

Changing Minds: The Zen Koan in the Psychoanalytic Process  
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This panel uses the lens of a Zen Koan to explore the processes of creating mind change. It is based on the understanding that while the concept of “mind” differs in psychoanalysis and Zen, the *process* and *goal* of changing a mind in the direction of greater openness and flexibility is quite similar.

Paul will give a brief introduction to koan work in general and its relevance to psychoanalysis. Cynthia will then present the koan “Joshu sees through the Old Woman” and will discuss it in terms of attention, attunement and hearing what is not said, qualities that are equally important in psychoanalytic work. Paul will then conclude with another take on the same koan and hopefully there will be sufficient time for dialogue, discussion and being here with each other with our reactions to this koan.

## **Sand in the Rice: Attention, Attunement and Hearing What is Not Said**

Cynthia Stone, Ph.D.

In an article entitled “Your Ordinary Mind” Barry Magid, a psychoanalyst and Zen practitioner, wrote:” Uncovering and making explicit the arbitrary nature of our core beliefs is the common goal of Zen and all psychoanalytically oriented psychotherapy (Magid, p.38).” A major core belief is that we are separate autonomous individuals with a unique self and a mind that exists somewhere inside us. Stolorow and Atwood refer to this belief as “the myth of the isolated mind” (from *Contexts of Being* 1992 quoted in Magid p.267) Psychoanalytic theory is evolving in its concept of mind, as this conference demonstrates, and one direction of its evolution is toward the centuries old Zen understanding of the mind as not separate from others or its context. Both Zen and psychoanalysis help us realize how the causes and conditions of our lives shape our experience of the moment and how awareness of this state of interdependence leads to the possibility of freedom from it.

Although psychoanalysis does not use koans per se, I would like to propose that in analysis or therapy, the patient and the patient’s symptoms are a koan that the therapist and patient must see through and like koans, they are the manifestation or presentation, not intellectual understanding of a particular situation. They embody the truth of that moment. As we will see from the following koan, the Zen master sees through the situation first as in Zen practice the teacher has worked through all the koans he or she assigns to the student. However as one of my examples shows, the patient may sometimes get the insight first.

## The Koan

The koan I intend to look at is from a collection of koans called the Mumonkan, compiled by a Zen Master in 13<sup>th</sup> century China called Mumon and later translated into Japanese and translated from Japanese into English. It is called “Joshu Sees Through the Old Woman.” Joshu was a renowned Zen master in 9<sup>th</sup> century China. The old woman was probably a tea lady with a stand beside a well-traveled road. The reference in the koan to Mt. Gotai alludes to this mountain’s reputation as the place of enlightenment, among other things.

The koan goes as follows: “A monk of Joshu’s asked an old woman the way to Mt. Gotai. She said, ‘Go straight on.’ After the monk had taken three or five steps, she said, ‘He may look like a fine monk, but he too goes off like that.’ Afterwards another monk told Joshu about this and Joshu said, ‘Wait a bit; I’ll go and investigate that old woman for you.’ The next day off he went and asked her same question and got the same reply. On returning, Joshu announced to his assembly of monks, ‘I’ve seen through the old woman of Mt. Gotai for you.’”

What is the point of this story? Why is it a famous teaching tool in Zen practice, and what relevance does it have to psychoanalytic practice and training? What does Joshu see that the others don’t? To answer this correctly, one has to be able to glimpse Joshu’s enlightened mind, or, we might say, therapeutic acumen as demonstrated in his attention and attunement to what is not said. One also has to be able to discern what is going on with the old woman. Furthermore, one has to understand why Joshu doesn’t tell his monks what he has realized about the old woman. Might this suggest anything

about how to teach people to become therapists? The pitfalls in both disciplines are similar as is the use of stories or case examples to stimulate the appropriate skills. It could be said that Zen and psychoanalysis are complementary practices approaching the same goal from different perspectives, each relying on the medium of the relationship between the student and teacher or patient and analyst to bridge the transition from a self-involved, suffering state to an ability to live more fully and freely.

All koans in the Mumonkan have accompanying commentaries and verses. The verse that accompanies this koan goes as follows:

The question is the same each time.  
The answer too is the same.  
Sand in the rice,  
Thorns in the mud.

### **Sand in the Rice**

Reflecting on this, you realize that finding sand in your rice makes you pay attention to what you are eating and will probably lead you to throw the rice out. Thorns in the mud also make you pay attention to where you are putting your feet and will slow you down if not stop you altogether. These are obstacles in the way of one's eating or walking. In Zen, the obstacles exist in one's mind. They are 'sand in the rice.' In any communication there can be many obstacles that get in the way of understanding and of being fully connected with another person and with oneself. Assumptions, fantasies, emotions, transferences, prejudices and theories can get in the way, and this is not an exclusive list. Some of these obstacles are unconscious and as analysts and Zen students they are the ones we are most interested in. They are our blind spots.

To return to the koan, when Joshu heard the old woman's reply to his response to her instruction "Go straight on," he realized that she was in her head, relying on a pre-conceived idea. The koan does not tell us how he realized that or what his response was (which is up to the student to figure out), but since Joshu saw through her, that is, heard her second reply as a rote answer and not a genuine connection with his response which was rooted in his experience of that moment, we can and are meant to assume he did something to evoke the truth of that moment.. In other words, he was attuned to the deeper meaning of her command to "Go straight on."

Becoming a good analyst can be seen as analogous to developing Joshu's insight not only into the quality of what is said but also the motivation of what is behind it and the capacity to evoke the repressed, split off roots of experience. One has to be attentive and attuned, especially to what is not said. One has to be able to get oneself, one's preconceptions, narcissistic needs, biases, assumptions, and agendas out of the way and respond without bias to whatever the patient presents.

Bromberg, who writes about the dissociated states in all of us, states (p. 258) that "any systemized analytic posture holds the potential for repeating the trauma of non-recognition, no matter how useful the theory from which the posture is derived." By non-recognition he means the absence of direct relatedness which occurs when one is relying on a technique or theory to guide the analysis. It is only when the analyst allows him or herself to let go of techniques, theory, self-conscious and is directly with the patient, immersed in the patient's experience that, to quote Bromberg again, "those aspects of self which cannot 'speak' will ever find a voice and exist as a felt presence owned by the patient rather than a 'not-me' state that possesses him" (p.258).

## **Discussion of the Koan**

It is possible to see the analyst and the patient in all the characters in this koan. In the beginning, the analyst might be the monks who are confused by the situation and unsure what is going on as one is when one begins work with a patient or at various subsequent times with a patient. He asks “what is going on here?” Like the monks who turned to Joshu, the analyst may turn to an outside source of authority, or the supervisor, consultant, more experienced colleague or texts on the topic. While this might help, ultimately one cannot avoid going and seeing for oneself. No supervisor, colleague or text can substitute for being there oneself. So hopefully, the analyst becomes Joshu and journeys down the mountain, out of the safety of the monastery, professional identity or theoretical stance, to risk an intimate encounter with the other.

However, the analyst might avoid such intimacy by being like the old woman and having a ‘one-size-fits-all’ theory for his patients, as has unfortunately been the case when just about every patient has been seen as having an oedipal conflict, narcissistic personality or borderline character disorder. When that happens, there is, as has been noted, ‘sand in the rice’ and the analyst is not hearing what is not said. An example of the analyst’s breaking free of old theory, is Kohut’s finally listening to Miss F’s angry, high-pitched voice as revealing more than he was hearing in the content of her story. He notes ( p. 286) in regard to the change in his approach to this patient and beginning formulation of self psychology, that “Certain convictions can be achieved only firsthand and I am thus not able to demonstrate in detail the correctness of my conclusions about the meaning of the patient’s behavior...” Words are not the experience.

Unlike Kohut, the old woman clings to her old theory, her concept that the monks don't understand True Nature as well as she does. Do analysts ever think they know what is going on in a patient better than the patient does? However, as the interaction in the koan unfolds, we see she is just mouthing a phrase. She is not speaking from her lived experience as it is manifested in the present moment. She succeeds with everyone else except Joshu who sees through her. But note the koan does not say that he confronts her with his insight. While we do not know for sure that he does not, if he did, this would only be to throw more sand in the rice, to raise up his ego to oppose hers. Sometimes it is better not to interpret, but to let oneself be 'destroyed' in Winnicott's sense (p.90ff).

Joshu lets the old woman think she has won again and returns to his monks. He does not tell them what he has understood, but only that he has seen through her for them. This must have been frustrating for the monks as they are left guessing about what the master saw or heard that they didn't. Joshu does not deliver an insightful interpretation to either the old woman or to his monks. This resonates with Magid's remark (p.106) that "Perhaps the example of Zen can remind analysts that the optimal response may sometimes take the form of a difficulty that challenges or disrupts old patterns of organization." In this case, Joshu is not removing the difficulty of expecting his monks to go and experience what he experienced, to enter what Bromberg (p.247) calls the "ongoing intersubjective field" which is "the thing that cannot be said in words." In analysis, this is what happens when a patient "forces the analyst to give up his attempts to 'understand'...and allow himself to 'know' [the patient in that moment]".this is to enter the immediate intersubjective field without ideas or self-consciousness. Doing that is to "go straight on" as it is meant in this koan.

## **Attention and Attunement**

What do attention and attunement have to do with this experience? Attention and attunement are behavioral, non-secondary process states of being. They are based in right brain functioning which is dominant in the first few months of life and remains a more or less developed potential throughout life (Stevens, V.) Or as the neuroscientist and Zen practitioner James Austin puts it in his book *Zen and the Brain*, "...what matters in Zen is the way our brain expresses – in simple awareness and everyday behavior – those instinctual depths of self knowledge that lie below the shallow fictions of the egocentric self" (p.6). Attention in Zen is sometimes compared with the mindfulness of a cat is watching a hole in which a mouse disappeared. The cat is keenly vigilant, with single-minded concentration.

To give a recent example from my practice, a man I have seen for many years was telling me about a potentially important job change. In the middle of his account, about halfway through the session, I heard a noise in my waiting room and got concerned about it as I was not expecting anyone at that time. My lack of focused attention on my patient lasted less than 10 seconds, but he lost his train of thought and it took him several minutes to recover it. This man had had an isolated childhood, raised as an only child with a depressed mother and absent father. My break in attention, which was subtle, as I did not interrupt my visual contact with him, probably revived his earlier experience and felt like abandonment. It was probably similar to what Bromberg says is the subjective state of "you don't want to know me" (p.258) This break might be called a narcissistic injury, but it goes deeper, beyond or earlier than any sense of self to the primal unity between mother and child that is re-created in such moments in the therapeutic situation.

But it is not really between mother and child, which implies a hierarchy, but between two subjectivities participating in the intersubjective field they are sharing at that moment. Acknowledging my straying attention can validate the patient's experience and is a way of hearing what is not said.

Attunement is an expression of the experience of the ongoing intersubjective field. As defined by Stern (p. 142) "Affect attunement is the performance of behaviors that express the quality of feeling of a shared affect state without imitating the exact behavioral expression of the *inner* state." It is often conveyed by unconscious shifts in facial expression or body posture or tension. When a patient reports a particularly painful experience, the analyst may spontaneously tear up or have a different tone in his or her voice. For example, when a patient matter-of-factly reports an abusive incident and the therapist shudders there is attunement to the affect that is not expressed and may be disavowed.

### **Case Examples**

I would like first to give an example of a situation in which both patient and therapist were like Joshu and went to see, attend and attune to the patient's experience, and then give an example in which both patient and therapist stayed stuck in their preconceptions, like the old woman.

In the first example, a young woman reported a dream in which she was threatened by a scary man, dressed in black and brandishing an umbrella. This patient had had to be prematurely responsible and mature from an early age and still found herself in that position as someone in her early 20's in training to be a psychotherapist. Offering an interpretation about the possible projection of her anger at her situation, or the revival

of a hostile introject from childhood trauma would be 'sand in the rice.' Even exploring associations to the dream can lead to thinking about the dream rather than experiencing it. My response was to try to enter the dream, as with a koan, to live it, to try to be it. Through attention and attunement, the therapist can begin to become one with the patient's experience. In this case, one is both the scared subject and the man in black whom she experiences as threatening. I then invited the patient to re-enter the dream, to put herself back in the dream situation where she could directly see and experience the scary man. Then I asked her to ask him what he wanted. To my surprise, she burst into tears. Sobbing, she said he wanted to be noticed and cared for. A connection had been made experientially with her own needs which she could not express. We had gone together, like Joshu, to find out what this scary man was all about, and she heard before I did what he, or rather her repressed or unconscious self, was saying.

If, in the example just given, the therapist and the patient were more like Joshu, the second example reveals that I was more like the old woman, commenting on the patient's experience instead of sharing it and putting sand in the rice of the interpretation. In this case a middle-aged married man complained about his inability to break off an extra-marital affair despite his firm commitment to his wife and family. Asked to reflect on this situation and pay attention to his dreams, he reported a dream about getting out of the stock market as it was going up, taking his profits while he could. When I asked him for his associations or interpretation of the dream, he denied he had any associations or that the dream had any meaning. Since the focus of our work was the distress he was experiencing due to inability to break off his relationship with his lover, I interpreted that the stock market might represent his extramarital affair and his taking his profits while he

could might refer to his already voiced realization that this affair had been good, but was going nowhere. This may or may not have been an accurate interpretation, but it was too much for the patient to hear and he had to totally deny it. In retrospect, I realize I was not attuned to his resistance and fear of losing this extramarital relationship and the complex mix of illicit excitement, risk and attachment that it meant to him as well as the more manifest wish to take his profits and run. There was sand in the rice in the interpretation I offered him and he had to spit it out. In this case, I might have done better to follow Joshu's example and say very little, not giving away the meaning I had perceived but allowing the patient to arrive at his own understanding in his own time.

**Conclusion:**

In summary, the story of Joshu and the Old Woman points to the need for both analyst and patient to immerse themselves directly in the patient's experience. They need to know together, with one mind, as one does when one recalls an experience with someone who has shared it. Words may evoke the experience, but the experience is more than the words. It is a pooling of affect and images. For a moment two people become one experience. There is in Zen something called Mind to Mind transmission. It is wordless. It is direct. It cannot be explained. When this happens there are no longer two minds, only one awareness. In the best moments of psychotherapy, the same thing happens.

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