PREFACE

The following article, originally published in the Journal of Contemplative Psychotherapy, Vol. 4 (1987), has recently been updated. The updated version appears in the book Brilliant Sanity (University of the Rockies Press, 2008) as chapter 9: "A Discipline of Inquisitiveness, the 'Body-Speech-Mind' Approach to Contemplative Supervision."

Students and educators are encouraged to work with the updated book chapter rather than the 1987 article which appears here. The author of the book chapter, Robert Walker, may also be contacted for access to this chapter and related materials. His email address is robtwalker@aol.com.

The updated version is recommended because it gives a clearer discussion of the intention, theoretical foundations, and technique of this approach, particularly with respect to the "mind" aspect of the "body-speech-mind" descriptive discipline, as well as providing improved guidelines for presenters, group leaders and group participants.

A CONTEMPLATIVE APPROACH TO CLINICAL SUPERVISION

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INTRODUCTION: MEDITATION PRACTICE AND DESCRIPTIVE DISCIPLINE

Psychologists have recently been exploring various applications of meditation practice to psychotherapy, as well as possible meeting points between these two disciplines (Kutz, Borysenko, and Benson, 1985). As therapists and faculty members of The Naropa Institute, we and our colleagues have also been attending to the connections between our interpersonal practice of psychotherapy and our personal practice of meditation for several years. This exploration has resulted in a specialized group supervision format which emphasizes descriptive precision in casework presentation.

The practice of mindfulness-awareness meditation as taught in the Buddhist and Shambhala traditions (Trungpa, 1984) provides the context within which our clinical work takes place. Such mind-training is our most basic tool to help us cultivate friendliness and gentleness to ourselves and foster genuine compassion for others.

In this spirit, this article will describe a contemplative approach for helping professionals to present, listen to, and advise each other about clinical work in a precise, nonjudgmental fashion. This technique, or group speech discipline, is designed to bring one's experience of the client and of one's relationship to the client vividly into the supervision situation. In so doing, conventional theoretical presuppositions of the presenter, the supervisor, or of the other supervision group members are bypassed. We call this speech discipline for

presenting our clinical work *Body, Speech, Mind* discipline.

By describing the person and the therapeutic relationship in this way, we believe that a kind of information is uncovered which is extremely useful for clinical work, and is not so easily available through most supervisory approaches. This approach leads to an understanding of the person not from the point of view of chief complaint, presenting problem, psychodynamics, or any particular theory. In this context, the particular problem or complaint, which we could call predicament or dilemma, is just one aspect of the person's life. In fact, the predicament is an opportunity and invitation to become more curious as to how this aspect fits into the person's whole world or mandala.

That is one of the strengths of this descriptive approach: any so-called positive or negative aspects of the client's world can be viewed and felt in terms of the whole. Because of this, it is often possible to appreciate the intelligence operating in the midst of a client's most painful psychopathological expressions (see Podvoll, 1983). Moreover, this appreciation and insight is not simply the result of a theoretical belief in holism; it comes directly out of the presenter's and the group members' felt experience as they evoke the clinical situation through their applied curiosity and descriptive precision.

DESCRIPTIVE INTENT: DEVELOPING AN EYE FOR DETAIL

Of course, any supervision situation includes some presentation of what has happened in therapy. This intention is a given and is usually addressed through the presentation of process notes. Process notes are also included in this approach, but we have found that a too-early introduction of process notes into the supervisory situation does not do justice to the texture and atmosphere of the client-therapist relationship being presented. The blow-by-blow account of who did what

to whom could induce a premature focus on the client's presenting problem or complaint. In turn, details of felt experience in the client-therapist relationship, as well as aspects of the client's existence in the broader world could be skipped over, which, from this point of view, are such an important ground for clinical work.

The purpose of the body, speech, mind discipline is better served by taking some time at first to get to know the person who is being presented. Imagine that you want to describe your spouse or good friend to another friend who has never met him or her. Your description could include what your friend looks like, how he[1] moves, how his eyes sparkle, what and who are important to your friend, and what it feels like to be with him in various situations. The body, speech, mind discipline is like that; it helps one to not jump the gun with ideas and opinions about the other, but simply to present them as they are, and as you are with them. With this descriptive introduction, which could be quite unhurried and luxurious, process notes take on a new richness of meaning. One actually remembers and feels much more of what it was like to be with the client. The energy of the person being described and the therapist's relationship to him is not only evoked but is allowed to pervade the supervisory situation. In this context, the question of what has happened in therapy can be addressed at a much deeper level.

The body, speech, mind discipline trains us to be curious about and begin to appreciate the smallest details in our experience of other people. Just as an artist needs to learn how to look at a landscape or a face, and great artists actually teach us how to see and appreciate the phenomenal world more fully, so too, as helping professionals, we can train ourselves in considering our relationships with people. This contemplative approach to clinical supervision actively cultivates the process of training ourselves in this manner and helps to establish an atmosphere in which spontaneity and humanness can flourish.

In short, the body, speech, mind discipline allows the client who is being described to emerge as a living presence in the supervision group environment. In this discipline of description, the presenter takes on the intention to describe the client and his relationship to the client as fully as possible. This intention is also adopted by the supervisor and the other group members. The supervision group suspends attempts to analyze or figure out the client in terms of family history or any other approach that is not a description of the person or his life situation.

SOME DESCRIPTIVE GUIDELINES

Following are some guidelines for the kind of descriptive information to include in a typical body, speech, mind presentation. *Body*, *speech*, and *mind* refer to three aspects of a person's existence that are usually presented sequentially in this style of group supervision. Many groups allow time for questions from the supervisor and group members after the presentation of each of these three aspects. In this way, the group and the presenter are able to flesh out each phase of the description, and analysis is postponed so that experiential aspects of the presentation can be heightened. This approach, therefore, is very much in keeping with and can be seen as a natural extension of mindfulness-awareness meditation, which is also oriented toward the simplicity and vividness of direct experience.[2]

At the same time, it is recognized that these three categories of description—body, speech, and mind—are not experientially discrete. The description of any situation includes all three categories which, if examined closely, would be seen to be overlapping. For example, mind does not exist on its own; it is the mind of a particular body and of a particular speech. We have found, however, that by approaching descriptive dis-

cipline in this systematic way, it is possible to present the client-therapist relationship thoroughly and precisely.

We do not claim to be the first group of helping professionals to take the notion of descriptive discipline seriously. Constance Fischer's appreciation for working with personal style in her existential-phenomenological approach to the psychology of assessment is one good example of a clinical application based on another rigorous, qualitatively based, descriptive discipline (Fischer, 1969, 1974, 1975). We hope and expect that many of our readers will find that the approach embodied by this particular supervision discipline has strong similarities to what they are doing and attempting to do in their own work with others. We have used this approach to clinical supervision for several years now, and it is still evolving. The following descriptive guidelines should, therefore, be understood to be a "working model."

Body

The presentation of the body aspect begins with a physical description of the client. It includes his coloring, size, styles of dress, grooming, movement and posture, as well as overall health and appearance. Posture includes not only a literal physical description, but also a sense of how the client holds himself in various situations. Is the client's posture fragile, collapsible, sturdy, or brittle? Is there any attitudinal posturing in the person's approach to meeting the world, such as rigidity or flaccidness? Could posture serve as a reminder of *wakefulness*, or heightened awareness, for the individual?

The presenter describes what he notices: perhaps it is the client's bitten fingernails, perhaps it is the person's smile, and so on. The presenter can also describe how he tends to hold his own body when with this client, and group members might notice the presenter's physical presence and comportment

when making the presentation.

Another part of the body aspect is the client's physical environment. Does he live alone or with other people? What are his surroundings like? What kind of car does he drive? How does the client occupy his time vocationally and avocationally? Is his schedule tight? Loose? What is his daily life like? Does the client pursue a physical discipline, such as a martial art or jogging? What does he like to eat? How does he inhabit the environment of the therapeutic situation, and how does the client orient himself spatially to others, including the presenter?

The history of the individual's experience with various body disciplines, the potential for those disciplines to promote wakefulness, and the possibility and appropriateness of those disciplines being revived or intensified at this stage in the client's life can also be explored. Body disciplines can be an important part of a person's "history of sanity" (Podvoll, 1983), and in this case are viewed in terms of opening or widening whatever possibilities the individual may have for experiencing wakefulness and wholesomeness in his present existence.

As they will do again later in response to the speech and mind descriptions, group members ask questions according to their curiosities. These queries are also descriptively oriented; the discussion period is not an opportunity to lapse into theoretical speculation.

Speech

During the presentation of the speech aspect, the communication between the client and therapist, and the client and his world, is highlighted. The basic metaphor for the speech aspect, borrowed from the discipline of mindfulness-awareness meditation, is that of the breath, which is a continuous medium of exchange between a person and the world. Breath,

here, is considered in its dimension of one's feeling of being alive, and the qualities that can be connected with that: liveliness or deadness; a sense of well-being or fear, anxiety, and insecurity; and so on.[3] Breath can be shallow, deep, vigorous, or fragile; all of these have implications for one's communication and quality of energy.

The description of speech includes a literal account of how the client speaks—the tone, modulation, accent, and speed—which serves as access to an appreciation for the individual's mind process. Are there any particular words or phrases the client uses frequently? How about gestures or pauses? Does the client express himself directly? Does he stick to the point? Does the client forget what he just stated?[4] What is his style of communication? Metaphor? Story? Clinical case history? What about the individual's diction, or pronunciation? Does the client hear himself, and does he seem to know how he sounds to others? Does he talk at you? Through you? Beyond you? With you? Does the style change?

With regard to the individual's emotional life, relationships, and other environmental exchanges, questions such as the following may be relevant: how does the client relate to other individuals? How does he relate to groups? To animals? To money? To dreams and images? How does he express feelings? Who are the significant people in his life and what is communication like with them? What do you know about the person's repertoire of moods and the situations in which each arises? Also pertinent is your knowledge of the client's experience of confidence or tendency toward depression, as well as the conditions that elicit these. Does the person carry any conviction that he can actually say what he means and mean what he says? Is the client able to complete his sentences or does he lose heart and trail off half way through? What is the melody or song of his sentences and how do they end? Finally, what does it feel like for you to be with this person? Which kinds of communication seem to be invited, and which kinds seem to be

obstructed?

In the course of the group's exploration of the aspect of speech, a history of the fate of the client's compassionate strivings is nearly always evoked and brought into focus. The history of the client's compassion—just like the history of his physical disciplines—is not used as an analytic tool, but is examined with regard to its implications for the client's current relationships, including his relationship with the presenter. It is an opportunity for the entire supervision group to feel the possibilities for and obstructions to the client's passion and compassion, which are central to the discovery of path in any human life (see Podvoll, 1983).

Mind

Mind is reflected and revealed through body and speech. However, in presenting the mind dimension, it is the relationship to the client's own thought process that is made the focal point. In this part of the presentation, the presenter may be directly or obliquely trying to uncover the haunting lyric or basic obsession that continuously or frequently plays in the thought process of the client. For that matter, the presenter should also have the opportunity to explore his own nagging little thought patterns, aspirations, and fears that are provoked in the client's presence. Such a description could also include experiences of clarity, simplicity, or nonfixation, either of the client or of the therapist in the client's presence.

Some examples of questions that may be appropriate to address during the mind phase of the presentation are: How does the client think? What kinds of things does he think about? What kind of relationship does he have with his mind? Does he tend to be analytical? Does he tend to be intuitive? Does he think by example? Concrete images? How is the client's concentration? Does he tend to get stuck in repetitive

thought patterns? Does his mind hop about? How does he relate with surprise? Pain? What makes his eyes light up? How does he relate with honesty? With humor? Silence? What is his mind-landscape like: bright, barren, crowded, spacious, red, black, fuzzy, clear? What is his relationship with health? How does he work with gaps in thought, doubt, and curiosity? How big or small is his world? Does he have much range in how he views things? Do you know very much about environmental or communicative situations that may tend to expand or contract his world view? And what happens to your mind when you are with this person?

During the mind phase of the presentation in particular, it is necessary to hold the world views—which often include theoretical speculation—of the client, presenter, group members, and supervisor, with a light touch. In experiencing another person's thinking process, especially if it is obsessive, repetitive, claustrophobic, or otherwise painful, supervision group members may habitually find themselves taking refuge in various theoretical speculations about the client and his world. There is a tendency to indulge in or leap ahead into problem-solving approaches, which implicitly judge or seek to alter the particular way of looking at things, predicament of being, and mind process being investigated.

It should be considered at this point that such attempts may merely be expressions of the group members' pain—which is a natural response to the pain of the client. Such thoughts and treatment strategies often give the illusion of mastery over the client's and therapist's shared existence, rather than allowing the reality of that situation to act as a messenger of awareness for the presenter and the group. To take these thoughts and treatment strategies literally would serve the purpose of dulling the presenter and the group to the actual situation of the client in his world. This outcome is precisely the opposite of the intention of the supervision process altogether, which may be stated in the terms of the Buddhist tradition as to remove

obstacles to the practice of "exchanging self for others" (see Kongtrul, 1975; Lief, 1985).

For this reason, it is important for the supervision group to stay with the body, speech, mind discipline as an antidote to the tendency to solve problems or theorize—activities that are often undertaken prematurely, and are frequently counter-productive. Instead, the group could ask more questions to further illuminate body, speech, and mind, and be curious about details and nuances of behavior and communication. As the group continues with this process, it enters further into the situation: that person's world, as well as the helping professional's connection to that person and their shared world.

THE UNFOLDING PROCESS

As the description emerges in the supervision group, the client being presented can become a living presence in the room. The presenter, the group members, and the supervisor not only feel the qualities of the person being described, but tend themselves to embody aspects of the presenter, the client, the relationship between the two, and their worlds. Group members therefore allow themselves to be attentive to this relationship as an experience that is actually manifesting within themselves, as a natural extension of their curiosity in the helping relationship being supervised.

In other words, because the helping relationship has been evoked in the room, that is, in the bodies, speeches and minds of the group members and of the supervisor, these participants are directed to attend to and share their responses that come up in the context of the presentation.[5] These responses are not shared from the point of view of judgment or analysis, but as open-ended clues or particular profiles of the treatment situation which are then available to be acknowledged and worked with, on the spot, in the group. The implication is that, by

learning to acknowledge, tolerate, and more fully experience the thoughts, emotions, and bodily presence of this world of the supervision group, the presenter receives an invaluable opportunity to deepen his ability to respond to the world and being of the client. Moreover, supervision group members and supervisors generally feel that their actual clinical experience is enlarged by attending presentations of this kind. The experience is not just one of attending someone else's presentation; the group members become a part of the presentation itself.

Often, the group members and supervisor respond to the presentation in different ways, each according to his own style. One member might respond with anger, another with passion, and so on. As the process continues, the situation of the client being described as well as that of the helping professional trying to relate with that person becomes more and more tangible. Obstacles to experiencing the energy of the therapeutic situation are brought into the open as the presenter, group members, and supervisor feel their way into and begin to appreciate the theater of this helping relationship.

Most people in supervision groups of this kind feel that this process is extremely helpful in itself, even before any process notes are presented or any attempt at problem solving is undertaken. Suggestions of appropriate action often emerge simply through the process of touching in on the body, speech, and mind of the helping relationship in this way. When process notes are presented at this point, the depth with which they can be considered, appreciated, and understood is much greater than if the body, speech, mind discipline had not been undertaken.

It should be noted that this approach to supervision does not exclude participation by helping professionals who are connected to a particular theoretical or interpretive approach. In fact, we have found that many widely varying theoretical approaches can be accommodated by a supervision group us-

ing this descriptive discipline, even approaches that are usually considered not to be compatible. It seems that a foundation of descriptive and contemplative disciplines provides a good basis for theoretical discussion; the experiential richness of the body, speech, mind discipline promotes greater depth in the theoretical discussions that arise from it.

Moreover, at The Naropa Institute, we have found that it is enjoyable and instructive to conduct ongoing supervision groups with members from a variety of different health and helping professions: psychotherapists, teachers, organizational psychologists, milieu therapists, nurses, and others. Generally speaking, we have found that it is helpful for group members to have a personal mindfulness-awareness meditation practice, although this is not absolutely necessary. Most group members have some personal awareness discipline, if not sitting meditation practice, then T'ai-chi Ch'uan, yoga, an artistic or other discipline.

Having an ongoing supervision group adds a level of continuity, comradery, and increased insight to the supervisory process. On the other hand, weekend introductory groups which we have conducted in Boulder, Colorado, and around the United States, have also been quite to the point. This basic approach is also easily adapted to individual supervision as well as to presentations of group and milieu situations.

The willingness to attend to our work in this way involves not taking sides, dropping opinions, and suspending interpretations. It is possible to train ourselves to touch and be touched by the people we are serving and their worlds more directly. Genuine contemplative disciplines are of great benefit in aiding the helping professional to tune in to and, even, to relieve suffering in a profound way. This is an inspiration that we all share.

NOTES

1. Throughout this article, the pronouns "he," "him," and "himself" are used, by convention, to stand for the more awkward phrases "he or she," "him or her," and "himself or herself."

2. While the schema of body, speech, mind can be related to many aspects of the Buddhist teachings, perhaps one of the most basic connections is to the presentation of mindfulness-awareness meditation itself as expressed by the Buddha in the Satipatthana sutra (Thera, 1976). There have probably been countless applications and teachings based in one way or another on this sutra. Some modern commentaries include "The Four Foundations of Mindfulness" by Vidyadhara, the Venerable Chögyam Trungpa, Rinpoche (1976), *Practical Insight Meditation* by the Venerable Mahasi Sayadaw (1972), and *The Heart of Buddhist Meditation*, by Nyanaponika Thera (1962).

   All of these approaches to meditation described by these authors include basic disciplines of body—often discussed in terms of working with posture and sense perceptions—speech, often discussed in terms of working with breath—and mind, which is addressed through techniques of working with discursive thoughts. In terms of the Satipatthana sutra, in which "The Four Foundations of Mindfulness" are presented, body is discussed in terms of the first mindfulness practice, speech is analogous to the second mindfulness practice, and mind corresponds to the third and fourth mindfulness practices. For the practitioner of mindfulness-awareness meditation, the disciplines of working with body, breath, and thoughts on the meditation cushion definitely help to deepen the supervision practice discipline presented in this article.

3. Meredith Luyten's article, "Egolessness and the 'Borderline' Experience" (1985), can be read as being largely concerned with an explication of a therapist and client learning to tolerate and ride a particularly skittery, uncertain, fluctuating experience of breath, in this sense of the word.

4. The reader may notice that many qualities of the conventional Mental Status Examination are congruent with the descriptive discipline presented here. This may provide a clue regarding the introduction of a more contemplative approach to intake procedures, assessment, and by extension, treatment approaches at mental health centers and social service agencies. The reliance on diagnostic categories, at least to the extent that such diagnoses are employed to pigeonhole the people being served by the agency, may be seen as an obstacle in this endeavor.

   It is not the intent here to single out the public mental health sector with regard to any limited view of what a human being is. Any treatment approach—including a theory or treatment situations which are inspired by a contemplative approach—is capable of collapsing into small-mindedness, intellectual speculation, and/or one-sided views. The conscious intent to return to one's direct experience of the other and the vividness of their life experience as a basic, grounding point of reference, is most helpful. Having colleagues who share and

embody this intent, along with participation in disciplines such as the sitting practice of meditation and the "Body, Speech, Mind" approach presented here has also been shown to be helpful.

5. Harold Searles's (1965) article, "The Informational Value of the Supervisor's Emotional Experiences," as well as other readings cited by Searles which "describe the supervisor as having a considerable degree of emotional involvement" in the supervisory situation, are useful to study in this regard (Meerloo, 1952; Blitzsten and Fleming, 1953; Ackerman, 1954).

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