

Tavistock and Portman Staff Publications Online

BOOK CHAPTER

Original citation: Music, Graham (2014) *Vagal superstars: Dialogue with Graham Music*. In: *The Buddha and the baby: Psychotherapy and meditation in working with children and adults*. Karnac, London, pp. 197-212. ISBN 9781780490816

© Graham Music, 2014

This version available at: <http://repository.tavistockandportman.ac.uk/>

Available in Tavistock and Portman Staff Publications Online

The Trust has developed the Repository so that users may access the clinical, academic and research work of the Trust.

Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in Tavistock and Portman Staff Publications Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain. You may freely distribute the URL (<http://repository.tavistockandportman.ac.uk/>) of Tavistock and Portman Staff Publications Online.

This document is the published version of '*Vagal superstars.:Dialogue with Graham Music*'. It is reproduced here with the kind permission of Karnac Books. You are encouraged to consult the remainder of this publication if you wish to cite from it.

NHS FOUNDATION
120 BELSIZE LANE
LONDON NW12 8BA

CHAPTER FIFTEEN

Vagal superstars

Dialogue with Graham Music

You can hold yourself back from the sufferings of the world,
that is something you are free to do and it accords with your
nature,
but perhaps this very holding back
is the one suffering you could avoid.

—Kafka (1917–1918)

MP: Well, Graham, I'm not sure about your interest in meditation, whether it comes from a Buddhist practice or a more generic form of mindfulness?

GM: I'm not a Buddhist but I first got interested in Eastern thinking when I was at school, a very typical adolescent thing to do at the time. When I got to university, my intellectual passions were more about politics. However I had a fantastic sociology teacher, Bob Witkin, who was very interested in aesthetic experience and also in what we would now think of in terms of right as opposed to left hemisphere dominated ways of understanding the world. He in fact introduced me to very early books on right and left

hemisphere and this was back in 1977. When I presented my thesis on a Marxist analysis of the educational system, as one did in those days, we used to have discussions in his house, and he helped make links between the early Marx, people like Theodore Adorno as well as Suzuki's work. This got me hooked, mostly intellectually, but I also met several people when I was at university who were practising. I just dipped in and out of meditation from then on for many years, but it was always there, alongside other forms of spiritual thinking, which did not entail swallowing whole belief systems.

MP: You come from a Jewish background, don't you?

GM: Indeed, at least in terms of ethnic origin. My family practised minimally, but were unusual. For example I was a Jewish boy whose dad was a pig farmer, not terribly kosher.

MP: You don't mean metaphorically, do you?

GM: No, literally. So that was the origin of my interest in meditation and I think I have a long, and slightly chequered relationship with meditation and Eastern thought. There were periods in my twenties, when I would go off on retreats, but then I would lapse into late adolescent and slightly manic life choices.

MP: Buddhist retreats?

GM: Yes, but in-between I would often not do very much for a long time, just occasionally I would sit. So it has been around for a long time but it is only for the last few years that I've had a very regular daily practice, I think.

MP: What has brought up this?

GM: I've always been interested in the interface between psychoanalysis and Buddhism, sometimes a rather intellectual and cerebral one. However I think there are profound links between the two practices, when they are done with depth and integrity. Interestingly when I came to train here at the Tavistock, I knew that I wasn't going to fit in easily with just a post-Kleinian way of thinking and I went to Nina Coltart to help me find an analyst and of course we ended up talking about the relationship between free association and meditation. I've always tried to keep the therapeutic thinking

and this, slightly separate over the years, but I've always been interested in people who manage a degree of integration. I think Bion did, I'm sure other people have talked about this, but I also got interested in other thinkers and traditions. Michael Eigen, for example, in the States, really made big links between his psychoanalytic practice and his spiritual beliefs.

MP: They call him a mystical analyst, I read somewhere.

GM: Oh, I see.

MP: And when did you decide to become a psychotherapist?

GM: I suppose I was always interested but thought about it seriously in my early twenties, after having done the common adolescent thing of travelling, and then going on to work, in my case for a local authority: I ended up looking after a block of flats in which they placed people, whom they wouldn't place today together. They were people they would not give a permanent home to; it was quite a prejudiced time. The block of flats was made up of prostitutes, drug dealers, young people out of prisons, young single mums, people with severe learning disabilities; most of them had massive rent arrears etc, a kind of dustbin for those who were deemed somewhat unsavoury. My job was partly to take the rent, look after the flats but I also had a pastoral role and people would come and to talk to me and I would be their first port of call. That was interesting, but I was 23, I was a baby and these people had really complicated issues. The thing that moved me away from that world—I'd been thinking of doing a psychoanalytic-orientated social work course at the time, there was one man who had spent twenty-plus years in Friern Barnet, who was a paranoid schizophrenic basically, who used to come into the room and worry about all different machines that were recording him, and spies and those sort of things. Then one day he didn't turn up: he used to turn up like clockwork with his rent and I knew that something had happened. Interestingly, even then, at twenty-three, I'd realised that he needed more help, and I had several times phoned up the social worker and said: "Look, this person has got no one supporting him; he hasn't got a single person in his life; this isn't good enough." But anyway, I found him dead in his flat.

NHS FOUNDATION
120 BELSIZELANE
LONDON NW1 6AA

MP: Oh, what a shock!

GM: That really was such a trauma for me that within a year I changed direction. There was no support, no one knew what to do, no one to help make sense of this. I remember going to the funeral, I was the only person there.

MP: What a sad story.

GM: So I left and I became an antique dealer but even then I would read Freud with my tea and chip butty at 7.30 in the morning in little Northern market towns, having already bought my goods; also Eastern things interested me: I remember reading Rumi and I started doing small courses but also having a good time.

MP: It's interesting: the antique dealer, you were already interested in the past, in the history or furniture, and then you moved onto the history of people, children and so on.

GM: Like Freud's interest in archaeology. During that period I did things like an art therapy course; an introduction to psychology alongside other kinds of seeking and even then I always found them very linked. Then a crisis in my personal life in my late twenties brought me back in therapy myself: I also did more courses, I went to the Institute of Psychotherapy and Social Studies, which is more integrative and politically orientated; then I went to the Minster Centre which is a much more integrative and humanistic body-based therapy: it had a lot of transpersonal, spiritual stuff as well as body therapy and psychoanalytical thinking. I found the body stuff much more useful than the spiritual ideas in terms of therapeutic practice and then I came here, afterwards, to do the observational course and then the psychotherapy training. So that's my path, really.

MP: Psychotherapy intermingled with the spiritual path from very early on. Tell me, how does your spiritual inclination affect your work with children and adolescents now?

GM: It's taken this long since qualifying, I think, for me to really think that there are serious possibilities of integration, even though I've always felt that something about the free-associational process was very similar to watching your thoughts in meditation,

especially in being aware of one's body states. I've always found this very helpful in terms of countertransference.

MP: Can you say a bit more about this point?

GM: When I was practising meditation, I found myself much more aware of my responses to other people, so I could more easily know if the states being stirred up in me were such as if I was feeling more flattened and dulled down, or if I was feeling sympathetically aroused.

MP: Indeed, in meditation practice one becomes very aware of the body-mind. I share with you this idea of the body countertransference and the increased sensitivity and awareness fostered by meditation.

GM: It's just astoundingly powerful learning, I think. Then more recently one of the things that got me interested again and gave me a bit more hope that these things could be integrated a bit more, was the mindfulness movement. As you know, I'm really interested in neurosciences and attachment and developmental thinking and many of the people who have been looking at that area, were finding really exciting and interesting things about the brain as we know, and attachment patterns. A few of them, who researched the brain, suddenly got really interested in the mindfulness research and the meditation research and its extraordinary effects on the brain, even sometimes after quite short periods of time. So, suddenly I thought, there are important connections here and this is very exciting and the amount of research that is going on is quite extraordinary.

MP: Mostly in America, isn't it?

GM: Yes, nearly all in America, some here like the mindfulness-based cognitive therapy (MBCT) which has an impressive evidence base for preventing depression relapse. There are many courses based on the Jon Kabat-Zinn MBSR model, which has been the predominant one. Having already, anyway, been interested in mindfulness and the brain, I was finding all these extraordinary connections, which linked with the work I was doing with the children, who were not necessarily being reached by interpretative ways of working: I work a lot with trauma, with children who have been

NHS FOUNDATION
120 BELSIZE LANE

in the care system and whose autonomic nervous systems are often very hyper aroused, indeed often too over aroused to take in anything one says. They really need a place of safety inside themselves before they can begin to think about anything else. These are children who also have a very profound effect on the people around them, their carers, teachers, and all those people, who often get into a terrible state. I was very interested in some of the research, for example, by Davidson about how kids who are more confident and outgoing have higher left pre-frontal activation than kids who have more depressed, neurotic presentations, who have higher pre-front right activation.

MP: This is in adults, isn't it?

GM: And in children as well: they found it in nursery kids in resting states; but this shift is also what happens if you do a course in mindfulness, you have this leftward shift in terms of certain areas of the pre-frontal cortex. So even if mindfulness takes place mainly in the right hemisphere, there are certain areas, which have to do with feeling better about yourself, which are affected by meditation. All these amazing links are going on!

MP: So much more could be done with children.

GM: No question about that but lots of people are already doing quite interesting things with children. All the rigorous research about mindfulness and its effectiveness as a therapeutic modality is currently about adults, but there are increasing numbers of experimental ways of working that are also beginning to be researched with kids. There are some people in the States, like Susan Kaiser Greenland, who have been developing mindfulness with kids; she is one of many who have described techniques and exercises. These have been carefully adapted for children: you don't sit and meditate for half an hour with children, but you may ring the meditation bell and get them to sit quietly, listen and put their hand up when bell stops. This is to help them develop the capacity to concentrate, which is very linked with the executive functioning, and many of the kids we most worry about have big struggle with their executive functioning: this is an area that we haven't thought enough about in psychoanalytic child psychotherapy.

MP: How do you apply this in your clinical work? Do you do breathing exercises with the children or something?

GM: Ok, let me come to that in a minute. Going to see some of these people like the psychiatrist Daniel Siegel, who is very interested in the brain, who is very interested in attachment and then got very interested in mindfulness, a few of us psychoanalytic psychotherapists—a few child and a few adult therapists—formed a monthly group that meets to think about the interface between psychoanalytic psychotherapy and mindfulness. This has been going for about two years now. We do a little bit of sitting together and then we take it in turn to think about how we use mindfulness in our work directly or indirectly. We've given each other a bit of courage. Some in the group do more active, body-aware interventions; others just use it inside themselves.

MP: This is fascinating!

GM: Then setting up a new course here, called Psychological Therapy with Children, Young People and Families, a course with an aim to train people for some of those CAMHS jobs, which are around nowadays. That course had to be shorter than the child psychotherapy, much more eclectic but with a psychoanalytic core, so they get child psychotherapy supervision, teaching and theory.

MP: It probably wants to counteract the IAPT (Increasing Access to Psychological Therapies) training and its generic approach.

GM: Exactly and it wants to give people other strings to their bow, when they leave, and have something which you may call evidence-based or on the verge of evidence-based. So we decided to bring mindfulness into this in the second year. So they get one year fortnightly of the equivalent of the eight-week mindfulness-based stress reduction or cognitive therapy. So they get experience themselves, they get given home practice, and then some basic tools for applying this thinking. In addition, they all have to be in their own therapy; they're trained mainly in psychoanalytic thinking, but also they get some systemic input, and a bit of CBT. Mindfulness is there experientially primarily. They have an experience of an eight-week course, gain some practical skills, and then some may want to do a whole longer training.

- MP: Do you have somebody who's done the mindfulness training to teach them, or did you do the eight-week mindfulness course yourself?
- GM: No, we have brought someone in to do this, Bill Young, a child psychiatrist, who in fact trained here long ago. I am not qualified or experienced enough to teach very much yet. I have done the eight-week course with someone from Cambridge; this was organised by Ricky Emanuel for clinicians at the Royal Free Hospital. The teacher was Michael Chaskalson, who also worked alongside John Teasdale and Mark Williams. So I've done that, and then I've been practising very regularly, but my practice would need to deepen to teach more, and I have just started doing teacher training.
- MP: Are you now talking of practising meditation or mindfulness, and what difference do you make between the two?
- GM: Mindfulness is more like the beginning of a long meditation journey, I think; it's much more based on the elements of learning how to pay attention, to focus, to shift attention. The exercises are quite basic, and start with the body scan; people have two weeks or so to do their own practice, then they move into following the breath, listening to sounds, watching thoughts, and those sort of exercises; they also have lots of tips and tricks like three-minute breathing spaces, which you can do any time during the day; I sometimes do it in between patients. For example, you sit for one minute and become aware of what thoughts and feelings you have; then you concentrate on your breath for a minute, then on your body breathing for a minute, just little breaks in the day. Mindfulness is not the same as the depth people reach with long-standing meditation practices, but in order to deliver mindfulness training and in order to do mindfulness training, you have to do your own practice.
- MP: Would you say that perhaps mindfulness teaches more techniques?
- GM: Yes and no: there are also techniques in meditation as there are techniques in child psychotherapy; when it flows, it's not about techniques and I think that if you learn to sit and be interested

- in, and alert to whatever your breath happens to be doing; that isn't really technique, it's a way of life, a way of being, I think. So the people who are very keen on mindfulness and who developed it in this country, originally in Bangor, and then Cambridge and Oxford, they're very keen that people have a very serious and regular practice themselves. So it's got to be integrated into the personality. Maybe with children it will be necessary to develop techniques for helping them. I think there might be two ways of intervening with children: both working directly with children, individually and in groups, and also working with parents or carers, helping them develop a mindful awareness, which in turn should allow the children to be more self-regulated.
- MP: You mean more self-regulated as adults and more contained in their dealing with children?
- GM: Yes, it will then transmit to the children. I've also started a weekly workshop here for child psychotherapists and other trainees about the clinical implication of attachment, neurosciences etc., and this morning, for example, we've just had a presentation by somebody who works much more bodily with traumatised children. She was taking the group through some basic somatic awareness exercises: how do you feel in your body when you're under stress, this has good links with mindfulness practices, I think.
- MP: It's fascinating this opening up to the body and the meditation is breaking the ice, somehow.
- GM: We're just beginning and it's not many of us doing it yet.
- MP: Years ago, Ricky Emanuel invited an Indian psychiatrist to talk about the experiment they've done in Indian prison where they taught eleven days of Vipassana meditation to the most callous people serving long prison sentences. The tape they've now made is called *Doing Time, Doing Vipassana*. The results were unbelievable: some of those prisoners shifted from feeling persecuted and paranoid to taking responsibility for their past actions and wanting to make reparation. It was most moving to hear about and to watch the video.

- GM: Interesting. I don't know quite how or where we're going to apply all this. I do think one big distinction between psychoanalytic child psychotherapy and this way of working is that, as well as having to be a little bit more aware of bodily and nervous system issues, you also have to be prepared to be sometimes a bit more directive. I think that's a big challenge for a psychoanalytic psychotherapist.
- MP: That's how you have to be with the NHS patients, as it is rare to be able to do pure psychoanalytic psychotherapy in the NHS. We have to adapt a lot and offer hands-on work by offering advice and practical suggestions, albeit they can still be psychoanalytically informed. It's the nature of our work with that specific clientele, nowadays.
- GM: Absolutely, you have to give advice and I think that the neuroscience research for me is providing a bridge. There's new understanding now, of the autonomic nervous system for example, described in Polyvagal theory. It is Steven Porges's basic argument (2001) that there are two branches of the vagus nerve, a very primitive one, which we share with vertebrae and which is the most defensive last resort, consisting of complete metabolic shut down, freeze, floppy types of defence. Then we have the sympathetic nervous system with its fight/flight responses, shallow breathing, increased heart-rate etc. But if the parasympathetic nervous system is working well, the myelinated "smart" vagus nerve is firing. This goes from the brain stem, that is, the primitive brain, to facial muscles, heart, internal viscera, especially the stomach. The ventral vagus is full of oxytocin receptors that make us feel good; so when we feel good, relaxed, in love, comfortable, and happy, this vagus nerve fires away and people feel more at ease, have better wellbeing, and so on. This is what we see in long-term meditators. It can be measured by looking at heart rate variability. Traumatized people have limited heart variability and tend to be far less flexible. Dacher Keltner (2009) found that there are some people who have extraordinarily high vagal tone, great heart-rate variability, and he calls these "vagal superstars". He would count people like the Dalai Lama as such a vagal superstar! For example, those who have meditated a lot, maybe over ten thousand hours, seem unperturbed by stimuli

- like very loud noises: their startle reflex does not respond even though their awareness is still completely present.
- MP: Yes, there are fascinating researches on the effect of meditation on the brain.
- GM: In a small way, I think, we want to try to bring some of that into our work with children.
- MP: How do you bring that in the therapy room when you work with the traumatized, fostered children, whom, I understand, you have a lot of experience in treating? How is your knowledge of neurosciences affecting your clinical, therapeutic work with those children?
- GM: I bring it in a lot with parents and carers, I would be very psycho-educational now, more than how I used to be, and I might say: "Look, when you have the kind of trauma that he has had, then there is a very primitive part of the brain that will fire up very easily and he will be very hyper-alert, with a very activated fight-flight response. When this happens he won't be able to take anything in, won't listen to you, won't be able to, he isn't just being stubborn. We can work together to try to find some way to calm him down". I use that kind of language quite a lot. When I am with kids in that state, sometimes I have to work hard to stay with myself, maybe trying to become aware of myself breathing and any tensions.
- MP: Not if they're wrecking the place, presumably?
- GM: No, if they're wrecking the place you've got to stop them. If they're very dysregulated, you've got to go near enough to where they are and then try to bring them down. So a lot of it is to do with emotional regulation and it's not much to do with mindfulness at one level.
- MP: Practically, what do you do?
- GM: I just do what a lot of us do, which is try to speak at the same pitch they use and then try to slowly bring them down. That's emotional regulation not so much mindfulness, but there are one or two kids I have done some basic exercises with now, particularly helping them be a bit more aware of somatic states. Some are

terribly ungrounded—so just sitting for a few moments with their feet on the ground. This is easier with early to mid-late adolescents, I find, as they can sit and you can try to get them to be still, see what sensations they can feel and maybe take them through a body scan, sort of thing.

MP: You would do that in a session then, take them through a body scan?

GM: With a few I do that when I feel that my traditional way of working hasn't worked; if I feel that child psychotherapy is working with a kid, then I don't do anything else. Certainly I would try to get them into a place—by whatever means—whereby they're less sympathetically aroused and calmer, as I don't feel I can do any therapeutic work unless we get to that. I do find I now ask curious questions about the body, for example: "You seem a bit calmer now, what's happening with your breathing? How is your heart?", and those sort of things. That's less threatening; in fact it's a bit cognitive behavioural therapy-like.

MP: This seems essential before they can move more into thinking.

GM: Yes, although of course some kids think too much, so you have to bring them back.

MP: I call it hyperactivity of mind: butterfly mind as a child patient of mine called it.

GM: I agree, that's a nice description. There was an interesting book a few years ago called *The Mind Object* (Corrigan & Gordon, 1995), which was taking forward Winnicott's idea (1958b) of mind and its relation to the psyche-soma and argued that lots of children who do not have a reliable external object to identify with develop an over-reliance on their minds. Winnicott, I think, knew all this stuff that we're talking about today.

MP: Just like Freud, who had it all there in his thinking, and we now develop and expand on some basic points he had already made, in his time.

GM: Absolutely. In mindfulness, there is an experience which is a bit like what Winnicott describes as the psyche residing in the soma.

MP: They come together, don't they?

GM: Well, if you feel held as Winnicott says, or contained in the Bion sense, then psyche and soma are not separated in the way that we often see after trauma, stress, and anxiety.

MP: But in terms of origin, the mind and body are born together: the forming foetus in the womb, I believe, already has an emotional experience there, although it may be mentalised only much later on.

GM: Definitely. But I think the "butterfly mind", as you describe it, takes root when someone does not feel relaxed, at ease, or safe, when they have not been gathered up; then the mind goes off on its own track and there is less bodily self-awareness and less relaxation.

MP: Thinking of more theoretical issues such as attachment and non-attachment, ego and non-ego, and so on: how do you reconcile what appears to be on opposite ends in psychoanalysis and Buddhism?

GM: I don't know if I can reconcile them but I think we live in very different worlds to those where people are brought up in traditional Buddhist cultures. For example, in an interview with the Dalai Lama somebody asked about people who really don't like themselves, and he looked completely astonished and said that he couldn't believe that there were people who didn't like themselves. So, in a sense we live in another universe. I think that this attachment/non-attachment issue is very interesting because on one level they sound opposites, but you cannot move towards non-attachment, non-ego etc., those classic Buddhist trajectories, prematurely. First you need something good inside that you could rely on. The idea of non-attachment can, I think, be used as a kind of manic defence. I've seen it a lot in New Age circles and also in meditation retreats and in humanistic psychotherapy weekends; often when people seem very fragile, and ward off the unmanageable by ideas about non-attachment, that worries me. I suppose fundamentally what we try to do in child psychotherapy and in helping people to become parents, is for people to have this sense of feeling securely attached or having a good object inside,

whatever language you use, high vagal tone maybe. Only with that can we begin to think of these other spiritual things like non-attachment, otherwise, you're onto a hiding to nothing, I think. So, I don't really reconcile them but, I think in psychotherapy we're starting from a lower baseline than a lot of spiritual people and teachers. I think that the psychological health of many people starting on these paths is much more vulnerable than many who start spiritual paths, say, in the East. Some of these Eastern, meditation, spiritual centres in the West, will attract people who are very much on the fringe, are very fragile and desperately looking for a home. So, the psychological work/help has to be primary and there is a danger when meditation and spiritual ideas are used as a short-cut.

MP: I agree with you entirely and you meet rather troubled people in these monasteries and Eastern religion places. It can be very dangerous, indeed. So, a proper psychological attachment has to be there, before embracing the spiritual path of letting go.

GM: If you think of attachment theory or if you think of Winnicott, actually, once you feel secure inside yourself or you know your mother is there, then you can relax and you can let go; by the same token, we are not ready for these spiritual things until we feel secure inside ourselves.

MP: It's like the dummy: you can let go of it when you have a good mum inside you.

GM: Yes and another danger is that people become obsessed with ideas that are never really going to hold them together; we are back to the mind-object and butterfly mind. In both good therapy and in mindfulness, I see a movement towards feeling more at ease in oneself, being able to forget oneself a bit more. Many of the people—adults I'm thinking of—who come to us for therapy are incredibly self-obsessed as they've got so little good inside and as they become healthier, with luck, they become less narcissistic, less self-obsessed, and can let themselves go a little bit.

MP: Someone else has spoken about the over-attachment to one's ego being a narcissistic state of mind, i.e. a neurotic state, versus a more relaxed and humorous sense of oneself, free from

the self-hatred that astonishes the Eastern people, as you've mentioned earlier on about the Dalai Lama.

GM: It's a bit of a superficial a way of understanding it but it's my way!

MP: I think it's a view shared by many people: Buddhism and psychoanalysis just give different meanings to the same words, to the same terms: even the Dalai Lama talks of the necessity of a healthy mother-child relationship. When they found him to be the reincarnation of the previous Lama and he was taken to live in the Potala, his parents also moved nearby, because he was only five or so, at that time. He has maintained the simplicity, the freshness and spontaneity of a child, yet his thinking is also highly sophisticated (Goleman, 2003).

GM: He's a remarkable person, indeed.

MP: On a more personal level, have you ever had any particular mystical or enlightened experience that you can share here with me and the readers?

GM: Not really, I had some experiences, which I think of as feeling blissful, I suppose, but I wouldn't claim great spiritual revelations or anywhere near an enlightenment or awakened state. I'm afraid not.

MP: There is a question, which is linked with letting go of the ego that is emptiness: how you see the idea of emptiness in your work?

GM: I find that I turn to Winnicott a lot, and also, as many people, to Bion. With Winnicott I think of that that lovely paper: on the capacity to be alone (Winnicott, 1958a). I have for a long time pondered what the different words mean; whether to stress the being, or the alone or the in the presence of, but I think he really understood about just being. That sense of being is the prerequisite for some of the things you've mentioned about the Dalai Lama: playfulness, openness, curiosity and an angst-free way of being. Obviously, when we are working in therapy and with children, of course, we are very aware of the transience of things, and that peculiar mixture of blissful cherishing but at the same time, aware of the emptiness of things. In my own way they come

together, but I have no way of thinking about how it translates into the language of therapy.

MP: Well, many thanks, Graham, for all this, and I enjoyed getting to know your thinking and your projects a little more.

References

- Corrigan, E., & Gordon, P. -E. (1995). The mind object: precocity and pathology of self-sufficiency. 1-22. New Jersey: Aronson.
- Goleman, D. (2003). *Destructive Emotions and How Can We Overcome Them: A Dialogue with the Dalai Lama*. London: Bloomsbury.
- Kafka, F. (1917-1918). *Collected Aphorisms*. N. 103. Translated by M. Pasley. London: Penguin Books, 1973.
- Keltner, D. (2009). *Born To Be Good: The Science of a Meaningful Life*. New York, London: W. W. Norton.
- Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*. New York, London: W. W. Norton.
- Vipassana Research Institute (1997). *Doing Time, Doing Vipassana*. www.prison.dhamma.org. DVD available at email address: bookstore@pariyatti.org.
- Winnicott, D. W. (1958a). The capacity to be alone. In: *The Maturation Processes and the Facilitating Environment*. London: Karnac.
- Winnicott, D. W. (1958b). Mind and its relation to the psyche-soma. In: *Through Pediatrics to Psychoanalysis: Collected Papers*. New York: Basic Books.

CHAPTER SIXTEEN

Jung and the Buddha

Dialogue with Jackie Van Roosmalen

Grant me the courage to change
that which can be changed
The strength to endure what cannot
be changed
And the wisdom to know the difference.

—Reinholt Niebuhr

MP: Jackie, I am delighted that we can talk on the phone and at such short notice just before Christmas. I am particularly intrigued by your experience as a meditator and one of the last child psychotherapists trained at the Society of Analytic Psychology i.e. the S.A.P., the Jungian training, just before it was discontinued.

JVR: Yes, I trained in the nineties and I qualified in 2006. My peers were Joanna Goldsmith and Alessandra Cavalli. And yes, I did have a Jungian analysis.

MP: I believe there is not a huge difference from the other training originated by Anna Freud and Melanie Klein, is that right?