not any mystic process, but the most direct examination possible to the human mind" (pp.495-96).

¹ Italics added.

² Italics original. See May (1991), p.192.

³ Italics original.

⁴ "*Intueor* means all embracing.

As such, *contemplative presence is an all-encompassing awareness and openness to existence in the here and now, while embracing existence with appreciation, admiration and*

reverence. These mental qualities within contemplative presence share the same family of resemblance with simple “presencing” and dyadic mindfulness. At the same time, contemplative presence goes beyond with three distinct characteristics: First, contemplative presence is facilitated through a stilling of the body (Yeung et al., in press). Second, contemplative presence includes intuition, defined as a non-discursive, direct, immediate embodied knowing. Third, contemplative presence could be practiced as a way of life. **Zooming in on Intuition: Applications in the Practice of AEDP**

As empowering as contemplative presence already is to the process of self transformation, this nutrient power is most prominent and heightened when the therapist explicitly accesses her or his intuitive knowing function, implicit in contemplative presence.

In the context of AEDP, clinical intuition can be understood as a direct and immediate embodied knowing mediated by right brain receptiveness, relatedness and responsiveness to non-verbal affect. The immediacy of intuitive information processing, occurring prior to any left-brain discursive reasoning, guides the therapist as to when, what and how to intervene moment-to-moment. All highly attuned and empathic dyads, an intersubjective phenomenon, involve intuitive processes, an intrasubjective phenomenon. Intuition foregrounds the therapist’s *intrasubjective knowing*, it occurs in the background of a highly attuned therapist-client *intersubjective relatedness*.

Freud, in his description of analytic attitude, emphasized the importance of ‘tact.’ Historically, it was Freud’s student Ferenczi (1928/1955), in his landmark paper *The Elasticity of Psychoanalytic Technique*, who first championed the use of ‘psychological tact’ (p.89) to determine when, what and how to intervene in the analytic process. Noting as Lohser & Newton (1996) suggested, ‘tact’ is an English translation of the German *Takt*, meaning the ‘analyst’s intuitive sense of what to do at any given time’.

‘There are numerous phenomena in various fields of inquiry that attest to the potential epistemological power of intuition. For example, *cutting edge scientific discoveries* are often made by unusually intuitive scientists such as Albert Einstein and David Bohm; reports of the *ability to know unrevealed facts* about another person’s life (Reik, 1948, p.272); the empirical research on *primary professional competence in life and death* in critical occupations such as medicine, firefighting, army, law enforcement, air traffic control, aviation and crises management. (Sinclair, 2011); it is the *capacity to rapidly assess complex uncertain social situations*.

Research in neuroscience suggests that Von Economo neurons, or VENs, are the neurobiological substrate of intuition (Allman et al., 2005, 2011). Furthermore, since VENs are linked both to intuition and empathy, it might be a neurobiological vindication and validation for Ferenczi’s (1928/1955) assertion that tact, or intuition, is our ‘capacity for

empathy' (p.89).

There are caveats though. As much as we want to champion the epistemological power of intuition, intuitive ability does not automatically imply intuitive accuracy. Since intuition employs experience-based probabilistic models, it is not entirely fault-proof. Heeding the advice of Ferenczi (1928/1955), intuitive judgements are 'conjectures' (p.89) or empathic guesses, hence best regarded as 'tentative suggestions' (p.94). That said, there are conditions we could cultivate to improve the accuracy of intuitive judgements.

Empirical studies have demonstrated that 'positive mood' (Bolte et al., 2003) and 'sincere positive emotional states, such as love or appreciation' (Tomasino, 2011, p. 255) improves accuracy of research participants' intuitive assessments. The implication of these findings is that the AEDP therapist, embodying contemplative presence or the open, loving, appreciative attention toward clients, could enhance the intuitive ability and accuracy to land the right intervention with a client, in just the right time and in just the right way. As such, *the therapeutic stance of AEDP is highly enhancing of therapist's intuitive ability and accuracy at its core!*

The Inner Chamber: The Clinical Practice of Contemplative Presence in AEDP

In the following *Case of the Inner Chamber*, we illustrate the therapist's practice of contemplative presence as a stance of AEDP. Several elements of contemplative presence will be emphasized:

1. *Panoramic awareness*: Tracking client's verbal and non-verbal presentation. In these first moments, the therapist tracks the client's defensive verbosity and anxiety. At the same time, therapist was tracking his own boredom, in response to client's defensive venting.
2. *Emptying therapist's mind*: Maintaining a sense of openness to what is present in the moment, especially in "the inner chamber," without mentally fixating on other traumatic scenes that will need to be processed. The therapist was unclear what was inside the inner chamber.
3. *Stilling of therapist's body*: Slowing mindful breathing, both feet grounded, back straight but not stiff, with both hands placed on the lower belly to maximize the freed attention of the core of therapist's body.
4. *Clinical intuition*: Applying intuition in the clinical context is not a replacement, rather an augmentation of AEDP's change mechanisms with corresponding interventions. The clinical practice of intuition is the non-discursive, direct, immediate embodied knowing of the use of AEDP interventions in *just the right moment*. As such, clinical intuition is about *when to*

use what AEDP interventions. In the following annotated transcript, the word ‘blink’ is used to capture the intuitive moments (Gladwell, 2005; Isenman 1997, 2018), leading to an effective AEDP intervention.

Session Transcript

A 45-year-old Anglican priest, we shall call him Paul, came into treatment with one of the authors because of post-traumatic stress disorder. He served the aboriginal communities near the Arctic circle for over six years. During his service, he was called on frequent occasions, as many as few times per week, to assist in crisis interventions. These crises often included violent homicides and suicides. Therapy resources are absent in these remote isolated Arctic communities. Overwhelmed and exhausted, he finally resigned and returned to Toronto to seek therapy.

The following transcript begins with the first moments of the third session, after both therapist and client settled comfortably into their chairs:

T: (*tender, tentative*) Paul. Remember the focus that I would like to work with you? **[Despite previous agreement on treatment focus, therapist maintains “openness” to other possible focuses.]**

C: The stuff I’m hurt from...**[Client confirms focus.]**

T: (*said with empathic emphasis*) That you’ve been wounded from! **[implicit reframe: Not his fault]**...When you’re up in the Arctic. So, we would like to...in the next hour or so...take the opportunity to process that. Is that okay with you? **[maintaining collaborative and open stance]**

Client then began anxiously telling a story of his negative personal experience: financial, emotional, marital, familial anguish and needing to mentally “retreat” into a private room in his house referred to as his “inner chamber.” Client’s speech was in State 1: fast paced, visibly animated with hand gestures and bordering on venting.

T: (*tender, firm*) We will go to the story...sometime. **[Blink!¹ focus on process not content]** I am sure we will go to the story sometime. But if we were to draw your attention inwardly **[somatic focus]**... Slowing down **[down regulating anxiety]**... Making room for that pain **[focus on affect]**...And I understand you definitely had the need to

¹ The word “blink” is used in my commentaries to capture the intuitive moments (Gladwell, 2005; Isenman 1997, 2018), leading to an effective intervention.

keep people out [**empathic acceptance of defenses**]. At the same time...as you shared with me before...this keeping people out – such as your wife...is keeping you very alone inside [**the cost of his defenses**]. So, let's just take this moment, and I'm curious ...what's it like for you...too...and what's it like for you to sense me being with you. [**Blink! undoing client's aloneness**]

C: (*eyes closed. attention inward*) It's good and safe. [**confirming client receptiveness of therapist's presence; assuring co-creation of inner sense of security**]

T: (*tender, slow, firm*) Where do you notice the sense of goodness and safety? [**Blink! somatic focus**]

C: (*eyes closed, gesturing with both hands*) All around us. Sense of protection all around. [**confirming strengthened sense of inner security**]

T: (*very tender, very slow*) Sense of protection all around...Right...And feel free to .. in addition to my gratitude and also...you have my utmost reverence for you..here's your turn to be cared for. That's why I'm here. [**Blink! Therapist intuitively guessed client's shame, hence needing to defensively "hide" in an inner chamber. "Utmost reverence" is the beyond mirroring and honoring of client as Reverend, undoing shame.**]

Maintaining contemplative presence, hence panoramic awareness, the therapist became aware in his mind's imagery that client is outside the defensive psychic inner chamber. Client described a deepening sense of feeling "calm," "held" and "supported" in response to therapist's use of self as true other to the client. Client further described his inner imagery:

C: (*very slow with dreamlike tone*) It's like a soldier being taken off the battlefield [**receptiveness to true other, indicating green signal affect**]

T: (*very slow, tender, firm*) It's like a soldier being taken off the battlefield. How so? [**aiming for more specificity in client's imagery**]

C: (*very slow, calm*) Tired. And worn. But yet we have the medics beside you, the new friends beside you, to help you along. [**further deepening of receptiveness of true other; ready to drop down into State 2**]

T: (*tender, very slow, firm*) Now help us and we are right with you, help us to approach your locked chamber. [**Blink! use of "we" language; little-step-by-little-step attunement**]

C: (*breathing tremulously as he begins to cry*)....[**dropping down into State 2**]

Client's crying intensified into wailing, with therapist's moment-to-moment focusing on affect, dyadic regulation, mirroring of emotional pain, and undoing of client's aloneness. Client's imagery includes faces of victims that the client couldn't help as a priest; pornography and emptied bottles of alcohol he used for self soothing; and faces of his own children that he pushed away. These inner imageries were associated with intense shame. At the same time, the client remained receptive to therapist's affirmation of his "courage to become vulnerable." In contemplative presence, the therapist was open to the client's experiential float back to the original trauma at age 12, when he was sexually abused and feeling ashamed. The therapist was responsive when the client felt paralyzed inside this deepest recess within his inner chamber, and guided him out from the inner chamber. The client's intense shame was repaired through receiving therapist's relentless openness, compassion and lovingkindness. Following the resolution of shame, client visibly shifted from despair into relief. Entering State 3, therapist invited client to metaprocess his experience:

C: (*eyes opened with smile*) Hard work ...it feels like...hard won peace [**emergence of State 3. transformational affect: joy of mastery**]

T: (*tender, firm*) Hard won peace. [**affirmation of client's mastery**] [P: That's where I keep everyone away from.] [T: That's where you keep everybody away from.] [C: The real stuff that I struggle with.] T: The real stuff that you struggle with..yes, yes, I know...Checking in with the "hard won peace" now [**Blink! privileging positive shift**]... where are you noticing that sense of "hard won peace" in your body at this present moment? [**Blink! somatic focus**]

C: All over...[**confirming positive shift**]

T: Stay with this "hard won peace" now...allow yourself to experience it all over...this peace. [**Blink! making the explicit experiential**]

C: It's soothing. [**deepening positive somatic shift**]

T: It's soothing. Right. Allow yourself to be soothed. [**further privileging and deepening of positive experience**]

Client continued to reflect on his experience of relief, letting go of a "big rucksack" in his front and his back "loaded down with gear." He further expressed the healing affects of tenderness towards therapist, appreciating his help to take the heavy load of shame off.

T: (*calm but firm*) While you're in this state of mind, and allowing yourself to be in this bodily state, and the mind and the body, all of them...feel free to, looking back, looking

ahead, what's that like for you?...Going forth, staying with this newness, picturing your wife, yourself, your kids, help me to picture this with you. **[Blink! Sensing emergence of State 4, therapist invited client to reconstruct his self-other narrative.]**

C: (*sigh of relief*) Freer **[simple right brain language]**

T: Freer.

C: Less burdened.

T: Less burdened. Okay. Alright.]

C: (*chuckles*) Playful. **[vitality affect; implicitly relational; explicitly positive. This is secure attachment language.]**

T: Playful! With whom? **[Blink! making the experiential relational]**

C: With my family. **[restructuring his pattern of experiential interactions with wife and children; from alienation to reconciliation and renewal]**

The session concluded with client fantasizing images of playful interactions with his family and a final expression of gratitude towards therapist through a bear hug, following which client mused: "Are you the bear?" Therapist reciprocated the muse: "No! You are the bear. I am the panda!"¹

At this moment, we would like to turn our attention towards an unexplored area of AEDP that it could be practiced, not only in a clinical context, but as a way of life. Admittedly, AEDP as a way of life is an 'out there' reverie and a work in progress.

Out-There Reverie: AEDP as a Way of Life?

AEDP is first and foremost a model of psychotherapy, albeit a very complex model, originally developed for individual treatment. At the same time, the core ethos, sensibility and distinctive features of AEDP has been extended into other therapy related domains: AEDP for couples, process group work, AEDP supervision, experiential teaching in immersion

¹ Prior to becoming a priest, client was trained as a soldier. He was approximately 250 pounds and 6 feet tall.

courses. Our out-there reverie is this: Could contemplative presence, a therapeutic stance of AEDP, be extended beyond therapy related domains into a way of life? Another way of

stating this proposal, could we embrace life and all existence with a universal stance of an open, attentive reverence at each present moment?

Contemplative presence as a way of life. Why? In their work on therapeutic presence, Geller and Greenberg (2002, 2012) have called for practicing presence, rooted as a philosophical commitment, then branching into personal growth, relationships and life. For example, presence could be extended beyond the therapeutic relationship into how we parent, teach and practice medicine (Geller, 2017). In the same spirit, Kabat-Zinn (1990, 2005) has also advocated for the exercise of mindfulness, a core practice of presence, to heal our personal suffering arising from illness, work and relationships. Furthermore, the practice of mindful awareness is extended into the domain of the world issues including the threat to environment by pesticides and nuclear wastes. As such, the practice of presence and mindfulness has transcended beyond therapy into a way of life or, a *Weltanschauung*.

Weltanschauung, or worldview, is a comprehensive and overarching perspective on life that sums up what we know about the world, how we respond to it emotionally, socially and spiritually (Dilthey, 1995, pp. 235-237). It is the controlling frame or core lens for how we view and guide our being-in-the-world. A worldview also concerns an ever-expanding domain of humanity, from the intrasubjective domain of the self and its development, to the intersubjective domain of the self in relation to *the other*. *The other* would include myriad things such as another person, the society, the environment, the cosmos, all of existence and even the transcendent. It is our submission that contemplative presence could be such a worldview.

At this juncture, we would like to pay homage to a few 'wise elders' (Buechler, 2008), from whom much, especially ways of being with the other, could be learned in our personal and professional journeys: Carl Rogers (1902-1987), Martin Buber (1878-1965), and Albert Schweitzer (1875-1965). Acting as interlocutors, they could inform and transform our stance of self-in-relation-to-the-other in the psychotherapy context and beyond. Each of them represent a different stance of being-with-the-other. These stances could be viewed from the perspective of self-other power relationships: one up, even up and one down. Out of these three stances, contemplative presence is most consistent with the latter two. Let us unpack them:

One Up: Carl Rogers and the Permission to Be

In a historic dialogue between Martin Buber and Carl Rogers (Anderson & Cissna, 1997), the question was raised as to whether Buber's I-Thou relationship is similar to a Rogers' effective moment in therapy (p.29). Let us highlight the dramatic moments of their rich conversation:

ROGERS:...perhaps in the moments where real change takes place, then I wonder if it isn't reciprocal in the sense that I am able to see this individual as he is in that moment and he really senses my understanding and acceptance of him. And that I think is and what is reciprocal and *is* perhaps what produces change.

BUBER: You see, I, of course, am entirely with you as far as your experience goes. I *cannot* be with you as far as I have to look on the whole situation, you experience and his. You see, you give him something in order to make him equal to you. You *supplement* his need in his relation to you. You make him - of a certain - may I say so personally, out of a certain fullness you give him what he wants in order to be *able* to be, just, just for this moment, so to speak, on the same plane with you. But even that is - very - it is a tangent. It is a tangent that may not last but one moment. It is not the situation, as far as I can see, not the situation of an hour; it is a situation of minutes. And these *minutes* are made possibly by you. Not at all by him.

ROGERS: Although, although, I do sense a - that last I would thoroughly agree with - but I do sense some real disagreement there because it seems to me that, that what I give him is permission to be. Which is not - which is a little different somehow from bestowing something on him, or something like that.

BUBER: I think no human being can give more than this. Making life possible for the other, if only for a moment. Permission¹ (pp. 62-65).

To the extent that Rogers "thoroughly" agreed with Buber's, 'permission to be' suggested a fundamental core value in how Rogers saw himself as a therapist in relation to his clients. In fact, 'permission to be' was used as a title for an article in *Science*, reporting on the honoring of Rogers on his 75th birthday in an American Psychological Association convention.

However, we submit, that 'permission to be' connotes an irreconcilable power differential between therapist and client. The powerful gives permission. The powerless receives permission. The giver of 'permission to be' is in a one up position and attitude compared to the receiver. At its core, giving another 'permission to be' also implies an irreconcilable differential in personal value where the receiver is implicitly, unconsciously, and

¹ All italics in the quote as original.

experientially placed in a lesser status compared to the giver. As such, the giver of 'permission to be' is on a potential path of unconscious re-enactment with a receiver who may wrestle with a shamed self.

Even Up: Martin Buber and the I-Thou Relationship

The tonal emphasis of 'cannot', 'supplement' and 'able' in the previous dialogue, suggested a fundamental disagreement Buber had with Rogers on their views of mutuality in therapeutic relationship. Buber's compliment to Rogers in the end, instead of scoring points in a debate, sounded more like extending professional courtesy. Buber's view is more clear in another essay entitled *Healing Through Meeting*, where he contended the psychotherapist must "step forth out of the role of professional superiority, achieved and guaranteed by long training and practice into the elementary situation between one who calls and one who is called" (p.18-19). The psychotherapist is challenged by Buber to step out of an I-It attitude of relating into an I-Thou attitude of relating. Diagnosis, psychiatric or psychoanalytical, are situated in an I-It attitude. The I-Thou attitude of relating is the 'elementary' relationship between two subjects, in this case, with a fundamental human core. The I-Thou attitude of relating is a relationship between, with some poetic license, one-soul-with-an-other-soul. Through an I-Thou stance or attitude of relating, any residues of value or power differential in the superior-inferior continuum are eliminated and surrendered. The psychotherapy process then, becomes two fellow sojourners, mutual and equal in power and value, traveling together on the collective human journey towards wholeness.

While the I-Thou attitude appears to connote explicitly a symmetrical and even up stance between therapist and client, on closer exploration, Buber (1996, p.57) suggested something deeper:

In every sphere, through everything that becomes present to us, we gaze toward the *train* of the eternal You; in each we perceive a breath of it, in every You we address the eternal You, in every sphere according to its manner. ¹

Buber is suggesting, with each I-Thou encounter, we encounter glimpses of the eternal Thou, or momentary flashes of the transcendent. In these transcendent and transpersonal moments, another intersubjective stance emerges, an asymmetrical one down stance ensues. The only appropriate affective response to the transcendent is reverence. As such, Buber's explicit symmetrical I-Thou attitude contains an implicit asymmetrical I-Eternal Thou stance.

One Down: Albert Schweitzer and the Reverence for Life

¹ Italics added. Walter Kaufmann, Buber's translator, suggested 'train' is an allusion to Isaiah 6:1.

At first glance, it would seem odd to include Albert Schweitzer into our inner council of 'wise elders.' Schweitzer is rarely, if ever, mentioned in the psychoanalytic or psychotherapeutic literature. At the same time, if we are challenged to embody what we preach, hence 'talking the talk' and 'walking the walk,' then Schweitzer is one of the rare few in history who exemplify and embody contemplative presence as a way of being. Schweitzer's famous ethic of 'reverence for life' was not the result of rational logical deduction but was "flashed" upon his mind, "unforeseen and unsought" (Schweitzer, 1998, p.155). Reverence for life, Schweitzer argued, has its foundation in *thought*.¹ 'Thought' however, is not an adequate translation of the German *denken*, according to Brabazon (2000). Citing a poem by D.H. Lawrence, he further contended *denken* is "a man in his wholeness wholly attending." Even Schweitzer explained in his *Decay and Restoration of Civilization* that "thought is no dry intellectualism, which would suppress all the manifold movements of our inner life, but the totality of all the functions of our spirit in their living action and interaction" (quoted in Brabazon, 2000, p .270). This state of mind, *denken*, precisely is contemplative presence.

Deeply resonant with the affirmative therapeutic stance of AEDP, this contemplative attitude is reverent towards the wonder, mystery and complexity of life:

Affirmation of life is the spiritual act by which man ceases to live thoughtlessly and begins to devote himself to his life with reverence in order to give it true value...The ethics of Reverence for Life, therefore comprehends within itself everything that can be described as love, devotion, and compassion in suffering (Schweitzer, 1998).

On many occasions in the psychotherapy process, we are profoundly humbled by our opportunity to accompany our traumatized client to confront their internalized traumatizing other, often an abusive parent. These traumatized clients, with their sheer perseverance to survive, their relentless patience to wait for an understanding other, and their unwavering courage to work through the intense pain of their inner wounds, deserve one, and *only one* attitudinal response from us: reverence. Beyond respect, reverence connotes the quality of awe which signify the enormity, perhaps a lifetime, of what clients had to endure and now able to transcend. This one down attitude, embodied by the therapist, and with an inner deep bow, is the very least that could be offered towards the heroic client. In this one down stance with the client, the therapist does not have power. The therapist empowers.

In the previous segment, we have explored the works of Rogers, Buber, and Schweitzer through the lens of intersubjective stance and their applications in the context of psychotherapy. Furthermore, their works have relevance beyond the therapeutic context. Rogers' ideas have been applied in religion, in education, in school administration, and in the home..."trying to improve human relations wherever he might find himself" (Kirschenbaum, 2009, p.310). Buber's I-Thou philosophy is meant to be a fundamental mode of existence informing humankind in their basic attitude of being with the world (Buber,

¹ *Italics mine*

1996). Schweitzer's reverence for life is a root idea and a mental disposition which flowered as a theory of the universe and one's relationship to the world (Schweitzer, 1987). It is in the same vision of a root idea and fundamental mode of existence that contemplative presence is proposed as a way of life. As such, contemplative presence is our root idea and existential mode which grounds and encompasses all self-other relationships, where the other would include myriad things such as another person, the society, the environment, the cosmos, all of existence and even the transcendent. Contemplative presence is most consistent with the I-Thou and reverence-for-life stance.

Contemplative presence as a way of life. How? As this is a work in progress and a beginning of a conversation, we would suggest, for now, three paths of cultivation:

1. Cultivating awareness and action. At least three levels of awareness and action are possible:

a. Level One: Absent awareness and action. One has no awareness nor interest, before now or after, that contemplative presence could extend beyond the therapeutic context. Contemplative presence, at most, remains a technical stance within the therapeutic relationship. This attitude runs the risk of one living with a fragmented unintegrated self, a dilemma of the self in late modernity (Giddens, 1991).

b. Level Two: Emerging awareness and action: One has an ensuing awareness of acting upon integrating contemplative presence beyond the therapeutic context, into a way of life. Most willing participants would be in this level, always on the path of becoming contemplative present, moment-to-moment, in all domains of one's life.

c. Level Three: Unceasing awareness and action. Contemplative presence has become second nature to one's being. Admittedly, this may well be in the realm of bodhisattvas, sages and saints.

2. Cultivating presence. Two major traditions are possible:

1. Eastern tradition: Mindfulness practices (Geller, 2017; Geller & Greenberg, 2002, 2012; Kabat-Zinn, 1990, 2005), originating from the Buddhist tradition, are widely accepted as effective means of cultivating presence.

2. Western tradition: Recently re-explored as ways to cultivate our inner life, in therapy and beyond, is the philosophy of the ancient Greeks, especially for the Stoics (Hadot, 1995, 2009; Orange, 2016). Presence of mind, concentration on the present moment, is a fundamental Stoic way of life (Hadot, 1995, p.84). One could practice *carpe diem*, seize the day. *Carpe diem* is not about indulging in endless orgies, rather, it is becoming aware of the

vanity of our desires, our finitude and therefore grateful cherishing of each present moment as a gift (Hadot, 1995, p.224).

3. Cultivating reverence: Practicing “the view from above” (Hadot, 1995). This is an exercise in imagining ourselves and behaviors from the increasing distance of space, viewing the Earth from the perspective of the Moon, Saturn, edge of the Solar System, and beyond. The resulting experience is the humbling awareness of human feebleness, frailty and finitude. We are a mere speck in infinite time and space. This view shifts our perspective from egotistical individualism to belonging to the “Whole of the universe” and the “Whole of the human community (Hadot, 2009, p.169).” It opens our hearts to all of existence.

Conclusion

In this paper, we have worked to show that contemplative presence, defined as an open, attentive reverence to all existence in the here and now, can be accommodated into as a therapeutic stance of AEDP. Contemplative presence, while overlapping features with simple presencing and dyadic mindfulness, goes beyond to include characteristics of somatic stillness, heightened capacity for intuition and a reverential state of mind. Contemplative presence is associated with nutrient power and it seeks to empower. We went out on a limb and proposed contemplative presence to be a way of life. The exercise and practice of such, becomes a form of self cultivation. It is not the aim of the authors to become bodhisattvas, sages and saints, yet at the same time, we are ceaselessly on the way of cultivating a better version of our self-at-best, in therapy and beyond.

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