

After Freud Meets Zhuangzi

Stance and Dance of the *Self-in-Transformation* with the *Other-in-Contemplative Presence*

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Abstract: This article examines contemplative presence as a foundational therapeutic stance in AEDP. The paper first introduces AEDP as an integrative, transformation-focused model, drawing from attachment and affective neuroscience theories. AEDP's central change mechanism is the experiential processing of emotions, which requires the therapist's moment-to-moment observation and optimal responsiveness. This process metabolizes previously unbearable affects associated with trauma and facilitates the emergence of positive transformational affects like joy and gratitude, with core state resonating with contemplative experience. This optimal responsiveness is achieved through the therapist's state of heart-and-mind, or contemplative presence. This stance is not merely an action, but a way of being, characterized by an all-embracing awareness and a deep openness to whatever is in the here-and-now. It is closely intertwined with clinical intuition, an immediate embodied knowing that guides the therapist's interventions. This intuitive information processing, which precedes discursive reasoning, is reminiscent of Zhuangzi's spirit. The article concludes with a clinical video analysis of the Case of the Lonely Atman, which demonstrate how the the stance of contemplative presence is realized in the praxis of AEDP, bearing a striking resemblance to the Parable of Cook Ting.

The "Recommendations on Technique" I wrote long ago were essentially of a negative nature...Almost everything positive that one should do I have left to "tact."

Sigmund Freud

以神遇而不以目視，官知止而神欲行。

And now I go at it by spirit and don't look with my eyes. Perception and understanding have come to a stop and spirit moves where it wants.

Zhuangzi

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A daydream

Imagine, in reverie, the following conversation: Dr. Diana Fosha, founder and developer of AEDP, a post post-Freudian psychodynamic therapist and teacher, meeting with Zhuangzi (399-295 B.C.E.) arguably the first existential psychotherapist in China (Yang, 2017):

FOSHA: Master Zhuang, I am so honored to meet you. I am told you are ‘a true intellectual and spiritual genius, one of the most philosophically challenging and verbally adept contributors to the early Chinese tradition and one of its wittiest and most intriguing personalities.’ (De Bary & Bloom, 1999).

ZHUANGZI: Dr. Fosha, you are very generous, but The Perfect Man has no self, the Holy Man has no merit; the Sage has no fame. (Watson, 1963)

FOSHA: I am humbled by your wisdom and humility. With transformance and the phenomenology of transformational process as core constructs, AEDP is profoundly resonant with the “centrality of self-transformation” in your writings. (Chan, 1963)

ZHUANGZI: Indeed, “once I dreamt I was a butterfly, a butterfly flitting and fluttering around, happy with myself and doing as I pleased. I didn’t know I was Zhuang Chou. Suddenly I woke up and there I was, solid and unmistakable Zhuang Chou. But I didn’t know if I was Zhuang Chou who had dreamt that I was a butterfly, or a butterfly dreaming I was Zhuang Chou. Between Zhuang Chou and a butterfly there must be *some* distinction! This is called the Transformation of Things¹.”

FOSHA: Fundamentally integrative and open in stance, I am very curious, how AEDP could learn from your writings and potentially weave together.

ZHUANGZI: Some of your students and colleagues, as lay but passionate readers of my philosophy, claim to have discovered an answer: The heart-and-mind, or ‘emotional and intellectual attitude’, of an AEDP therapist could be beautifully captured and exemplified by the ‘spirit’ of Cook Ting, dramatically portrayed in one of my parables.

FOSHA: Fabulous! At this moment, let us shift our attention and hear about the discoveries.

¹ Watson, 1963. Italics original

Introduction

At the heart of our paper is the assertion that *contemplative presence* is a core therapeutic stance of AEDP. Our paper further contends that a client's transference (Fosha, 2008, Yeung & Fosha, 2015) - the overarching motivational force that strives toward maximal adaptability, vitality, authenticity and relatedness - is activated through a mutual and reciprocal dance with a therapist's contemplative presence. Finally, contemplative presence as a therapeutic stance is most powerful when a therapist is in an intuitive state of mind. A dynamic equivalent of Cook Ting's spirit, this intuitive state of mind is what Freud and Ferenczi meant by "tact" (Lohser & Newton, 1996). This intuitive sense gives the therapist a near-magical ability to know when, what, and how to proceed at just the right moment, with just the right intervention, and in just the right way.

Freud, in his formulation of the analytic attitude (stance) in *Recommendations to Physicians Practicing Psycho-Analysis*, suggested that analysts maintain the same "evenly suspended attention" in the face of all that one hears. Analytic attitude refers to the analyst's "intellectual and emotional attitude" (Schafer, 1982), "frame of mind" (Lomas, 2005) or "state of mind" (Lohser & Newton, 1996; Snell, 2013) in treatment. Schafer (1982) however, after reviewing publications by twenty-one well known analysts on this important idea, concluded there is no concise nor generally accepted formulation of what analytic attitude is! Freud may well have anticipated this challenge when he stated all his technical rules "may be summed up in a single precept", and [Freud] "put it in a formula: he [the analyst] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient." In essence, the analyst must be in the mental position, stance, or state of mind to facilitate communication between the patient's unconscious and the analyst's unconscious.

Keeping Freud's original aim of decoding patient-analyst unconscious-to-unconscious communication in mind, recent neurobiological discoveries since *The Decade of the Brain* (1990 - 1999) have been illuminating and instructive. Citing numerous research in neuroscience, Schore (2003) argued "the emotion processing right-hemisphere is the neurobiological substrate of Freud's dynamic unconscious." As such, from the neurobiological perspective, the therapist's stance must uphold the primacy of affect in the patient's unconscious. It is conducive to the patient's right-hemispheric emotional processing and facilitates right brain-to-right brain communication between patient and therapist. This is the distinctive stance that undergirds AEDP ethos and is embodied by the AEDP therapist.

The AEDP stance follows from its ethos. As an integrative, psychodynamic, attachment-, emotion-, and transformation-focused therapy model, it is distinctly non-pathologizing and

assumes a healthy core with naturally adaptive motivational strivings toward well-being. Alongside this privileging of a flourishing, resilient core, the AEDP therapeutic stance works to activate resilient strivings by providing a safe therapeutic environment within the therapeutic relationship. Rather than neutrality or relentless confrontation, the AEDP stance is cultivated in the spirit of contemplative presence, which includes affirmation, explicit empathy, care, and compassion (Fosha, 2017; Lipton & Fosha, 2011; Medley, 2018; Yeung & Fosha, 2015). Grounded in this stance, therapeutic interventions unfold from the foundational principle that affect is the central agent of change and the royal road to right-brain-mediated experiential emotional processing.

We further propose that the stance of contemplative presence - defined as an open, panoramic, and all-embracing *awareness* with unencumbered appreciation of existence, and a state of mind free from preoccupation, and preconception - offers the optimal frame of mind to facilitate the patient's innate capacity for self-transformation. The AEDP therapist, embodying the stance of contemplative presence, detects and empowers moment-to-moment glimmers of transformance - the patient's innate fuel and drive for self-transformation.

Transformance: Neuroplasticity in action, drive towards unification & meaning

Transformance, a key construct in AEDP, is the hard-wired motivational force toward maximizing adaptability, vitality, authenticity and relatedness. Transformance is the universal phenomena in development and therapy that drives towards growth, healing, self-righting and meaning. Neuroplasticity, or the ability of the brain to change neural pathways throughout life, is the neurobiological basis of transformance. It is the inner force that empowers Freud's "irresistible advance toward a unification of mental life" (cited in Fingerette, 1963), the "drive towards meaning" (Fingerette, 1963) or the "wellspring of flow, creativity and a meaningful life" (Russell, 2015) in the human experience.

Transformance as a motivational force is the counterpart of resistance (a contraction response fueled by dread and avoidance). Transformance is expansive, powered by hope, and marked by positive vitality affects. Therapeutic processes that are on the right track are accompanied by *vitality affects* (i.e., positive somatic-affective markers that are experienced not necessarily as happy feelings but rather as experiences that "feel right"). If explicitly and experientially focused on, these vitality affects bring even more vitality and energy into the therapeutic process, adding fuel for the ongoing work (e.g., feeling empowered to voice an emotional truth). Whereas resistance results in stasis and deterioration, transformance underlies processes that result in resilience and flourishing.

Transference is the implicit power made explicit in the phenomenology of the transformational process. Known also as the phenomenology of the 4 States and 3 States transformation- as manifested by the descriptive markers of the patient's psychobiological state - it is a map of healing transformation that is the cornerstone of AEDP theory and practice. This map represents the right-brain mediated phenomenology of emotional processing, tracks the process wherein the unconscious is made conscious. It functions like a compass, guiding the AEDP therapist to where the patient is, what to do, and where to go next.

Self-in-transformation: The phenomenology of the transformational process

State 1: Restoring sense of safety and security

We begin with our patient arriving carrying their unique narratives of pain and suffering, together with their transference potential - glimmering within. The pain and suffering are associated with stories of stress, distress and symptoms. They are the unintended but problematic side effects associated with the chronic repetitive unconscious use of defensive over-regulating (dealing without feeling) or under-regulating (feeling without dealing) strategies in response to the trigger of inhibitory affects such as shame, fear or emotional pain. They are the hallmarks of psychopathology, or 'what is wrong' with the patient.

Alongside the reality of the negative impact of trauma, are the storylines of 'what is right' with the patient. These are the glimmers of resilience, strength and signs of the drive to heal. The aim of State 1 work is to co-construct the patient's sense of security, thus reducing defensive resistance, while privileging transference phenomena through detection and amplification. This work facilitates the undoing of the patient's unbearable aloneness – the result of having been left on their own with dysregulated and overwhelming affective experience. Secured and emboldened by the presence and accompaniment of a therapist grounded in a contemplative state of mind, the patient is now open, ready to 'dive down' to the unconscious, or 'drop down' into the embodied, somatically based affect states.

State 2: The processing of emotional experience

This is where the patient becomes aware of somatically based core affective experiences. Affectively charged experiences from the past - unconscious and stored in implicit memory - are now emerging into consciousness and explicitly known in the present moment. These core emotions - such as sadness, anger, disgust, love, and joy - are co-assembled with affective experiences including attachment experiences, coordinated relational experiences, receptive affective ego states and their associated emotions, core needs, somatic 'drop down' states, and authentic self-states.

Noting the patient's processing of these emotional experiences has a wave-like, ebb and flow quality, with one wave of emotional processing followed by another wave of deepening. These serial cascades of processing eventually end in the shift from the pain of suffering to the experience of positivity. At this juncture, the adaptive action tendencies wired-in to each categorical emotion will begin to activate, and the patient's resilience will manifest as they emerge from their original suffering. The appearance of breakthrough affects - such as relief, hope, feeling stronger, or lighter - are markers signaling the transition to the next State shift.

State 3: The metaprocessing of transformational experience

Metaprocessing, short for meta-therapeutic processing, refers to the work of processing after a therapeutic or a transformational experience has occurred. The explicit description and prescription to work through this state is a unique contribution of AEDP. Five metatherapeutic processes along with its corresponding transformational affects have been identified to date: 1) The process of mastery: the overcoming of a self once imprisoned, impinged upon, exiled, or alienated by shame, fear, and emotional pain - evokes affects such as joy, pride, confidence, and a somatic sense of expansiveness and energized vitality or qi. 2) The process of mourning-the-self: the emotional acknowledgement of one's losses associated with the previous splitting exile of parts-of-self evokes emotional pain and mourning. 3) The process of accommodating the experience of quantum change: the sudden and the discontinuous quality of transformative change evokes affects of tremulousness, surprise, curiosity, surrealness, anxiety in the face of new, unfamiliar, and unexpectedness of freedom. 4) The process of affirmation of the healed self and the healer of the self: the reconciliation or the experiential return of exiled parts of self evoke the healing affects of feeling moved, touched, or emotional within oneself along with feelings of tenderness and gratitude toward the therapist. 5) The process of taking in the new understanding: the experiential awareness of the enormity of the transformation just experience, evokes the eureka-like realization affects of 'yes!' and 'wow!' – feelings of wonder, awe and amazement.

State 4: Core state and the truth sense

The unfolding psychobiological state, referred to as *core state* in AEDP metapsychology, consists of, but is not limited to mental clarity associated with the subjective truth of one's own emotional experience, expanded perspective, wisdom, sense of well-being, flow, ease, and vitality. Relationally, core state is characterized by emotional intimacy, experienced as an I-Thou encounter between patient and therapist. The phenomenology of core state and the unfolding cascade of psychobiological state transformation strongly resonates with the 'transcendent position' espoused by Grotstein (2000), where "transcendence means having the ability to

transcend our defensiveness, our pettiness, our guilt, our shame, our narcissism, our need for certainty, our strictures in order to achieve or to become ‘one with O,’ which I interpret as becoming one with our *aliveness*...or with our very *being-ness* (our *Dasein*),” which is a “state of serenity that accompanies one who...is able to become reconciled to the experience of pure, unadulterated Being and Happening.” As such, AEDP’s core state phenomena transcend the field of psychology and overlaps with the contemplative traditions.

Presence, therapeutic presence and contemplative presence

Presence is defined by the Concise Oxford Dictionary of Current English (1976) as ‘being present,’ ‘personal bearing,’ or ‘a presence of mind - calmness and self-command’. It connotes the sense of personal wholeness, self-control with the ability to influence, and equanimity of mind.

Presence, for Siegel (2010), simply means “being open, now, to whatever is.”² Concise and precise, this definition bears a striking resemblance to Kabat-Zinn’s understanding of mindfulness, referred to as “paying attention to the present moment without judgement”. In fact, presence could be cultivated through mindfulness training.

Groundbreaking in their empirical research on therapeutic presence, Geller and Greenberg (2012) defined therapeutic presence as “the state of having one’s whole self in the encounter with a client by being completely in the moment on a multiplicity of levels - physically, emotionally, cognitively, and spiritually.” It is like turning the therapist’s whole being into an antenna of receptivity, whereby this “inner receptive state involves a complete openness to the client’s multidimensional internal world, including bodily and verbal expression, as well as openness to the therapist’s own bodily experience of the moment in order to access the knowledge, professional skill, and wisdom embodied within (Geller, Greenberg, 2012, p. 7).” This involves a moment-to-moment, simultaneous, multimodal sensing of the client’s and the therapist’s inner worlds - conscious and unconscious. The practice of presence - which includes receptiveness to client’s and therapist’s spirituality - crosses a critical threshold from the secular to the spiritual and from the “profane” to the “sacred” (Eliade, 1968). The practice of presence is raised to the level of contemplation.

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

² See Siegel (2010), p.13

consciousness (May 1991, p. 192).”³ 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 is the open, loving attention to whatever is, in the here-and-now. He further stated that contemplation is very similar if not identical to the philosophical term *intuition*.⁴ Will Levington Comfort (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*) a thing, is intuition; not any mystic process, but the most direct examination possible to the human mind (pp. 495-496).”

Contemplative presence and dyadic mindfulness

We must underscore the contemplative presence proposed here is in the context of a dyadic relationship or *dyadic mindfulness* (Fosha, 2011, 2013), to be precise. Dyadic mindfulness - equally informed by attachment, intersubjectivity, and mindfulness studies - is the therapeutic stance of AEDP. Dyadic mindfulness is the overarching term for 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).

Mindfulness implies paying attention to the present moment without judgement, including what is noticed in the mind and the body (Kabat-Zinn, 2005). Mindfulness includes the attitudes of openness, acceptance, equanimity, compassion and lovingkindness. Attachment includes the critical mindset of love (Golding & Hughes, 2012; Marks-Tarlow, T. & Schore, A.N., 2017). Intersubjectivity underscores the importance of dyadic regulation of affect and resonance moment-to-moment.

Using the term contemplation instead of mindfulness, is our attempt to foreground the act of clearing the mind from preoccupations and preconceptions. Dyadic mindfulness or dyadic contemplative presencing (Yeung, 2024) emphasizes the mutuality or reciprocity of the therapeutic dyad, where mindfulness or contemplative presencing is simultaneously operating in within each of members of the dyad. On the other hand, asymmetry of roles is at play in the therapeutic relationship, where the focus of the self-in-transformation in the patient is facilitated by the therapist who is the other-in-contemplative presence. It is the therapist who must first embody contemplative presence and, in turn, guide the patient to become contemplatively

³ Italics original.

⁴ Italics original.

present to their internal affective experiences—activating the transformance drive and fostering the patient’s self through states of transformation. As such, the therapist leads in contemplative presencing and the patient follows.

We turn our attention now to the contribution of Zhuangzi, an exemplar par excellence of contemplative presence.

Other-in-contemplative presence: Zhuangzi and transformation

Zhuangzi 莊子 (399-295 B.C.E.) is widely regarded, after Laozi, as the second most venerated philosopher in Daoism. Daoism, one of “The Hundred Schools of Philosophy” flowering in pre-Qin China (before 221 BCE), emerged as an urgent response to the collapse of cultural order of Zhou Dynasty (1111-249 BCE). His project of freeing the human spirit from the superficial affectations of the false self is deeply resonant with the aim of contemporary Western psychotherapy. Zhuangzi may well be regarded as the first psychotherapist, albeit in the existential tradition, in China.

As noted earlier, self-transformation 自化 is central to Zhuangzi’s writings (Chan, 1963; Hochsmann & Yang, 2007).⁵ There are at least two meanings, relevant to our present exploration, in Zhuangzi’s ‘transformation’ (*hua* 化):

First, Zhuangzi’s formulation of reality is that each individual is being-one-with the continuum of all that exist (Hochsmann & Yang, 2007). As such, transformation refers to the ceaseless continuous process of transcending one’s phenomenological form into another. This formulation of being-one-with all existential reality is aesthetically portrayed in the Butterfly Dream.⁶

Second, *hua* also refers to the phenomenon and process of development and flourishing, for example, Zhuangzi stated ‘Heaven engenders nothing, yet all things undergo transformation. Earth initiates no growth, yet all things flourish.’ (quoted in Hochsmann & Yang, 2007, p.160). It is precisely in the phenomenon and process of development and flourishing where Zhuangzi’s *hua* converges with AEDP’s transformance.

⁵ Noting 化 *hua*, appeared thirteen times throughout Zhuangzi’s writings. *Hua* has been translated into ‘decay’ once, ‘transformation’ eight times, ‘transform’ three times, and ‘continuous change’ once.

⁶ The Butterfly Dream is referenced in the imagined dialogue between Fosha and Zhuangzi in the section ‘A Daydream’ of this article.

Zhuangzi's prescription for the flourishing of human life is explicitly articulated in *The Secret of Caring for Life*. Beginning in a treatise like genre, Zhuangzi asserts:

Your life has a limit but knowledge has none. If you use what is limited to pursue what has no limit, you will be in danger. If you understand this and still strive for knowledge, you will be in danger for certain! Follow the middle, go by what is constant, and you can stay in one piece, keep yourself alive, look after you parents, and live out your years.

Zhuangzi's admonition against 'knowledge' includes the artificiality of affections and preconceptions (Mou, 2002, p.206). Affectations result in the development of the false self. Preconceptions result in rigid epistemological fixations. Both lead to the impingement of the self and languishing. Zhuangzi's advice is to "follow the middle" as a dynamic way of life 緣督以為經.⁷ While a first reading of Zhuangzi's use of the metaphor 督脉 *dumai*, is associated with the Governor Vessel meridian situated in the midline of the back, hence 'middle'. A deeper reading of 督脉 *dumai*, informed by traditional Chinese medicine, indicates the meanings of 虛 and 靜, as an emptying and stilling of the heart-and-mind.⁸

In Zhuangzi's formulation, the secret of caring for life is through the cultivation of emptying and stilling of the heart-and-mind (虛靜心) or an opened or emptied (*xu* 虛) and stilled (*jing* 靜) state of heart-and-mind (*xing* 心). This state of heart-and-mind is emptied of all rigid preconceptions, together with being stilled or in equilibrium - unperturbed by sensory arousal. As such, *Zhuangzi's secret of the caring of life is contemplative presence*. We will further unpack this emptied and stilled state of heart-and-mind later in Zhuangzi's Parable of Cook Ting.

A coda

How then does the therapist's stance of contemplative presence facilitate the patient's unconscious affect into consciousness, and support right-brain-mediated emotional processing – thereby hence self-transformation? Recall that it was the absence of a contemplative other in the face of overwhelming experience that necessitated the patient's defensive operations for survival

⁷ 緣督以為經 means 'following (緣) *du* (督, meridian or *mai*) as a (以為) constant (經)'.

⁸ 督者，居靜而不倚於左右，有脈之位而無質。緣督者，以清微纖妙之氣，循虛而行，止於所不可行，而行自順，以適得其中。

– operations that, in turn, stifled and thwarted the inner motivating force of transference. Conversely, the presence of this contemplative other, jump starts the transformative process. The presence of this open, attentive and loving other becomes the catalyst for the patient's corrective relational and emotional experience. It is critically important to note that therapeutic love is no longer an idiosyncrasy of a few outlying analysts in an entrenched establishment (Balint, 1952; Ferenczi, 1995; Loewald, 1979; & Orange, 2015; Suttie, 1988). Analytic love is now regarded as core competency in the practice of relational psychoanalysis (Shaw, 2017). Analytic love, according to Shaw (2017), includes the sensibilities of respect, understanding, acceptance, empathy, admiration, caring, the sincere wish for the other's happiness and fulfillment, and love. Sounds so much like AEDP!

Clinical intuition: Tact, the spirit of Cook Ting and AEDP

As inherently empowering as contemplative presence is to the process of self-transformation, its transformative power becomes most prominent and heightened when the therapist explicitly shares their intuitive knowing – an element implicit in contemplative presence itself.

Clinical intuition, in the context of AEDP, 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 in knowing when, what and how to intervene moment-to-moment.* All highly attuned and empathic dyads - an intersubjective phenomenon - also involve intuitive processes which, in contrast, are intrasubjective in nature. 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) suggest, 'tact' is an English translation of the German *Takt*, meaning the "analyst's intuitive sense of what to do at any given time".

The power of intuition is dramatically portrayed in Zhuangzi's Parable of Cook Ting 庖丁解牛 contained in *The Secret of Caring for Life* 養生主. Following Cook Ting's impressive and marvelous demonstration of ox cutting skills for Lord Wen-hui:

Cook Ting laid down his knife and replied, What I care about is the Way, which goes beyond skill. When I first began cutting up oxen, all I could see was the ox itself. After three years I no longer saw the whole ox. And now - *now I go at it by spirit and don't look with my eyes. Perception and understanding have come to a stop and spirit moves where it wants.*⁹

Notice Zhuangzi's 'secret' is in the receding of sensory perception and its knowledge 官知止¹⁰. The 'dialing down' of sensory perception and its knowledge is followed by the 'dialing up' of Zhuangzi's 'spirit' 神, which could also be understood as intuition (Wu, 2008). The spirit of Cook Ting is an illustration of what happens when one follows Zhuangzi's prescriptive secret of caring for life - the self-cultivation of an emptied and stilled state of heart-and-mind.

Zhuangzi's practice of 'dialing down' sensory perception and 'dialing up' intuitive sense bears striking resemblance to Bion's idea of intuition. Symington & Symington (1996) suggested, "Bion's proposition is that senses block intuition of the psychic reality. Now both memory and desire are rooted in the senses and therefore they both block our intuition of psychic reality. Intuition does not occur through sense perception. Instead, those moments of insight occur through an inner creative act of thought (p.167)."

There are several reasons which attest to the potential epistemological power of intuition. First, *cutting edge scientific discoveries* are often made by unusually intuitive scientists such as Albert Einstein and David Bohm. Second, are the examples of the *ability of knowing unrevealed facts about another person's life* (Reik, 1948, p.272). Third, instinctive *professional competence in life and death situations* are demonstrated consistently in empirical research in critical occupations such as medicine, firefighting, army, law enforcement, air traffic control, aviation and crises management. (Sinclair, 2011). Fourth, the *capacity to rapidly assess complex uncertain social situations* is linked to intuition. 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 (1955 p.89)."

⁹ Italics added.

¹⁰ Noting the phrase "Perception and understanding have come to a stop" 官知止 could be otherwise translated as "my senses no longer function" (Hochsmann & Yang, 2007) or "not my eyesight" (Wu, 2008). We prefer our translation of the phrase as "knowledge through sensory perception."

Caveat: 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 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 state, such as love or appreciation (Tomasino, 2011, p. 255) shift the research participants in favor of improved accuracy of intuitive assessments! The implication of these findings is that the AEDP therapist, embodying contemplative presence and an open and loving attention toward the client, has the enhanced intuitive ability and accuracy to land the right intervention, in just the right time and in just the right way. As such, *the therapeutic stance of AEDP greatly enhances of therapist’s intuitive ability and accuracy at AEDP’s core!*

The case of the lonely Atman

At this juncture, we would like to use the *case of the lonely Atman* to illustrate the practice of an AEDP therapist’s contemplative presence.¹¹

The client came into first session with an AEDP therapist, one of the authors (Danny Yeung) of this article as part of a research project to study the effectiveness of AEDP. The only contact the client had with the therapist was a brief phone conversation two weeks prior to set up the appointment.

Their first encounter began with the following dialogue:¹²

T: (*Noticing we were both wearing black T-shirts, beige long pants with meditation beads on their forearms - a literal mirror image in attire.*) We are finally here.

C: Yeah.

T: Thank you so much!...(*Implicit slowing down. Gentler tone*)...and...what would you like us, like me, to focus with you? **[Immediate self-supervisory observation: Asking for focus of treatment 30 seconds into the conversational exchange seemed rushed, probably driven by therapist’s performance anxiety]**

¹¹ Atman is Sanskrit for the inner self or the soul (Fischer-Schreiber et. al., 1994). The case is named as such as the client is a spiritual practitioner in the Hindu tradition.

¹² A note on format: T is short for therapist. C is a short for client. Descriptions between parentheses are nonverbal observations, whereas those between brackets. are commentaries.

C: Big question. **[Client seemed slightly overwhelmed by therapist's question]**

T: Indeed. Now let's take a moment, slow things down. **[As a moment-to-moment corrective response, slowing pace down - an AEDP intervention to enhance contemplative presence, for both client and therapist]**

Beginning with the *first minute* of their encounter, the therapist became aware of several thoughts rising to his consciousness: 1) *Preconception*: Therapist was fixated with the meaning of their synchronous attire; 2) *Preoccupation with performance*: Concern for therapeutic effectiveness in research participation. These preconceptions and preoccupations were not conducive to therapist's contemplative presence and were quickly *emptied*. The emptying process is a by-product of the therapist's gentle yet intentional refocusing upon, and tracking, the client's moment-to-moment multimodal experience.¹³ Simultaneously, the therapist's contemplative presence was enhanced by an equally gentle, yet intentional, *stilling* of the therapist's body through a mindful straightening of the spine, mindful breathing, and felt sensing (Gendlin, 1981) in his core.

Following the client's reporting of frequent self-witnessed "emotional dysregulation"¹⁴, a noticeable shift occurred in the dyadic interaction:

T: And thank you for being so open already. And thank you for allowing me to witness with you what goes on inside so that you will not be alone in your witnessing. **[Blink!¹⁵ While undoing aloneness through affirmation and the explicit use of being-with is a key AEDP intervention, the timing of and the decision to use this particular intervention is intuitive]**

C: Right yeah! That was...as soon as you said that [referring to therapist's "you will not be alone" comment] shifted (*client pointing to his heart*)... the state I guess...**[The somatic shift indicated the timing and effectiveness for the intervention were just right]**...Yeah. Because that was a big one...for me and the questions is... yeah I feel alone, a lot! Alone, or lonely in the presence of others. **[Evidence that the unbearable state of aloneness was the client's core problematic experience]**

T: Yes! You spoke about feeling alone as in lonely. **[Blink! Intuitive use of mirroring client's experience near language as intervention]**

¹³ The multimodal experience could be captured by the acronym BE BASIC: Breath. Energy. Behavioral impulse. Affect. Somatic sensation. Imagery. Cognitions.

¹⁴ Client reports that he is frequently overwhelmed by his deep sense of aloneness sliding into despair

¹⁵ The word 'blink' is used in my commentaries to capture the intuitive moments (Gladwell, 2005; Isenman 1997, 2018), leading to an effective intervention.

C: I was hoping that you would bring that issue of aloneness back up. **[Therapist's mirroring intervention was client's unspoken hope fulfilled]** ...You know it's funny because all my work that I've done, has never been...I can't remember being named as lonely... you know...in the emotion...so important...undoing of aloneness. **[Further evidence that therapist's initial intuitive use of undoing aloneness as intervention was, just the right intervention and in the right time]**

What followed in the session was a State 2 coordination of relational experiences between the therapist-client dyad, manifested as periods of silent mutual gazing and intersubjective delight in being-with each other's presence. It was led by the therapist's contemplative presence or openness to being-with the client in silence, followed by the client's reciprocal comfortable feeling of being-with the therapist in silence. This interplay of reciprocal contemplative presence is an illustration of dyadic mindfulness in AEDP. Further, the mutual being-with each other in silence is intuitively punctuated with a metaprocessing of the experience in just the right time when the therapist-client dyad are synchronistically ready to emerge from the silence. The following segment began where client reflected on his experience, with therapist maintaining contemplative presence:

C: It's so...familiar with being, that there's something unfamiliar. **[Note client's shift toward a positive, though, unfamiliar closeness with another]**

T: Absolutely! I also want to check in with that part...that felt alone. How's that part now? **[Blink! Intuitive guess the newfound relatedness and closeness with the therapist may undo the core problematic experience of aloneness]**

C: It doesn't feel *so* (with emphasis) alone...But it feels...actually, when you said it...you know, I felt...less alone?...Sad. **[Evidence that transformation has occurred. And client is shifting into State 3, with feeling of sadness, likely mourning-of-self]**

T: Yes! Let's make room for the sadness. **[Focusing on affect]**

C: It feels overwhelming. **[Original anxiety of dysregulation]**

T: That's right...I'm here with you. You will not be alone with that feeling. **[Undoing aloneness. Dyadic regulation of affect.]** I sense the sadness. **[Blink! Client's fear of being alone with unbearable and deregulating emotions is being corrected at this present moment.]**

C: Yeah...I feel like...I spent a long time covering it up. **[Covering up the pain of aloneness as defense. Further evidence sadness is mourning-of-self]**

T: Yes. Thank you for...being here...the sadness...let's welcome...the sadness...(*Silent mutual gaze*)...And we'll give the tears, some words! Give it a voice.

C: Yeah...you know...(*Clears throat*)... I don't think that tears are for sadness. [**Sudden shift in the meaning of client's tears**]

T: Okay. Say more. [**Openness to the shift**]

C: I'm not sure...but it seemed like...it was...there was initially like tears of sadness, and then quickly it turned into this...relief...release. And maybe just have that sadness *seen*...about... I think...but the tears became something different.

What we just witnessed in this segment is the inner epistemological power of contemplative presence, where the therapist, equipped with AEDP tools of intervention such as *focusing on affect*, *undoing of aloneness* and *dyadic regulation of affect*, responded in just the right time. This resulted in a corrective emotional experience for the client, in response to his deep problematic experience of aloneness and fear of emotional dysregulation. The next and final segment is a demonstration of client's shifting into a State 4 experience:

T: Right, indeed, indeed. And what's that like, for the tears, to be seen? [**Blink! Intuitive use of privileging the positive shift**]

C: It feels...the feeling of it...it expand... expansiveness. [**State 4 phenomenology**]

T: Wow! Stay with the expansiveness. Savor it.

The client further reported experiences of openness, exuberance, gratefulness to the therapist, aliveness, safety, and feeling loved. What was remarkable and fascinating was the client's report of a non-threatening spiritual experience of non-dual dissolution of ego boundaries between himself and the therapist - a contemporary manifestation of, in the context of AEDP treatment, Zhuangzi's Butterfly Dream! ¹⁶

Conclusion

Contemplative presence, a therapeutic stance in AEDP, refers to an optimal state of mind the therapist cultivates to facilitate the dyadic communication between the therapist's unconscious and the client's unconscious. The contemplative presence state of mind is in sync with AEDP's stance of dyadic mindfulness. Contemplative presence is cultivated through the gentle yet intentional emptying of the mind and stilling of the body. This emptying and stilling process

¹⁶ Or maybe, the therapist in the beginning thought he was dreaming when he noticed the mirror image in their attire.

culminates in the therapist's uncluttered panoramic open awareness with radical loving acceptance towards whatever is in the here-and-now, including client's multi-level and multimodal experience, in the present moment. The therapist's contemplative presence state of mind is in a dyadic dance with the client, activating client's transformance, the universal inner motivating force in development and therapy that drives towards growth, healing, self-righting and meaning. This dyadic dance is manifested in the therapist's moment-to-moment observation of the client's multi-dimensional and multimodal experience, followed by an optimal response. This observation-optimal response spiral is endlessly reiterated in the therapist-client dyadic and intersubjective interactions. The optimal or the just-rightness of therapeutic response is in turn mediated by the therapist's explicit access to her or his clinical intuition, a unique characteristic implicit in maximal contemplative presence. Clinical intuition foregrounds the therapist's intrasubjective knowing mediated by the background of highly attuned therapist right brain-to-client's intersubjective relatedness. Finally, the therapist's contemplative presence, with its dyadic counterpart, the client's self-in-transformation is richly expressed in Zhuangzi's teachings.

Afterward

As a culturally Chinese person imbued with the traditional value of deference, I have deep respect for the work of my AEDP teacher and senior colleague, in this case, their concepts of AEDP stance as therapeutic presence (Lipton, 2021) and dyadic mindfulness (Fosha, 2011, 2013b). This respect is manifested in my surrendering to and rarely veering off established understandings. That said, with some daring, I propose the construct of contemplative presence can make a substantive contribution to these recognized formulations.

First, conceptualized as open awareness to *multi-levelled* experience, contemplative presence, as the word "contemplative" suggests, goes beyond the realm of the psychological to the realm of the spiritual, or transcending the personal horizon to the transpersonal horizon. This act of 'going beyond' or transcendence may pose a particular challenge to other therapists of reductive physicalist persuasion. As a result, facing a client experienced in deep spiritual practices could potentially evoke a defensive experiential avoidance to spiritual experiences and hence reducing the quality of presencing. This experiential avoidance of spiritual experiences by the therapist is perceived as a subtle disruption of the intersubjective energetic field felt sensible by clients experienced in spiritual practices. As praxis, contemplative presence, rather than on-off phenomena, is meant to be practiced explicitly and intentionally with the deliberateness of maximizing gradations of the experience.

Second, radical loving acceptance in contemplative presence goes beyond mindfulness i.e. paying attention to whatever is in the present moment. Radical acceptance is a radical receptiveness, a taking in of what the client may bring. This receptiveness is a crossing over from the therapist's world into the world of the client, an experiential entering into the inner world of the other. This crossing over into the experiential inner reality of the client exposes the therapist to being moved by, grieving with, rejoicing with and possibly transforming the therapist's world view. Client's spiritual experiences, as such, evokes a deeper call to the therapist who practices contemplative presencing to re-evaluate, reflect, revise and possibly expand the therapist's self.

Third, central to Chinese selfhood is the Zhuangzian ideal of cultivation of "inwardly a sage and outwardly a king" (Zhuangzi and Graham, 2001). How this is relevant to our discussion is that therapeutic presencing and dyadic mindfulness is originally formulated to be practiced within the confines of the therapeutic setting. From the perspective of cultivation of Chinese selfhood, our work and career mastery is the regal, kingly act that must be predicated on the ongoing inner practice of sagely contemplative presence. Finally, in sync with Gerald Brooks' (2025) recent call to the AEDP community in the *In It Together* conference, declaring AEDP as a way of being, contemplative presence - as a sagely practice and a way of life (Yeung, 2020, 2023, 2024) - emanates from the being or selfhood of the therapist and is, in turn, is manifested, in turn, manifested as a doing or stance within the therapeutic context.

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