

The Zentensive: A Psychodynamically Oriented Meditation Retreat for Psychotherapists

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There is a substantial body of evidence suggesting that therapists vary in their ability to positively impact patient outcomes, but less is known about ways therapists can improve their outcomes. While several promising methods exist for training therapists in interpersonal skills linked to patient outcomes, fewer methods have been outlined for training intrapersonal skills. The current study reports the rationale and theoretical framework for a psychodynamically oriented meditation retreat: the Zentensive. This retreat combines Zen Buddhist teachings and meditation practice with an understanding of unconscious dynamics drawn from Habib Davanloo's Intensive Short-Term Psychodynamic Psychotherapy. We argue that intensive meditation practice offers a unique opportunity for mental health providers to gain insight into their own unconscious dynamics, leading to the development of intrapsychic skills, in ways that can improve their ability to work with others. The structure of the Zentensive, theoretical contributions from both Buddhist and psychodynamic traditions, and the unique need addressed by this integration are discussed. In addition, preliminary qualitative feedback from past retreat participants is presented.

Clinical Impact Statement

This study outlines a meditation retreat designed for psychotherapists and based on Zen Buddhist and psychodynamic psychology that may help develop skills that are relevant for professional practice in psychotherapy.

Keywords: therapist training, intrapersonal skills, Zen Buddhism, meditation, intensive short-term dynamic psychotherapy

Supplemental materials: <http://dx.doi.org/10.1037/pri0000059.supp>

Knowing your own darkness is the best method for dealing with the darkness in other people.

—Carl Jung (Coward, 1985, p. 47)

This article was published Online First January 18, 2018.
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There is now compelling evidence that psychotherapists exert a significant influence on their patients' treatment outcomes. While many practicing psychotherapists have long been convinced this is the case (Walfish, McAlister, O'Donnell, & Lambert, 2012), only recently has this been demonstrated meta-analytically. In a recent review of 46 studies, Baldwin and Imel (2013) reported that approximately 5% of the variance in patient outcomes is explained at the therapist level, with an even larger proportion attributable to therapists in naturalistic settings (7%). Of note, this proportion of variance is considerably larger than that due to differences between treatments (i.e., 1%; Wampold & Imel,

2015), and similar to that associated with factors common across treatments (e.g., 7.6% attributable to therapeutic alliance; Horvath, Del Re, Fluckiger, & Symonds, 2011). A growing body of literature has begun to demonstrate the various specific ways in which therapists may impact their patients' outcomes over the course of therapy (e.g., through impacting trajectories of symptom change; Goldberg, Hoyt, Nissen-Lie, Nielsen, & Wampold, 2016).

Although it is clear that therapists impact patients' outcomes, it is less clear what therapists can do to improve their outcomes. This is not an inconsequential concern, particularly given it appears that therapists' outcomes do not improve simply by therapists gaining clinical experience (Goldberg, Rousmaniere, et al., 2016). Historically, training in specific treatment modalities has been considered to be the most obvious route to improving outcomes, but evidence suggests that differences between treatments are small (Wampold & Imel, 2015). Because of this, some researchers have begun to focus on other aspects of treatment delivery that may influence outcomes (e.g., therapeutic alliance; Horvath et al., 2011).

Whether receiving training in a specific treatment modality or in strengthening therapeutic factors common across therapies, psychotherapists often rely on some form of clinical supervision for the development of skills that can improve patient outcomes. However, it appears that supervisors predict essentially zero variance in patient outcomes (i.e., 0.04%; Rousmaniere et al., 2016). A recent systematic review failed to find convincing evidence that supervision significantly impacts patient outcomes (Watkins, 2011).

There are, however, other therapist practices that have been shown to relate to outcome. One such practice, routine outcome monitoring (ROM), involves having patients complete questionnaires (e.g., of psychological symptoms, well-being, life functioning) on an ongoing basis over the course of treatment, providing therapists feedback on how treatment is (or is not) progressing (Wampold, 2015). These methods have been linked to improved outcomes in several randomized controlled trials (Shimokawa, Lambert, & Smart, 2010), perhaps through making therapy a context more conducive to learning (Goldberg, Babins-Wagner, et al.,

2016) and improving therapists' detection of cases that are deteriorating.

Deliberate practice is another avenue through which therapists may improve (Rousmaniere, 2017). Deliberate practice has been defined as observing one's own work, getting expert feedback, setting learning goals just beyond one's ability, repeatedly rehearsing relevant skills, and continually assessing performance (Ericsson, Krampe, & Tesch-Römer, 1993; Rousmaniere, 2017). Although experimental studies examining the efficacy of deliberate practice are lacking, findings from learning sciences (e.g., Ericsson et al., 1993), medicine (McGaghie, Issenberg, Cohen, Barsuk, & Wayne, 2011), and correlational evidence in psychotherapists supports this practice. For example, the amount of time that therapists spend engaging in deliberate practice is correlated with their patient outcomes (e.g., "mentally running through and reflecting on what to do in future sessions"; Chow et al., 2015, p. 341).

While the methods discussed (i.e., intervention-specific clinical supervision, ROM, deliberate practice) may be effective for training many of the technical aspects of clinical practice, none of these methodologies focus on training therapists' intrapersonal skills.¹ By intrapersonal, we are referring to events occurring within the therapist. In contrast to interpersonal skills (e.g., the ability to communicate clearly and effectively with patients, the ability to express empathy; Schotke, Fluckiger, Goldberg, Eversmann, & Lange, 2017), intrapersonal skills are by nature not directly observable. Nonetheless, several intrapersonal skills are intuitively linked to therapists' efficacy and are highlighted in competencies that have been identified to guide clinical training and practice (Fouad et al., 2009). In particular, Fouad et al. (2009) identified a variety of affective and expressive skills (such as awareness of inner emotional experience, affect tolerance, and the ability to effectively communicate one's thoughts

¹ It is worth noting that some forms of deliberate practice and clinical supervision may focus in part on developing intrapersonal skills (e.g., psychodynamic clinical supervision, affect-focused deliberate practice; Rousmaniere, 2017). However, to our knowledge, typical forms of clinical supervision and deliberate practice are not designed specifically to provide the intensive intrapsychic training offered in the Zentensive.

and feelings) that are theoretically predicated on intrapersonal skills and potentially linked to key therapy ingredients (e.g., the formation of a strong therapeutic alliance; Horvath et al., 2011). The idea that therapists' ability to effect change in their patients is influenced by the therapists' own psychological functioning and intrapersonal development has deep roots in the history of psychotherapy. This is particularly emphasized in psychodynamic traditions, suggesting that intrapsychic capacities allow therapists to more effectively manage countertransference reactions (Hayes, Gelso, & Hummel, 2011). Assuming therapist intrapersonal skills are important for the provision of effective treatment, there is a need for methods to develop these skills.

Meditation as Intrapersonal Skills Training

Meditation practices offer one possible route for the development of intrapersonal skills (Goldberg, 2017). Meditation and mindfulness training have become topics of increasing scientific interest in Western psychology (Goldberg et al., 2018; Sedlmeier et al., 2012; although prior interest in the interface between meditation and psychotherapy dates back several decades, e.g., Ajaya, 1983; Walsh, 1977) and are part of a broader effort to integrate elements of spirituality into psychotherapy, particularly those perspectives and techniques drawn from Eastern spiritual traditions (Kabat-Zinn, 2011). Many of the meditative practices that have received the most scientific attention are those derived from Buddhist traditions (e.g., mindfulness). These traditions use a variety of techniques, typically with the intention of cultivating certain qualities of awareness and understanding (e.g., nonjudgmental acceptance of one's internal experience, insight into the nature of self; Dahl, Lutz, & Davidson, 2015; Kapleau, 1966). Given that meditation commonly involves attending to the content and/or process of one's inner experience, this family of practices would seem to be highly relevant to the development of intrapersonal skills.

There is some evidence from randomized controlled trials that meditation training may be useful for psychotherapists. In a landmark study, Grepmaier et al. (2007) found that the patients of therapists who received training in Zen meditation both rated the quality of their treatment and

the degree of improvement in their symptoms more favorable than the patients of therapists who did not receive training. Another study suggests that training in mindfulness may help decrease therapists' stress and negative affect and increase self-compassion (Shapiro, Brown, & Biegel, 2007). Importantly, Shapiro et al. (2007) also reported increases in mindfulness, a construct that potentially measures some of the intrapersonal capacities that may be most useful for psychotherapists (e.g., awareness and acceptance of one's inner experience). A recent systematic review of 39 studies found evidence that interventions based on mindfulness are associated with improvements in burnout and negative affect as well as increases in empathy in health care providers (Lamothe Rondeau, Malboeuf-Hurtubise, Duval, & Sultan, 2016). Correlational studies have linked therapist trainees' meditation experience with supervisor ratings of the trainees' ability to manage countertransference (Fatter & Hayes, 2013) and therapists' mindfulness skills with patient-rated therapeutic alliance (Ryan, Safran, Doran, & Muran, 2012).

Despite a growing body of literature examining the impact of meditation-based interventions for psychotherapists, to our knowledge no empirical studies have explored the impact of an intensive meditation retreat for psychotherapists (although phenomenological examinations of retreat from a Western psychological perspective exist; e.g., Walsh, 1977). Of course, the potential transformative power of retreat practice has long been recognized in Buddhist contemplative traditions (Rahula, 1974; Kapleau, 1966) and some theorists have suggested that unconscious material can be revealed during meditation (e.g., Ajaya, 1983; Epstein, 1995). Several standardized mindfulness interventions (e.g., mindfulness-based stress reduction; Kabat-Zinn, 2011) include a daylong retreat as part of the curriculum, with the explicit intention of deepening participants' experience of meditation practice. Compared with the amount of research studying meditation-based interventions occurring in the community, research on meditation retreats is nascent. There is, however, promising preliminary evidence that meditation retreats may offer benefits similar to longer-term, nonretreat-based interventions. In a meta-analysis of 21 studies, Khoury, Knäuper, Schlosser, Carrière, and Chiesa (2017) found moderate-to-large effects of traditional meditation retreats on measures of

clinical outcomes (e.g., anxiety, depression), emotion regulation, and mindfulness.

The Zentensive: A Meditation Retreat for Psychotherapists

The current study reports on the theoretical framework of “Zentensives,” a specific type of meditation retreat designed primarily for psychotherapists. We have also included preliminary qualitative feedback shared by past retreat participants. The structure and spirit of these retreats is rooted in both Buddhist and psychodynamic traditions. They focus on the unique ways the Western unconscious becomes mobilized during periods of intensive meditation practice. Although the structure of this style of retreat has been evolving since the mid-1990s, the first formal Zentensive was held in 2014.

Zentensives incorporate the metapsychology of the unconscious as formulated by Habib Davanloo in the form of intensive short-term dynamic psychotherapy (ISTDP; Davanloo, 1990, 2001b). These retreats are founded on the premise that intensive meditation practice offers therapists a unique opportunity to work with deeper levels of their own unconscious than is typically available in other settings (e.g., outpatient psychotherapy, traditional clinical supervision). This is designed to enhance participants’ ability to see into a range of emotional and characterological patterns relevant to intrapersonal skills.

Before describing the specific theoretical tenets and framework of the Zentensive, a final contextual comparison is worth making. Zentensives are designed to augment intrapersonal skills that therapists may traditionally seek through personal psychotherapy. Research suggests that the majority of practicing psychotherapists receive their own therapy at some point in their lives (Mahoney, 1997). Some theoretical orientations also emphasize receiving personal psychotherapy as a vital ingredient for developing both treatment-specific skills as well as the intrapsychic capacity for providing therapy. This practice is perhaps most common in psychodynamic and psychoanalytic traditions (Kernberg, 1986), starting with Freud (1937): “But where and how is even the most inadequate of individuals to acquire the ideal qualification for his work? The answer is: in his own analysis” (p. 401). We have found that by taking advantage of the natural mobilization of the unconscious that occurs within the context of in-

tensive meditation practice, Zentensives can offer participants therapeutic insights similar to those that may occur in psychotherapy. Such insights can contribute significantly to psychotherapists’ intrapersonal skills, and thus their personal and professional functioning.

Zentensive Model and Theoretical Underpinnings

Structure

Extended meditation retreats have been a core element of Zen training for well over 1,000 years, and retreat-style practices are found in a variety of spiritual traditions (Khoury et al., 2017; Wu, 2003). Zentensives strive to replicate the essential spirit of these retreats by cultivating both inner and outer silence (including avoiding eye contact, i.e., “noble silence”), while maintaining an ever-deepening presence with each unfolding moment. During a Zentensive, the actual formal sitting practice (i.e., sitting on meditation cushions or chairs) most often involves either absorption in the breath, or an inquiry practice (e.g., inquiry into the nature of mind, e.g., through *koan* practice; Aitken, 1982; Kapleau, 1966). Outside of the formal sitting periods (approximately 8 hr per day), participants are instructed to engage fully with the other activities of daily life (e.g., eating, walking, showering), in other words, to attend to the actual immediate experience of these activities rather than becoming lost in discursive thought. The daily schedule is included in the online Supplemental Materials.

Because of the emphasis on direct, moment-to-moment experience, a central ongoing theme throughout the retreat involves distinguishing thoughts and ruminations from direct experience. Thus, the practice calls for a returning of the attention again and again to the present moment. Some Buddhist retreats focus primarily on bodily sensations, or emphasize more affectively oriented themes (e.g., compassion or loving-kindness practice; Khoury et al., 2017). During the Zentensive, this moment-to-moment attentiveness includes an ongoing sensitivity to the unconscious dynamics that may be arising—in other words, to the ways that the mobilized unconscious lets its presence be known. This process, as discussed below, involves learning to attend to a range of “communications from the unconscious” (Davanloo, 2001a, p. 45).

These may include elements of conscious anxiety, unconscious anxiety (e.g., cognitive disruption, striated and/or smooth muscle tension), and/or a variety of defensive structures (see [Davanloo, 2001a](#), for a discussion of these).

In addition to formal sitting and walking meditation, the retreat includes opportunities for participants to meet privately with the Zen teacher and to engage in group discussions. The meetings with the teacher, a licensed clinical social worker with nearly three decades of training in ISTDP, offer participants a chance to explore, at whatever depths they choose, issues that arise related to their ongoing experience. While meetings with the teacher are not intended to function as therapy, they are considered confidential and are a place to work with anxiety that may arise in the course of practice and to guard against potential iatrogenic effects of intensive meditation practice (see [Lindahl, Fisher, Cooper, Rosen, & Britton, 2017](#), for a discussion of such potential effects).²

The group discussions, which are also explicitly confidential, focus primarily on the theory of ISTDP, with additional discussion of relevant topics (e.g., professional ethics, personal experiences of the mobilized unconscious). Since participants arrive with a range of prior experience with ISTDP (and are not required to engage in background reading before the retreat), the basic principles of ISTDP are presented. This is done in general terms, however, so as not to overly influence someone's retreat experience. Because of this blending of didactic content with psychodynamically based experiential learning, Zentensive has been approved for ethics continuing education credits through the Washington School of Psychiatry.

It is important to point out that a Zentensive is considered to be a form of advanced professional training, and may not be appropriate for all potential participants (see information provided to potential participants in the online Supplemental Materials). Ideally, participants have some background experience in meditation and in psychodynamic principles. Potential participants are initially screened via an online application and consent form (see the online Supplemental Materials). If the teacher does not know the applicant, he will personally interview her or him to determine the appropriateness of this

kind of training for that individual. Those who struggle with certain instabilities (e.g., borderline personality disorder) may be encouraged to first get further training before attempting a Zentensive. The Zen teacher, in consultation with the Zentensive Advisory Board comprised of mental health professionals, makes the ultimate decision about whether to accept a potential participant. To further ensure participants' well-being and postretreat reintegration into their personal and professional lives, guidelines are provided, and the Zen teacher is also available for postretreat consultations.

The “Zen” in Zentensives

The fundamental teaching of Buddhism generally and Zen Buddhism specifically is that each of us is intimately, timelessly, and inexorably connected with all of existence ([Kapleau, 1966](#)). Contrary to the established “medical model” of mental health, which tends to focus on pathology ([American Psychiatric Association, 2013](#)), Buddhism teaches that all human beings are intrinsically whole and complete, and that interconnectedness is fundamental to all life ([Wu, 2003](#)). From this standpoint, it follows that much of the suffering that human beings experience arises out of a false or deluded sense of separation. Furthermore, Buddhist teachings hold that the wish for understanding and freedom is innate in each one of us, and that through disciplined and skillful practice, we can taste this freedom and wholeness for ourselves ([Aitken, 1982](#)). Through a quieting of the mind and a focused inner exploration, we can free ourselves from the sense of separation that causes misery for others and ourselves.

Awakening experiences illuminate, to one degree of another, the unreality of this alienated sense of self ([Kapleau, 1966](#)). When these openings occur, the rigid distinctions between self and other fall away, revealing a kind of flowing freedom and compassionate awareness that take us beyond ordinary levels of consciousness ([Ai-](#)

² In addition, participants are asked to read a Zentensive Description document highlighting potential risks (see online Supplemental Materials). Of note, participants are free to discontinue the retreat, if they feel it is no longer productive for them. Over eight Zentensive retreats, only one participant chose to discontinue for this reason.

tken, 1982; Kapleau, 1966). Such experiences allow a person to live naturally out of a greater sense of wonder, gratitude, and connection with all life. Rather than some fanciful escapist dream, genuine awakening experiences mirror an understanding found in the contemplative and mystical writings of many spiritual traditions (Ladinsky, 2002). Throughout history, poets, scientists, and many others have also written accounts of these self-transcending openings. Albert Einstein, for example, noted “the true value of a human being can be found in the degree to which he has attained liberation from the self” (Pritscher, 2010, p. 178).

The Zentensive model is based largely on Lawson D. Sachter’s experience of Zen meditation intensives and his own training in Zen which began in 1971 at the Rochester Zen Center. Zen places great importance on the direct experience of each moment (Kapleau, 1966; Wu, 2003), and is rooted in the life and teachings of Siddhārtha Gautama, an Indian prince who lived between approximately 560 B.C. and 480 B.C. (Prabhavananda, 1979). Buddhist teachings later spread to China and Japan, incorporating traditions native to East Asia (e.g., Taoism; Wu, 2003). Zen emphasizes the transformative power of meditation, and the possibility of waking up to an understanding that transcends the limitations inherent in dualistic thought. Zentensives place a strong emphasis on opening oneself to the intrapsychic realms occurring in the present moment, which naturally include the direct and uncensored experience of the full range of our feelings and impulses.

It is important to clarify the difference between the kind of meditation practice in a Zentensive and other forms of Buddhist practice now common in the West. The most widely studied Buddhist practice, at least in scientific circles, is mindfulness meditation based in the Theravada Buddhist tradition (Kabat-Zinn, 2011). Mindfulness practices often include instructions encouraging practitioners to pay attention to their moment-to-moment experience through the cultivation of the observing ego (e.g., noticing and noting changing sensations, feelings; Kabat-Zinn, 1990). In contrast, Zentensives seek to embody the spirit of nonduality, emphasizing selfless absorption into the moment. An analogy that is sometimes used to compare these two approaches is that mindfulness is more like sitting on the bank of a river

and watching it pass by, whereas nondual practices call for us to leap right in, trusting and moving with the current. As this kind of immersed engagement continues, concentration naturally deepens, and the sense of self begins to open and shift. Nondual approaches lead to a different kind of “knowing,” and a different quality of experience. It is this direct merging with experience that underlies the transformative power of Zentensives.

The power of Zentensives rests upon the paradoxical truth that the more we lose ourselves, the more present we can be. By allowing a quieting of the upper levels of consciousness, the deeper strata of the psyche—those which contain both the creative and compassionate energies as well as the darker repressed forces—become much more accessible. To put it another way, we become more sensitive and vulnerable to both our caring and compassionate feelings (e.g., a natural wish for the well-being of others) as well as to all that has been repressed. Within the Zentensive context, this dual dynamic is termed *convergence*, and it is, in part, why the inner work that is fostered during a Zentensive may have value for mental health professionals.

The inspiration for a psychodynamically oriented Zen meditation retreat came primarily from Sachter’s personal experiences, first as a Zen practitioner and later as a Zen teacher and psychotherapist. He noted that intensified forms of nondual Zen meditation were giving meditation practitioners access to levels of awareness that were difficult, if not impossible, to reach outside of the context of retreat, even through conventional therapeutic approaches. Unfortunately, these same meditation practices, though helpful up to a point, in and of themselves did not necessarily resolve the more significant intrapsychic conflicts that were arising for Western practitioners (for a thorough discussion of the psychological differences between Western and Eastern contexts, see Nisbett, 2003). These observations lead to an exploration of ways to incorporate Western psychological understandings of the mind directly within the meditation practice itself.

Psychodynamic Contributions: Intensive Short-Term Dynamic Psychotherapy

In the midst of intensive forms of meditation, complexities often arise that seem to be unique

to Western Buddhist practitioners (outside of the Asian Buddhist contexts in which these traditions originally developed; Aronson, 2004). Because of his own 25 years of clinical training and practice as an ISTDP psychotherapy, Sachter was inspired to incorporate frameworks rooted in Western psychotherapeutic traditions into meditation intensives. Drawing from his own personal experience and his work with patients and Zen students, Sachter became convinced that difficulties in meditation practice, worked with skillfully, could be transformed into opportunities. Rather than being merely obstructions, they could become doorways to deeper insight.

The Zentensive is by no means the first attempt at integrating Buddhism and Western psychological traditions (see Fromm, Suzuki, & DeMartino, 1960; Watts, 1961; Walsh, 1977; Welwood, 2002). Indeed, eloquent explorations of the integration of Buddhism and psychodynamic traditions have been written (e.g., Epstein, 1995). To our knowledge, however, a description of this integration within the context of intensive retreat practice has not been discussed. The Zentensive offers such an integration, incorporating theoretical frameworks from Habib Davanloo's ISTDP (Davanloo, 1990).

As with our discussion of the Zentensive's Buddhist underpinnings, a thorough discussion of ISTDP and related techniques is outside the scope of this article (and has appeared elsewhere, e.g., Abbass & Town, 2013; Davanloo, 2001a; Davanloo, 2001b; Frederickson, 2013). However, some basic background is important to illuminate the integration of Zen and ISTDP. ISTDP is an evidence-based therapy (with moderate-to-large effects for short-term, $d = 0.69$ relative to control conditions; Driessen et al., 2010), one that utilizes the intrapsychic dynamics described by Malan's (1995) Triangle of Conflict. In Malan's formulation, as the unconscious becomes stirred up within the context of psychotherapy, formerly repressed feelings and impulses are activated and begin moving toward conscious awareness. As the repressive barrier between conscious and unconscious awareness becomes increasingly permeable, anxiety rises, and the whole psychic system becomes more fluid: the greater the mobilization the greater the anxiety; and the greater the anxiety, the greater the resistance.

Davanloo's central dynamic sequence (Davanloo, 2001a, 2001b) utilizes the Triangle's pathways. Through the use of clarification, pressure, and challenge (e.g., pointing out defenses, applying pressure for patients to disclose feelings that emerge; see Davanloo, 2001a, 2001b, for an extended discussion of these techniques), the therapist works to strip away the defenses. This naturally leads to increased anxiety, which in turn brings up deeper levels of resistance. This spiraling process continues, such that each new layer of anxiety evokes increased layers of resistance. Then, as that resistance is stripped away, the underlying anxiety again regains new force. In this way, an intrapsychic "pressure cooker" is formed, continually fueled by the intensified repressed material lying beneath the surface. At certain points within the process, the underlying feelings break through, each time leading to deeper levels of insight and understanding. Of course, if this work is not grounded in a strong conscious and unconscious therapeutic alliance (Della Selva, 2004), it quickly falls apart.

Again, the primary rationale for incorporating an ISTDP-based understanding into the context of Zen practice is that unconscious material will become mobilized during the course of intensive meditation practice. Finding ways of working skillfully with this material is vital for allowing the meditation practice to go deeper (i.e., defensive structures are often what inhibits progress in practice; Epstein, 1995). Perhaps most important for therapists, this work has the potential to lead to significant insights that can beneficially impact participants' personal and professional lives.

A second rationale, and the one most germane to this article, is the unique opportunity for the Zentensive offers to psychotherapists to personally experience this powerful type of practice blending traditional Zen meditation with an ISTDP theoretical framework. In keeping with the psychodynamic tradition, part of this experiential learning involves seeing how transformative it can be to work on and resolve one's own unconscious dilemmas and repressed material (Freud, 1937), with obvious implications for one's clinical work (e.g., through more effective management of countertransference reactions; Hayes et al., 2011). Zentensives work to foster an environment in which mental health professionals can function, in effect, as their

own therapists. The natural unfolding of the unconscious that appears to occur during extended periods of *zazen* is guided by an ISTDP-based understanding of the process as a whole. As in individual therapy, resistance is viewed as a very positive sign, confirming that the interventions are on target. During a Zentensive, one's own internal resistance directs one to those places that are usually the most heavily defended. As Rainer Maria Rilke wrote, "Our deepest fears are like dragons guarding our deepest treasures" (Brava, 2011, p. 147). Essentially, this practice involves a participant's immediate, moment-to-moment engagement with whatever cognitive and affective material arises in the course of the meditation practice and throughout the retreat. As the retreat continues, and the borders between conscious and unconscious become more permeable, an intrapsychic sensitivity arises. This increased sensitivity coupled with firm grounding in the meditation practice can foster an empowered and resilient willingness to engage with whatever comes forth from the depths. (We have provided quotations from past participants below in order to more fully characterize how individuals have implemented these instructions.)

Of course, this is often not a comfortable process to go through, either in the therapy room or in the meditation hall, and it can proceed effectively only when a strong conscious and unconscious therapeutic alliance is in operation (Della Selva, 2004; Horvath et al., 2011). In therapy, nurturing and sustaining this alliance is one of the central tasks of the therapist (Horvath et al., 2011). Perhaps unexpectedly, the collective alliance is also one of the most powerful forces to arise during the course of a Zentensive. Though much of the retreat is held in silence, the bond that forms between participants is a core element of the work.

Preliminary Qualitative Feedback From Participants

Since the first Zentensive in 2014, a total of eight retreats have been conducted to date, including 65 participants, 23 of whom have been mental health professionals (e.g., social workers, counselors, psychologists, psychiatrists). Given the unique (and somewhat experimental) pairing of Zen practice and ISTDP within the context of intensive retreat practice, it seemed

worthwhile to us to collect preliminary qualitative feedback on the experience of past participants. This was done through a postretreat e-mail inviting participants to provide open-ended feedback on their experience, both within and following the retreat (see the online Supplemental Materials). Mental health professions from the five retreats occurring prior to Fall 2016 were offered the opportunity to provide consent for the use of their responses in research (this was approved by the institutional review board at the University of Wisconsin—Madison). These responses were intended to illuminate the retreat process as well as to gain some understanding of the ways in which the experience may have impacted participants' professional and personal lives. A total of 14 accounts were provided, and consent was given by seven participants to have their responses used. We present aspects of these accounts organized around five themes that appeared repeatedly in responses and that reflect elements of the Zentensive model and rationale that have been described above. As this feedback is merely preliminary, is very likely impacted by known response set biases (e.g., social desirability, selection bias; Heppner, Wampold, & Kivlighan, 2008), and is not intended to characterize the modal Zentensive experience or "describe and explain social phenomena" (Pope, Ziebland, & Mays, 2000, p. 114), formal qualitative data analysis was not performed (see Madill & Gough, 2008, and Pope, Ziebland, & Mays, 2000, for a discussion of various potential analytic methods and the care necessary for high-quality qualitative research). However, we felt that highlighting themes through quotations from past participants would enrich this introduction of the integration of Zen and ISTDP.

Motivation for Integrating Zen and ISTDP

The first theme was participants echoing the potential (and perhaps need) for integrating Zen and psychodynamic traditions. One participant noted limitations associated with relying solely on Buddhist contemplative practices, noting that "the rest of the self is still there: old wounds, shadow selves, abandoned repositories of what we may fear, despise or avoid." From the other side, another participant noted the possibility of getting stuck in one's clinical work:

Preceding the Zentensive, I had been becoming more frustrated and demotivated with my clinical work. What seemed a repetitive slog uphill toward processing broken attachments and trauma memories in a somewhat mechanical and technique-driven way was leaving me numb and disillusioned.

Similarly, another participant discussed the potential for experiential learning of ISTDP: “The Zentensive is a type of hybrid between Zen and ISTDP that for me personally allowed me to deeply anchor my understanding of Dr. Davanloo’s thinking in an experiential dimension.”

Beyond addressing the potential limitations of engaging with either Zen or ISTDP without their integration, one participant remarked on their potential synergy when combined:

Combining Buddhist meditation and practice with ISTDP was brilliant. They are beyond complementary; they are synergistic. The meditation prepares and tills and deepens the mind for the ISTDP. . . and the [individual interviews with the teacher] remove the barriers to the practice, so that the practice deepens. The effect felt to me like doing many years of therapy condensed into 5 days and many years of practice accelerating into 5 days.

Process of Working Through Unconscious Material

Obviously, experiences of working through unconscious material, be it in traditional psychotherapy or within the context of a Zentensive, is highly idiographic. Nonetheless, we have tried to describe the basic processes and techniques that are intended to support this unfolding. One participant described the practice of mobilizing the unconscious through attending to anxiety and underlying feelings that came up during the course of the retreat:

I became aware of pockets of anxiety that I had previously not been aware of. During private meetings with [the teacher] I was encouraged to examine what was driving the anxiety and work through the underlying feelings, and then to see where that would take me, always looking deeper to see what lies below each layer of the mind. During the many hours of meditation I would notice how by staying with the practice, my own defenses of rumination and diversification would rear their heads. Staying with the practice, defenses eventually crystallized in the form of a wall between my feelings and me, leaving me with a sense of disconnection. When this happened I would feel into the felt sense of this experience, stay with the experience, and eventually the wall would cave and intense, often very painful feelings and impulses surfaced as a result. I would go deeper and then new areas of blockage

came up, giving me the opportunity to work through yet another layer. This process would repeat itself a number of times, with feeling, anxiety, and defense constellations being activated at different times associated with different genetic figures. Each time I got through an inner wall I felt more energized and fluid, my heart more open.

Another participant described a healing process associated with relating to defensive material in a more open way during the course of the retreat:

I was amazed and horrified in my experience of how my brain just serves all those delicious defenses (i.e., thoughts, analyzing everything, trying to understand the past, predict the future) often in negative ways. Or just creating ideas (i.e., how can I turn this teaching into money or recognition/fame). When I accepted this part of me, “its [sic] just my dear brain doing what it’s good at” and not getting into a fight with myself, I discovered a depth underneath. My unconscious. Lots of feelings, mostly grief in the first two to three days. Grief over lost connections since I was born, lost opportunities, grief and existential guilt about relationships and people I haven’t treated well and so forth. I went through most of the important relationships in my life—did a huge amount of healing—and encountered several versions of my basic conflicts. I experienced it as healing the splits. Some small, some huge. And in the end, I was filled with love and gratitude. And the most amazing is that I did most of it all by myself.

The Importance of the Group

Unlike individual therapy, Zentensives are intentionally a group-based experience. Although conducted in silence, several participants remarked on the power of the group for supporting their own practice. One noted,

The other attendees really factored into the experience as well. Through shared effort, true shoulder-to-shoulder kind of working together with the others, I came to feel a strong bond with rest of the group. . . where I felt supported and really bonded in a deep way. On the last day of the Zentensive, participants are invited to communicate verbally again.

This offers a chance for beginning to practice integrating the Zentensive experience into interpersonal interactions. One participant remarked on the ways in which the group was experienced differently: “Never had I felt so open, so included and so alive with a group of people. I laughed easily and joyously and constantly.”

Impact on Clinical Work

A primary intention of the Zentensive is to support the development of intrapsychic skills

that will support clinical practice. Several participants shared comments reflecting ways in which they felt their clinical practice was impacted following the retreat. One participant shared shifts in sessions with patients:

The week following the retreat, almost without exception, all of my psychotherapy sessions were deep and powerful, even sessions with patients I've seen for years, who have felt stuck or coasting. I know that the shift in me, the focus, the expansion, opened up something in the room for them as well.

Others noted changes in the experience of doing therapy, including increased awareness of intrapsychic dynamics. One shared,

I was more present, more patient, and quite frankly I think it freaked one of my patients out, in a good way. It is incredible to see, to really witness how much is missed when my anxiety, imperceptibly, would sweep away an important moment, taking away a client's experience.

A second noted, "Having become more conscious and aware of previously unconscious psychic material, the chances that this material will come out in left-handed, non-therapeutic ways are far reduced."

Two participants remarked on the way that having an "agenda" in session with patients had loosened following the retreat allowing a greater degree of connection during therapy. The first stated, "When I came home I noticed quickly how my work has changed, my pace, focus, depth, paying notice to the patients anxiety, not having any agenda other than creating a healthy relationship with the patient." And a second noted,

I am better able to use my own relationship with clients experientially, as it unfolds in the room, which requires a degree of sustained presence and emotional intimacy. I encourage clients to experience the emotions that arise from these in-the-moment exchanges, which usually leads them to identifying a familiarity, a memory, a pattern. And I am better able to be with them as they experience their feeling, and to encourage them to stay with the feeling themselves. Furthermore, I now acknowledge the immense mystery and complexity of the world and the self, and at the same time how limited our ways of knowing are, especially intellectually. I am able to sit with a client at the space before the unknown, without jumping to a theory as to why a symptom or phenomena is occurring. Instead, I am able to simply be present with the client and say, "We do not know yet," and turn to the pieces that we do know: the physical sensations and emotions that show up in the body, in the room.

Two others remarked on an increased trust in elements of the psychotherapeutic process, most notably the power of unconscious to move toward healing. One participant shared, "In returning to my work, I noticed an enhanced perseverance and belief in the unconscious; a sense of self-authorized relentlessness and security that feels wonderful." A second shared,

That sense of mystery relating to the unconscious, and its capacity for healing and growth when trusted, was also valuable. On returning to work I found this helpful for me to a) maintain a curious interested stance, b) trust and have confidence in the patient's ability to heal themselves, c) more confident in my own practice of ISTDP, and that by holding to that process the outcome takes care of itself.

Impact on Personal Life

Lastly, several participants remarked on the ways that the Zentensive had impacted their personal lives and experience in the world more generally. This is in line with the Zentensive's shared focus on professional and personal development (based on the notion that these two are interrelated; Rønnestad & Skovholt, 2003). Several participants highlighted an increased sense of connection with others and the world generally following retreat, with one sharing the following:

As I walked through the airport. . . I continued to marvel at the perceptual changes in "reality." Normally, an airport is a place to wait, maybe with mild irritation at the chronic overstimulation, crowds, fast food and lack of control over time and schedule. Something to get through on the way to somewhere else. Not so on that morning. For me, it was destination I had never before had the privilege to experience. I felt so wide open, so moved by everyone I saw. I felt I was in love with every stranger I passed. Streams of compassion flowed out and into my heart. I watched people with an incredible sensation of tenderness, not unlike those first moments of holding my newborn babies.

Others shared comments on a shifted experience of human potential. One noted, "I left the Zentensive feeling more deeply connected and with a sense of exhilaration, awe and certainty of the "Buddha nature' within and all around me." Another stated,

The first outcome was a marked difference in my state of being—physically lighter, more at peace, energized, interested, less preoccupied. It seemed that something had shifted on a core level that was hard to articulate verbally, but certainly known experientially. Emanating from such a shift in experience was a different attitude to life: more open to the possibilities that it has to offer, and seeing more distinctly what I want from it.

This was such a relief, as if a fog had cleared which had obscured my view of what I sensed was there.

Conclusion

Although psychotherapy has become a form of health care with recognized efficacy for treating a variety of mental illnesses and improving quality of life, it is a relatively recent addition to human society. Of course, while modern forms of psychotherapy arguably have relatives in earlier nonmedical (and certainly nonpsychological) traditions (e.g., shamanism; Rieken, 2015) and share therapeutic factors common across various forms of healing (Frank & Frank, 1991), psychotherapy as it has come to be practiced in industrialized societies has only been in development for a little over a century. Buddhist traditions have had a far longer period of development (i.e., over 2,500 years), yet it is only within the last several decades that traditional Asian contemplative practices have been available in the West (Aronson, 2004). Certainly, attempts at integrating these historically disparate traditions are only just beginning.

In this article we sought to describe one such attempted integration—that between Zen Buddhist retreat practice and a psychodynamic understanding of the unconscious, as articulated within ISTDP (Davanloo, 2001a). This was motivated by the hypothesis that the synergy of Zen and ISTDP can accomplish more than either tradition alone. From the standpoint of modern psychotherapy, we contend that the integration of contemplative practices such as those derived from Zen Buddhism, particularly within the context of intensive retreat practice, has the potential to develop therapists' intrapsychic skills. We provide the theoretical backdrop of this conjecture, along with initial feedback from participants highlighting some of the ways this may occur, both in the process of working through unconscious material during the retreat as well as in sessions with patients following the retreat. More broadly, we contend that the integration offered in the Zentensive can also support therapists' (and nontherapists') personal development. Within the psychodynamic tradition, personal development (e.g., resolving one's internal unconscious conflicts) is not strictly separate from the development of the therapists' technical skills (Freud, 1937; Kernberg, 1986). In this light, the Zentensive can be

seen as supporting a goal shared by both psychotherapy and contemplative practice: supporting human growth and the development of human potential (Kapleau, 1966; Rogers, 1961).

Clearly, future work will need to examine these possibilities empirically, for example by examining the impact of intensive meditation training on therapists' clinical skills and personal growth, as well as on patient outcomes. Our study is limited by not including such data. Future studies could involve the collection of more robust qualitative data, either through structured or semistructured interviews or a formal written feedback protocol. Subjecting feedback data to qualitative data analysis could reveal complementary or contrasting themes to those elements of the Zentensive model and rationale emphasized here (Madill & Gough, 2008). The ideal quantitative study would randomize interested clinicians to Zentensive and waitlist conditions and assess a potential causal effect of the experience on therapist and patient outcomes. Objective measures of therapist skills (e.g., through automated assessment of psychotherapy process variables such as empathy; Imel et al., 2014) as well as purported mechanisms of action (e.g., unconscious mobilization during retreat, the development of meditative capacities) could clarify aspects of Zentensive training not subject to response set biases. It could also be interesting to assess whether participating in a Zentensive has led some participants to engage in further (perhaps even longer duration) intensive retreat practice. Based on the centrality of intensive retreat practice within Buddhism (Kapleau, 1966; Rahula, 1974), we feel it is worthwhile continuing to explore ways this contemplative tradition may be useful for mental health professionals, and ultimately for their patients.

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Received October 5, 2017

Revision received December 12, 2017

Accepted December 14, 2017 ■

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