

A Certain Doubtless: Reflexive Thought and Mindful Experience  
as Tools for Transformative Learning in the Stress Reduction Clinic

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## Abstract

## Chapter One

### A Certain Doubleness: Reflexive Thought and Mindful Experience as Tools for Transformative Learning in the Stress Reduction Clinic

"I have met with but one or two persons in the course of my life who understood the art of Walking, that is, of taking walks--who had a genius, so to speak, for sauntering...The walking of which I speak has nothing in it akin to taking exercise, as it is called...but is itself the enterprise and adventure of the day...I am alarmed when it happens that I have walked a mile into the woods bodily, without getting there in spirit...The thought of some work will run in my head and I am not where my body is--I am out of my senses...What business have I in the woods, if I am thinking of something out of the woods?" (Thoreau, *Walking*, p. 8-10).

At first, it was just a physical thing and then it just became -- I guess what happened was that I kind of sensed a oneness with everything around me. When you're breathing and your body are in harmony and your mind just stops working on it, it's a neat experience and it frees you from everything. I guess what it does is it absolutely puts you right in the moment -- takes it out of the past and out of the future and just puts you right where you are. And then there is just breathing and moving. (Helen<sup>1</sup>, Mind/Body General Program)

"Half the walk is but retracing our steps." (Thoreau, p. 3)

In Concord, Massachusetts, where I live, we are in the midst of celebrating the sesquicentennial of Henry David Thoreau's move to Walden Pond. Weekly the town paper announces activities centered on the recognition and recollection of Thoreau's life and writings. Townspeople and visiting Thoreauvians are invited to join in guided pre-dawn saunters through Walden Woods, to dine in local restaurants accompanied by dramatic readings of Thoreau's essays, or to participate in seminars with native, estimable historians who engage us in discussions of the reconciliation of "the realism of nature and spirit" in Thoreau's masterwork, *Walden* (Concord Journal, 8/24/95, p. 13). Concord High

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<sup>1</sup> Throughout this writing, the actual names of participants in this study will not be used. Pseudonyms have been substituted.

School's Class of '95 presented the town with a hand-constructed replica of Thoreau's cabin which now resides near a manmade pond on school grounds. The Thoreau Lyceum dismantled *its* replica of the cabin and donated it to the Concord Museum which intends to reconstruct it on a parcel of museum land that "looks remarkably like that depicted in a drawing by Henry's sister, Sophia Thoreau, of the house and its surroundings in the woods" (Concord Journal, 8/24/95, p. 1). In fact, the reconstruction itself will be carried out by local Boy Scout Doug Fogler, who, one hundred and fifty years after Thoreau's move to Walden, will earn his eagle scout badge by recreating the cabin that sheltered Thoreau during his own youthful rite of passage.

Apart from town pride and the sense of ownership that any place redolent with history assumes for past glories, Concord today celebrates Thoreau with such dedication and completeness because, I believe, his critique of 19th century life persuasively informs our current consternation with our overly urgent modern times. As twentieth century middle-class Americans, we are, in Kenneth Gergen's term, "saturated selves" who often equate overextension with direction, "purpose with pastiche" (p. 172). Like our counterparts in other affluent suburban communities, we are privileged to live among well-educated neighbors, whose generous incomes support good, safe schools for our children and fine public services. The advantages of our abundance are undeniable, as they were for Concordians in Thoreau's time. Like Thoreau's neighbors, we also are industrious and well-meaning, good people who keep alive the American tradition of an ethical pragmatism that suggests that dedicated effort leads directly to righteous well-being.

And, like Thoreau's neighbors, we show signs of the form of psychic depletion that in 1845 Thoreau resonantly named a "quiet desperation" (cite Walden). In the tradition of our own prodigious productivity, we consume even our exhaustion, dedicating our "downtime" to projects directed toward a kind of strategic restitution. Our leisure time is littered with activities that are themselves dedicated toward increasing our sheer endurance for the pace and outward complexity of our lives. Thoreau, our ethereal neighbor, chastised our predecessors for the same "stereotyped but unconscious despair...concealed through the games and amusements of mankind" (Thoreau, *Walden*, p. 4). In the way that core human experiences repeat themselves across time and temperament, we have reclaimed Thoreau's quiet desperation and renamed it, with great fanfare, "stress."

As a social construct and the referent for a complex personal experience, "stress" has come to stand in our time for much of what feels dysphoric between our idealized visions for our lives and our daily reality. Anthropologists suggest that our categorizations of distress and its causes reflect our dominant cultural concerns--that both arise from particular "configurations of cultural meanings and social relationships" (Kleinman, 1980, p. 13). In this sense, we can say that stress and its related illnesses are inventions of post-industrial societies, where the scourges of infectious disease are largely controlled through public health campaigns to provide clean water, accessible sewage treatment and infant vaccination (citations). Stress as a medical idea emerges at the crossroads of better public health and more complex social relationships. Physician and social historian Beaber notes:

How remarkable it is that this illness was unknown several hundred years ago. During the 18th century, when people toiled long hours under poor conditions, when there was no modern medicine, no unemployment insurance, stress somehow slipped the minds of medical thinkers. Now, when people merely need to worry about the few hardships that have survived progress, we are suddenly dying of stress (cited in Justice, 1988, p. #).

In the language of biomechanics, where it originates, the term stress denotes straightforwardly "a force upon the body, that tends to strain or deform its shape" (citation). In our current cultural fascination with the idea and the experience, stress has come to serve a much broader semantic function, unifying "a vast array of human responses into a single concept with which people strongly identify" (Kabat-Zinn, 1990, p. 235). Stress is undoubtedly a force---upon body, mind, person and society---and like many social forces (e.g., poverty, racism) it connotes both the origin of the experience and the experience itself. Stress can mean, depending on use, either the source of dysphoria or the experience of it. In our loose popular usage, we often conflate the "stressor" or cause of our discomfort with the experience of "distress."

Mostly, we treat stress as a causal agent. Much malaise in contemporary American society is attributed to stress; the statistics on the costs of stress and its associated diseases are ubiquitous and compelling. Forty-three percent of American adults have health problems directly related to stress; 75 - 90%<sup>2</sup> of our visits to doctor's offices are for stress-related problems, and stress figures into the cause or course of the top 6 causes of death in our country (citations). Stress-related disorders and behaviors comprise "the new morbidity" for our American

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<sup>2</sup> the percentages vary depending on the report

children, whose risk-taking behaviors and high mortality rates rise in parallel to the demands we their parents and society place upon them to become "competent" beyond their years (Elkind, 1994). Stress "has surpassed the common cold as the most prevalent health problem in America," or more accurately, as the most commonly cited attribution for our collective lack of well-being (Justice, ~~date~~, citing Rosch, p. 50). High levels of uncontrolled stress overwhelmingly predict disease, dysfunction and dissatisfaction with our lives.

*Controlled* stress--stress which we mediate through our responses to stressors---on the other hand, leads not to disease or dysfunction but to a different experience altogether. Researchers tell us that it is not the presence of stressors, but our capacity to "control our responsivity" to stress that in fact predicts our level of satisfaction with our lives (~~citations~~). How we make sense of stressors, how we interpret the extent and form of their power over us, signals the difference between being overcome by our stress or drawing on it as a source of energy. In the language of social psychology, our "appraisal processes" can act as a "buffer" between the stressor and distress:

Stress is the assessment of whether personal resources are sufficient to meet the demands of the environment...When a person's resources are more than adequate to deal with a difficult situation, he or she may feel little stress. When the individual perceives that his or her resources will probably be sufficient to deal with the event but only at the cost of great effort, he or she may feel a moderate amount of stress. Stress, then, is the process of appraising events (as harmful, threatening, challenging), of assessing potential responses, and of responding to those events. (Taylor, 1986, p. 146)

Stress in this sense is not a cause but an interpretation, a *potential* experience we invoke through the meaning we make of events in our lives.

Stress researchers refer to this model of stress as the "buffering hypothesis," distinguishing it from the alternative position, the "main effects" (or "stress-strain") model, where the force of action of the stressor itself directly results in a reaction of stress. The main effects model, lean and straightforward, can be concisely depicted this way:

*Stressor*<sup>3</sup> -----> *Experience of Stress*

In the buffering model there are in fact two essential interpretations made of the stressor--the "primary" and "secondary" appraisals--each said to be a step in a linear assessment a person makes of his or her capacity to cope. Taylor (date) depicts the buffering hypothesis this way:

| <i>Potential Stressor</i><br>(external event) | <i>Primary Appraisal</i>   | <i>Secondary Appraisal</i>   | <i>Stress</i>   |
|---|--|--|---|
|   | Is the event positive, neutral or negative in its implications?<br>If negative, to what extent is it presently harmful, threatening for the future, and potentially challenging? | <i>Are coping abilities and resources sufficient to overcome the harm, threat or challenge posed by the event?</i> | Physiological, cognitive, emotional, and behavioral responses |

NB: Bob requests slight change to this table

The buffering hypothesis suggests that much of popular reporting on the burden of stress requires reconfiguring: we could say, for example, that "our *meaning-making* has replaced the common cold as the most prevalent health problem in America." Such a statement flies in the face

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<sup>3</sup> Main effects proponents note that the stressor itself can carry two valences: stressors include negative, undesired events (deaths, divorces, bankruptcy) in which case the experience following is named "distress"; stressors also include positive, highly desired experiences (births, marriages, lottery winnings) where the experience is named "eustress." (citations)

of our cultural (and biomedical) understandings of illness. Yet, while hardly popular orthodoxy, after 50 years of stress research psychologists take the collective position that stress is an experience we funnel through meaning. "Our soma (our body's responses) are obviously tied to our psyche (our emotions), and the bridge between them is the *significance* or the *meaning* we draw" (Dossey, 1991, p. 100).

### **Approaches to Stress Management**

Apart from disciplinary conversations among psychologists about which representation of stress more persuasively summarizes the data at hand, these models also matter to those of us who suffer from stress and its related illnesses--especially when we seek help. The forms of help we seek will be related to the ways we understand our problem; also, the forms of help we encounter will be shaped by the ways *helping practitioners* understand our problem.<sup>4</sup> Different models of stress undergird distinctive approaches to intervention.

### **Management by Avoidance**

If, for example, we are persuaded by the common, ubiquitous "folk" usage of stress as causal agent, we are likely to believe that our problem is defined by the presence of the stressor. We might tell ourselves that our experience of stress is tied to the external event; our responses are thus limited to either acting to influence the event---"if I quit the job,

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<sup>4</sup> For a discussion of the fit between the forms of help people seek and the forms of help helpers provide, see (cite article by Diana Dill and Gil Noam on different forms of help people look for in their therapeutic encounters; appearing in *Clinical approaches to adult development*).

I won't have to deal with my boss anymore (and therefore be less stressed);" waiting for it to pass---"if the boss takes the promotion I won't have to deal with him anymore (and therefore be less stressed)"; or dampening our reactions---"I'll get a prescription for sleeping pills so I don't lie awake at night thinking about the boss (and therefore be less stressed)". If we equate the stressor with stress, help is defined by the removal of the stressor.

### **Management through Awareness**

If instead we, or our helpers, view stress as mediated through our own meaning-making, then the forms of help we seek and encounter will be organized around attending to how we make sense of stressors. Our approach shifts away from a focus on the externally-located stressor toward our internal patterns of interpretation as they relate to our experiences of stress:

There are two basic ways of dealing with stress. One is to avoid it. Reduce external stressors when you can, but this is not always possible or even desirable. The other way to manage stress is to change how you react to a situation. The circumstances don't change, but *you* do. (S)tress management techniques can help you react to potentially stressful situations in ways that are more helpful and productive. Your stress threshold increases. In other words, your fuse gets longer. (Ornish, 1990, p. 146)

Once we have defined our problem as related (at least in part) to our own appraisals of stressors, our help-seeking is more likely to be directed toward learning to "manage" *the form our appraisals take*. "Stress management" as a construct itself emerges from the idea that stress is to some degree internally controlled. Stress management as an approach to intervention assumes that we can take on an active role in buffering

stress. In the handbook which accompanies the workshops on stress management which he pioneered, cardiologist Herbert Benson describes the link between a meaning-based model of stress and his approach to intervention:

If you recognize that stress is our perception of a threat, and our reaction to the perception, then logically we can do something to manage our perceptions and reactions. You cannot always control or change a situation, but you can retain control over the way you react to and think about stress. (Benson & Stuart, 1992; p. 184)

Here, the meaning we make of the stressor becomes more significant than the stressor itself (which, in a circular fashion, is only made a stressor by our meaning). Stress management programs, in general, base their approaches to intervention on the assumption that helping participants *become aware* of their typical reactions to life experiences is a first step toward managing stress.

Noticing our reactions and linking them to our perceptions clears the path for moving from avoidance-based strategies to awareness-based strategies---from a reactive stance to a proactive one. Jon Kabat-Zinn, director of the Stress Reduction Clinic at the University of Massachusetts Medical Center, captures the approach this way:

The stress clinic is not a rescue service in which people are passive recipients of support and therapeutic advice. Rather it is a vehicle for active learning, in which people can build on the strengths they already have and come to do something for themselves to improve their own health and well-being...There are no drugs that will make you immune to stress or to pain or that will by themselves magically solve your life's problems or promote healing. It will take a conscious effort on your part to move in a direction of healing and inner peace. This means learning to work with the very stress and pain that is causing you to suffer. (1990; p. 2)

In their program descriptions, popular writings, and research articles, practitioners of stress management repeatedly emphasize the primacy of

raising participants' awareness of their characteristic reactions to stressors as the first step in reducing the effects of stress (e.g., Benson, 19XX, 19XX; Benson & Stuart, 199X; Ornish, 199X, Kabat-Zinn, 199X, 199X, Brigham, 19XX). Broadly speaking, across these programs they describe two approaches taken to helping participants become more aware of their own perceptions and reactions. Each, necessarily, is a form of reflection. Each can also be considered a form of contemplation. [NB: Bob requests definition of reflection vs contemplation]

The first, what I will be calling "*directed engagement*," requires participants to first pay attention to how they typically perceive stressful situations and then to work toward purposefully altering these characteristic (maladaptive) perceptions so that they are more like the (adaptive) perceptions associated with coping. The second, what I will be calling "intentional disengagement," requires participants to become attentive to the stream of perceptions arising in the mind in response to stressful situations and to simply witness how they come and go. Directed engagement (often practiced as "cognitive restructuring") focuses on helping participants reframe the content of their perceptions. Intentional disengagement (often practiced as meditation) focuses on deepening participants' familiarity with the activity of perception itself.

Within the broad shared frame of what I have called "management through awareness," stress practitioners diverge in the amount of emphasis they award each of these forms of reflection, in the ways in which they describe and teach the skills related to them, and also in how they define the purposes each set of skills serves. For example, Benson and his colleagues at a Boston hospital instruct their participants on the

relationship between the presence of "negative" thoughts and the recurrent experience of stress. They suggest that our style of thinking influences our view of events *generally*. Sections of the program are thus dedicated toward raising participants' awareness of their stress-inducing style and then toward helping them shift it to an alternative, more adaptive style---"I am usually negative about my boss. I learned that a negative approach is a self-fulfilling prophecy. I will practice becoming a more positive thinker (and therefore be less stressed.)"--- Help from their point of view is conceived, in part, as "restructuring" existing negative explanations to the alternatively more positive explanations:

What we emphasize is paying attention to how our thoughts influence our feelings in order to avoid *excessive* or automatic anxiety, depression, anger, guilt, etc., so that these emotions are not the only way you feel. When governed by strong emotions, *the mind becomes a filter, letting into conscious awareness only those thoughts that reinforce that mood*. Little else is allowed through.

No one wants to be pessimistic, or feel depressed or hopeless. These negative feelings are so powerful we tend to believe they create or cause our thoughts, when in reality the opposite can be true. Negative thoughts actually contribute to painful feelings....(T)o break out of a negative mood, you must first understand that negative feeling can result from negative thought. (Benson & Stuart, 1992, p. 192; italics original)

In this approach, it is not the stressor which is causal but negative thoughts. Paying attention to our own thinking becomes a method put to use in service of a particular outcome: achieving the shift from negative to positive thinking. In stress management programs like Benson's which draw on cognitive behavioral approaches to directed engagement with thinking, learning to become aware of how you tend to make sense of experience is a prerequisite for purposefully shifting your style. Benson

and his colleagues first focus on drawing their participants' attention to the relationship between their "automatic" patterns of thinking and their experience of stress, and then introduce cognitive skills for changing these characteristic thoughts. As they explain:

Cognitive therapy recognizes that self-defeating thoughts, negative statements, and irrational beliefs adversely affect our mood, behavior and health...Cognitive restructuring helps us change the automatic way we think. This technique provides a way to learn to recognize negative automatic thoughts and irrational beliefs, notice how these thoughts and beliefs affect our moods, and see how our moods affect our physical condition and behaviors...By recognizing this cycle of events, you can learn to change some of the automatic thoughts, which will then change how you think, feel and behave. (Benson & Stuart, 1992, p. 190).

Through the use of directed engagement, cognitive approaches to stress management aim to interrupt what Benson and Stuart call the "negative stress cycle" (p. 195) by first raising awareness of the cycle and then by substituting positive appraisals where negative ones tend to predominate. Becoming aware of the cycle is a step toward arresting negative thinking. Substituting positive thinking for negative thinking is then the next step in a directed process that can, as Benson and his colleagues demonstrate (citations), lead to coping more effectively with stressors. When our stress-inducing appraisals are construed as characteristic styles, then help is dedicated to teaching directed engagement with our perceptions in order to take on a more adaptive style.

Where Benson's approach clearly emphasizes increasing participants' ability to cope with stressful situations through directed engagement with maladaptive thought patterns (and also through extensive relaxation training), Ornish (199X) suggests that enhanced coping is not even the appropriate goal of stress management. Ornish (also a cardiologist) directs a stress management program in San Francisco for patients with

heart disease which he titles "Opening the Heart." He describes the aim of this program as helping participants "become more aware of what's happening in (their) own bodies, minds and hearts and to find greater peace within" (p. 199X). Like Benson's, Ornish's program is pioneering in that it introduces an intentionally holistic approach to treating stress-related medical conditions. Ornish's program is widely recognized for its success in not only treating but reversing heart disease (citation). Yet Ornish concludes from his work with heart disease patients that the primary purpose of any stress management intervention ought not to be disease management but instead be the *transformation* of the participant's experience of self. He writes:

Ultimately, stress management techniques...are not designed simply to "manage" stress, to "cope" with stress, or to "deal" with stress; they can be used to help us transcend our sense of isolation so that real healing can begin--that is, so our psychological hearts and spiritual hearts can begin to open, not just our arteries. In this context *heart disease can be a catalyst for changing not only our behaviors but also for transforming ourselves in more fundamental ways.* (S)ress management techniques...are not simply another type of tranquilizer. These techniques do not *bring* relaxation or peace from outside oneself. Instead, they help us to quiet down the mind and body sufficiently to experience an inner sense of peace, self-esteem, and happiness, one that came from not from getting but rather from being, not from doing but from undoing. (Ornish, 1990, p. 88)

In Ornish's view, stress management techniques are taught to program participants not to help them adapt to their heart disease but to wholly change their relationship to it; he calls these techniques "tools for transformation" (p. 231). He defines transformation as an "expansion of self" that allows the experiencer to "see himself not only as a separate person, *apart from* everyone and everything else, but also have the awareness of being *a part of* the universe" (p. 248, italics original).

These tools include skills in intentional disengagement (including yoga and Hindu forms of meditation) dedicated not to changing the content of thoughts but to recognizing the patterns of their emergence. In his book describing the program, Ornish cites Swami Satchidananda, a Hindu contemplative with whom Ornish studied, on the premises behind these practices:

Someone once asked Swami Satchidananda, a spiritual teacher, 'What are you, a Hindu?' 'No,' he replied, 'I'm an Undo. I'm trying to teach people how they can undo the patterns that cause damage to their minds and bodies so they can begin to heal.' It's a simple statement, but it reflects a different conception of health and healing. (p. 88)

Ornish does not directly concern himself with participants' styles of thinking or with the content of their appraisals. Instead, he encourages participants to become observant of their own processes of meaning-making so that they become more familiar with the ways in which perception amplifies or diffuses the experience of stress---"I am getting angry again at what the boss is saying. My jaw is clenching. My thoughts are racing. The last time I felt this way I overstated my position. I think I will wait to share my opinion until I am feeling calmer and clearer (and therefore be less stressed)."

Ornish also encourages participants to share stories of how they have come to create meaning when faced with difficult life circumstances. These stories, shared in the book, resemble those told to stress researchers who study "transformational coping" (Maddi and Kobasa, 1984). In stories told to Taylor (1983a, 1983b) by resilient victims of violent crime, to Temoshok by recovering cancer patients (date), to Maddi and Kobasa (1984) by "hardy" business executives after a work crisis, as well as to Ornish (1990) by patients in the aftermath of heart attacks,

transformational copers describe a kind of awakening of self-awareness catalyzed by an intensely stressful event, which gradually develops into an increased appreciation for the present moment. As narrators, they resemble Joseph Campbell's heroes in myths of transformation:

In the first stage of this adventure, the hero leaves the realm of the familiar, over which he has some measure of control, and comes to a threshold, let us say the edge of a lake or sea, where a monster of the abyss comes to meet him...In a story of the Jonah type, the hero is swallowed and taken into the abyss to be later resurrected--a variant of the death-and-resurrection theme. The conscious personality here has come in touch with a charge of unconscious energy which it is unable to handle and must now suffer all the trials and revelations of a terrifying night-sea journey, while learning how to come to terms with this power of the dark and emerge, at last, to a new way of life. (Campbell, p. 148)

Transformational copers organize their stories around the discovered experience of a more deeply lived life. They relate a gradual evolution in the structure of their thinking from a lesser to greater "sense of coherence" (Antonovsky, 1984). They describe a gradual growth in their tolerance toward others and themselves; they become less judgmental of their own thoughts and feelings (Beardslee, 1989). They are conscious of a different quality of experience:

I have much more enjoyment of each day, each moment. I am not so worried about what is or isn't or what I wish I had. All those things you get entangled with don't seem to be part of my life right now...I feel as if I were, for the first time, really conscious. My life is framed in a certain amount of time. I always knew it, but I can see it, and it's made better by the knowledge. (cited in Taylor, 1989)

Noticeably missing from these accounts is a focus on the valuations of either positive or negative thinking---little concern is expressed over whether things will turn out well or poorly or how to influence such outcomes. Instead, the focus of attention is placed on how things are experienced presently. This quality of present-centered awareness is remarked upon repeatedly, both by the respondents themselves and by

the researchers writing about them. Taylor, for example, who expected her informants to be preoccupied with regaining the sense of balance in their lives which preceded the stressful event, found instead that they consistently relate a psychological throwing off of their old ways of relating to ongoing experience:

Many of these victims said their lives prior to the [stressful] events had simply rolled along as a life will when one makes no particular effort to intervene actively in its course. *The threatening events to which they were exposed, however, forced them to rethink their priorities and values, and many victims indicated that their lives were now self-consciously lived a moment at a time, in order to extract as much enjoyment and meaning from life as possible...*As one of the cancer patients we interviewed put it, 'The trick, of course, is to do this without getting cancer.' (1990; p. vii-viii)

Stress management programs such as Ornish's focus on teaching patients to both clarify and deepen their awareness of how they think, how they feel and how they relate to one another. Like cognitive-behavioral interventions, they highlight the role of awareness in the process of change. Yet here the expansion of awareness is in itself considered healing. Ornish names this expanded awareness "double vision." Those who begin to perceive their lives through double vision, who come to "experience the Self (as) disguised in different forms" are in Ornish's experience those who reverse the course of heart disease.

### **A Certain Doubleness**

When Henry David Thoreau took up residency in the cabin that became an American metaphor for conscious living, he undertook an extended personal experiment in living "deliberately." In an oft-cited passage, Thoreau describes the essential purpose behind his move to Walden Pond:

I went to the woods because I wished to live deliberately, to front only the essential facts of life, and see if I could not learn what it had to teach, and not, when I came to die, discover that I had not lived. I did not wish to live what was not life, living is so dear; nor did I wish to practice resignation, unless it was quite necessary. I wanted to live deep and suck out all the marrow of life, to live so sturdily and spartan-like as to put to rout all that was not life...to know (life) by experience, and be able to give a true account of it in my next excursion." (Walden, p. ).

In practice, living deliberately meant the cultivation of a particular quality of awareness, a form of attentiveness Thoreau directed to the processes of his own inner life. Through purposefully observing his own stream of thought, Thoreau developed his characteristic reflexive stance toward the deeper nature of daily experience. In a defining passage from Walden, he writes:

"With thinking, we may be beside ourselves in a sane sense. By a conscious effort of the mind we can stand aloof from actions and consequences; and all things, good and bad, go by us like a torrent. We are not wholly involved in nature. I may be either the driftwood or the stream, or Indra in the sky looking down on it. I *may* be affected by theatrical exhibition; on the other hand, I may not be affected by an actual event which appears to concern me much more. I only know myself as a human entity; the scene, so to speak, of thoughts and affections; and am sensible of *a certain doubleness* by which I can stand as remote from myself as from another. However intense my experience, I am conscious of the presence and criticism of a part of me which, as it were, is not a part of me, but spectator, sharing no experience, but taking note of it: and that is no more I than it is you. (p. 146 Walden, cited in Turner, p. 80; italics added).

The development of that "certain doubleness" the superordinate awareness of one's own mental life---proves the central theme of Walden.

Throughout, Thoreau variously likens awareness to awakening from sleep:

Morning is when I am awake and there is a dawn in me...we must learn to reawaken and keep ourselves awake (p. 58-59)

to the power of the natural world:

If you stand right fronting and face to face to a fact, you will see

the sun glimmer on both its surfaces, as if it were a scimitar, and feel its sweet edge dividing you through heart and marrow (p. 64)

and to the most creative efforts of artists:

It is something to be able to paint a particular picture, or to carve a statue, and so to make a few objects beautiful; but it is far more glorious to carve and paint the very atmosphere and medium through which we look...To affect the quality of the day, that is the highest of arts (p. 59)

Everywhere he refers obliquely or directly to the core experience and disciplined practice of heightened self-observation. Walden itself, as "simultaneously a work of self-description and self-construction" (Turner, p. 75) is a sustained demonstration of how writing points to the writer, who observes his process even as he enters into it.

Spectator of his experience, encountering his own doubleness, Thoreau paradoxically *made use of his reflexivity to bring into being a capacity for engaging fully in the present moment*. By becoming deeply familiar with the tendencies of his mind to slip out of a present-focused awareness ("*I am alarmed when it happens that I have walked a mile into the woods bodily, without getting there in spirit...What business have I in the woods, if I am thinking of something out of the woods?*" p. 10), he enables its expansion in the moment. The endgame of Thoreau's reflexivity is not obsessive self-observation--an "abstract attitude" (cite Merleau-Ponty) but a fluid state of mind where the experiencer and experience join. The anthropologist Frederick Turner, treating Thoreau as "an early anthropologist of experience" (1986, p. 74), reconciles this paradox in Thoreau's "method" by defining each state of mind---reflexive and present-focused--in the terms of the other:

" '(R)eflexivity' and 'flow' are here identical. The distance between the knower and the known is the distance the universe expands

during the present moment...(Thoreau) saw at once that no study of experience can avoid being simultaneously a study of the present moment and of universal time in general. The instant self-as knower becomes part of the past and of the contents of memory, it becomes accessible to being known. A new self-as-knower, whose objects of knowledge now include the old self-as-knower, thus springs into being. The present moment is constituted by the completion of this cycle." (p. 81 - 83)

For Thoreau, reflexivity cut a path through errant thought to the "heart and marrow" of experience. In Walking, his ode to "a newer testament---the gospel according to this moment" (p. 47) he celebrates the detachment from past and future that signals present-focused awareness:

If you are ready to leave father and mother, and brother and sister, and wife and child and friends, and never see them again---if you have paid your debts, and made your will, and settled all your affairs, and are a free man---then you are ready for a walk. (p. 4--small book)

### **Two Modes of Contemplation**

Thoreau's narrative record of his retreat to Walden still instructs us today when we consider how to *uncover "the trick" for living life "self-consciously a moment at a time"* (Taylor, 1989; p. ). Just as Thoreau noted "the same problem with our ordinary mind state in New England in 1846" (Kabat-Zinn, 1994; p. 4) that we seek help for in 1996, so also did he recommend a particular antidote. Thoreau's dual practices of reflexive thought and present-centered awareness articulate both senses of what we commonly understand contemplation to be, yet in juxtaposition they may appear contradictory. When contemplation connotes reflexive thought, as it does in the tradition of Western classicism, we are comfortable making associations to abstraction and also to objectified understanding. (Directed engagement with thinking is the hallmark of Western mental

development.) When contemplation connotes a mindful attention to the present moment, we are more likely to associate to Eastern constructs of "emptiness" and fully subjectified experience. (Intentional disengagement with thinking is the prototypic activity of the Eastern mystic). Contemplation in the first sense means the conscious use of thought to explore tangible or abstract phenomenon. Contemplation in the second sense means witnessing thought itself as a phenomenon.

Reading Thoreau suggests that *he purposefully engaged both forms of contemplation* without contradiction. Or that he required one to enliven the other. He brought a present-centered awareness to his reflexive stance, and put reflexivity in service of bringing his attention back to the present moment. One hundred and fifty years later, cognitive scientists investigating the practice of mindfulness meditation describe a similar capacity in experienced Buddhist meditators:

If the results of mindfulness/awareness practice are to bring one closer to one's ordinary experience rather than further from it, what can be the role of reflection? One of our popular cultural images of Buddhism is that the intellect is destroyed. In fact...spontaneous action...is not contradictory to the use of reflection as a mode of learning..'.(W)e are suggesting a change in the nature of reflection from an abstract, disembodied activity to an embodied (mindful), open-ended reflection...(R)eflection is not just *on* experience, but reflection *is* a form of experience itself--and that reflective form of experience can be performed with mindfulness/awareness. When reflection is done in that way, it can cut the chain of habitual thought patterns and preoccupations such that it can be open-ended reflection, open to possibilities other than those contained in one's current life space. We call this form of reflection *mindful, open-ended reflection*. (Varela, Thompson, and Rosch, 1991)

Thoreau's practices of reflexive thought and present-centered awareness separately recall the two forms of contemplation taught today in the stress management clinic. His eclectic form of contemplation was neither fully Western nor fully Eastern, but vigorously integrated.

Thoreau's practices of awareness were amplified by his historical and cultural studies of other disciplines of awareness. In the close company of his contemporaries Ralph Waldo Emerson, Margaret Fuller, Bronson Alcott, Orestes Brownson----who collectively contributed to the literary-philosophic movement we remember as "New England Transcendentalism" (Miller, 1950)----Thoreau studied accounts of "Hindoo" philosophy, Amerindian purification rituals, Swedenborgian treatments of man's relationship to nature. The "vital American sycetism" (Turner, 1986, p. 83) which arose from the integration of native and exotic perspectives on transcendental experience was grounded for Thoreau by his disciplined, scientific study of the natural world.<sup>5</sup> In his peculiarly American penchant for coupling Western objectivism with Eastern forms of contemplation, Thoreau foreshadows the quirky mix of science and transcendental experience that comprises the modern stress management program. Just as he prophesied our current collective mental condition, so also did he presage the forms of help we might seek to counter it.

### **Goal of the Dissertation**

When I began research on the particular stress management program which serves as the empirical basis for this dissertation, I did not have Thoreau on my mind, nor was I particularly concerned with how forms of contemplation might play out in clinical settings. While I was personally interested in how people manage stress and learn to cope, and in how practitioners help them do so, I did not even set out initially to study a

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<sup>5</sup> Consider, for example, his "long discussion of the pond's water (in Walden, which) is at once a piece of careful scientific observation and a lofty, mystical allegory of the nature of the soul" (Turner, p. 83).

stress management clinic.<sup>6</sup> Once there, apart from the formal questions laid out for the purposes of the proposal, I was not even sure what would interest me in the activities of participants and program leaders I had set out to study. An expressly qualitative researcher embarked on an exploratory study, I had the good fortune of not having hopelessly constrained myself when the phenomenon which presented itself as the basis for this writing began to surface.

As a developmental educator, I should not have been surprised when I began to hear in the stories program participants told me two narratives of change. In the first kind of narrative, told by most of my study participants, changes in their experiences of stress (attributed to the program) are noted, appreciatively, but without marked enthusiasm. In these stories, participants relate particular skills recalled from the programs as being useful in their ongoing experience. In response to a first interview which reviewed their experiences of the program in particular, these participants were forthcoming and thoughtful about what was helpful and what seemed extraneous, but delivered their comments dispassionately. In response to a second interview, exploring their current experiences with anxiety and anger, this same group expressed quite passionately their ongoing distress with particular relationships, work situations, or illness concerns. These stories were related as though to a different interviewer, with little reference to the prior discussion of the program or its practices.

By contrast, a second (small) group of participants, in response to my

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<sup>6</sup> The relevant issues concerning how and why my topic changed are covered in Chapter 3, Methods.

first interview querying their experiences of the program, described it with great vehemence and considerable illustration as a transformative life experience. They each expressed gratitude to me for providing them with an opportunity to share their near exhilaration over personal discoveries they had made about what might, in another context, seem like fairly philosophical concerns: the relationship between mind and body, cognition and emotion, self and other, self and self. Apart from excitement over the form these discoveries took, they also seemed to cherish the experience of the process of discovery itself. When the second interview turned ostensibly away from the program to particular questions about current experiences with anger and anxiety, these participants continually brought the ideas and discoveries of the program into these narratives as well.

Naturally, I became curious about why the same program engendered such different experiences for people who were, by all counts, fairly similar. Bolstered by the theory of my discipline as well as data, I noted the following: the (self-described) transformative learners in the program were able to engage with both forms of contemplation (directed engagement and intentional disengagement) in tandem, in a manner that led them to a mindful, open-ended reflection on their ongoing experiences.

They discovered how to coordinate these two forms of contemplation during the course of the program; this integrated practice led to key discoveries about the way they made sense of themselves and their experiences which had previously eluded them in other supportive contexts.

My analysis of why they made this discovery, why others may not have, and whether or not these differences matter to stress management more

generally are the topics of the theoretical discussion that overlays the description of my data. The dissertation thus presents an educator's analysis of transformational learning in the non-traditional setting of the stress management clinic. As such, it necessarily begins with the prior question of whether educational analyses of programs explicitly dedicated to health intervention are even appropriate and, if so, how they might be informative to both audiences. Chapter Two, "The Ideology of Stress and the Emergence of the Clinical Contemplative," takes up these questions by transplanting an existing line of argument from educational philosophy (concerning how underlying assumptions about knowledge and change frame differing approaches to intervention) to the context of stress management. Here I argue that the transformation of awareness is the central activity of education, regardless of the particular context in which the change occurs. I suggest that different approaches to stress management devolve from different ideological lines of thinking about stress. I map particular connections between familiar streams of educational ideology against parallel threads of ideology in the stress management literature, and suggest a set of questions practitioners may want to consider as they design interventions.

Chapter Three, *Dealing with Truth (Methods)*, lays out the research design and describe the methods. I present the research questions which guide the study, discuss the qualitative methods employed in the study, explain procedures I followed with participants, and describe my approach to data analysis.

Chapter Four, *Getting with the Program*, provides a broad overview of the program curriculum. Building on the line of argument laid out in

time, a personal story as I found myself requiring and seeking the same forms of help I had set out to study. I draw on the tradition in reflexive anthropological research of looking within to make sense of what goes on without.

Chapter Eight, *On Nature and Destiny*, looks at implications of the study for future work in creating Mind/Body programs and suggests some implications for teaching and learning in alternative adult classrooms.

Chapter Two, I suggest that the particular social/transmissive problem-frame presented by the program's approach to teaching and learning results in some of the core skills in cognitive restructuring and the relaxation response being inaccessible to sub-groups of learners.

In Chapter Five, "Things, Thoughts, Thinker," I argue that consistent patterns across these participants' learning experiences can be understood in light of a progressive/developmental frame. I describe participants' backgrounds, their expressed expectations for the program, preferences for particular skills taught, practice histories, and current experiences of stress. Learners in the study practiced a variety of techniques in service of an array of stress-related illnesses and symptom sets.

Chapter Six, "Teachable Moments," extends the line of argument in Chapter Five through case comparisons of transformative learners. I suggest that patients who described their learning experiences as transformative also demonstrate a capacity for looking at their own emerging thought as a system. I suggest that 3 of the 4 patients whose experience they themselves describe as transformative shared a common developmental position. I argue that higher stage participants integrate their practices of both cognitive restructuring and relaxation response as activities of reflection on existing systems. I suggest that these participants' developmental position provides her with a form of readiness that helps them gain a new form of understanding during their program experience.

Chapter Seven, The Field as Teacher, looks at the issue of reflexivity on the part of the researcher, and explores how the experience of stress can be made and remade in the image of the researcher. It became, over

## Chapter Two

### Ideologies of Stress and the Emergence of The Clinical Contemplative

"Knowledge is a necessary first step toward initiating change, but it is not sufficient in and of itself. If knowledge alone were enough, no nurse would smoke, no physician would be obese, no psychologist would be burned out by stress, and each health-care professional would exercise. Once you have identified an adverse lifestyle behavior, the next step is to work toward changing it. *The Wellness Book* provides a structure to help you identify what changes are important and how to make these changes successfully...Basic information provided...will help you develop the skills and attitudes necessary to begin making healthy changes." (Benson & Stuart, 1992, p. 5)

[Clinicians] working with patients who present mind/body problems must nurture an interest in how one's emotion, cognition and epistemology facilitate or hinder discovery of the kind of knowledge needed to resolve the problems. Knowledge is effective action; emotion is bodily readiness for action....We see, then, how the wisdom of the body is housed in its emotional postures. (Griffith & Griffith, 1994, p. 92)

"Knowledge, in my view, means more than information; it carries notions of wholeness, expansiveness, and liveliness. The phrase "pursuit of knowledge" suggests activity, relationship, and intimacy. You can't have knowledge without seeking." (Howard, 1989, p. 227)

"It is not every truth that recommends itself to the common sense. Nature has a place for the wild clematis as well as the cabbage. Some expressions of truth are reminiscent, others merely *sensible*, as the phrase is, others prophetic. Some forms of disease, even, may prophesy forms of health." (Thoreau, from *Walking*)

Practitioners who work in stress management recognize that patients are constricted in their capacity to manage their stress to the degree that they lack awareness of their own interpretations of stressful events. Practitioners themselves are similarly restrained in their helping to the degree that they lack awareness of the multiplicity of theoretical perspectives which can shape or reshape the contours of how patients' problems might be understood. In behavioral medicine, a subdiscipline of medicine for physicians and for social scientists interested in health (Taylor, 1986), core assumptions about knowledge and change originate in

behavioral psychology and learning theories. While behavioral medicine now encompasses a diverse set of theoretical perspectives, the majority of practitioners who work in behavioral medicine settings draw heavily from a cognitive-behavioral framework in their design of intervention strategies (Pattishal, 1989). Learning from this point of view is often equated with training; the practitioner "meets the patient as a coach meets an athlete, pointing out incorrect moves and instructing correct ones, using language of behavioral reinforcement, behavioral repertoires, and cognitive distortions" (Griffith & Griffith, 1994; p. 23). In stress management clinics<sup>1</sup> housed in hospital behavioral medicine departments, goals for intervention vary from setting to setting, but generally speaking the aim is to help patients learn skills to better manage stress in order to modulate or reverse its effects on their illness.

In this chapter I introduce another, potentially complementary theoretical perspective through which we might organize and assess stress management interventions. This framework, the progressive\developmental, is familiar to educators in traditional settings but not broadly applied in non-traditional settings or across adult education generally. Throughout this writing, I aim to clarify the potential contributions of a developmental perspective for understanding participants' experiences as learners in the clinic. Here, I begin that task by arguing that all educational interventions, regardless of their setting, are committed to particular

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<sup>1</sup>The stress management clinics referred to throughout this writing are those located in or affiliated with hospitals. Unless otherwise stated, I am not including in the discussion the broader educational contexts in which stress management takes place, including, for example, private clinics, community-based adult education programs, schools or work settings. For an interesting critique of stress management in the workplace, see Newton, 1995.

views of the views of the *person*, the *problem* and the *intervention*, and that these investments are related to their underlying educational ideologies. Even if these ideological perspectives are implicit or unstated, they nonetheless shape the experiences of teachers and learners in the intervention setting.

Educational philosophers have long argued that ideological frames shape the goals and methods of educational efforts. Kohlberg and Mayer (1972, 1978), for example, in their seminal critique of the aims of traditional education, identify three "ideological streams" which organize most of educational practice. These streams, I will argue, run through the literature on stress management, as well, shaping the forms interventions take on and determining to a great extent the kinds of experiences learners will encounter. Having presented these ideological frames and identified the concomitant forms of teaching and learning that flow from them, I will then suggest a set of educator's questions which health care practitioners in these settings might reflect upon, to set a kind of "problem-frame" (Kleinman, 1980) with which I will be conversing throughout this writing.

### **Educational Perspectives on Stress**

While educative, stress management clinics function primarily in service of improving medical outcomes. Thus, an indice for success in a behavioral medicine intervention is the degree to which change in patients' beliefs and behaviors reduce the severity of symptoms or increase patients' degree of tolerance of them. The knowledge gained in these settings is meant to be put to use by patients in their daily lives,

where the continued practice of stress management skills after the completion of the intervention program should at least improve the quality of life and at best impact on the clinical status of the illness itself.

From an educator's perspective, the success of these interventions depends on the program's capacity to create an educational context where core changes in belief and behavior can take place. Changing the central ways in which adults make meaning of deeply held core beliefs or entrenched behaviors requires, presumably, at least a familiarity with the broad diversity of theories of adult learning and their implications for practice. Yet for the most part, highly skilled health care practitioners who develop programs aimed at changing core beliefs and behaviors are trained solely in cognitive-behavioral perspectives on intervention. More to the point, they are not commonly engaged in reflections on the *prior, organizing assumptions* about knowledge and change which undergird such an approach. The constraints which necessarily bound their approach (as with any theoretical perspective) may not be apparent or acknowledged, thus the flexibility potentially afforded by familiarity with multiple perspectives is lost:

The problem is not that the languages of our clinical traditions bear this limitation (for it could not be otherwise) but our lack of awareness of what our language does not enable us to see...Because an awareness of this limitation is rarely taught in professional schools and rarely incorporated into clinical theory, clinicians from each...paradigm have generally lacked a curiosity about what cannot be seen with the language and cognitive style of their preferred practice. This lack of awareness also means that there is no avenue through which an understanding of a problem can be enriched by the unique, idiosyncratic language that patients...bring. (Griffith & Griffith, 1994, p. 23)

The framework of core assumptions that educators in any setting work

with and through are never singular nor disconnected from a broader culturally organized belief system. Rather, "they reflect an ongoing negotiation among the influences of material conditions or contexts, cultural norms, and self" (Gitlin, 1991, p. 454). "Cultural norms" can describe, of course, the norms of cultures of vastly different scopes, ranging from the culture of a school, say, to the culture of a people. (They also can describe the culture of a discipline, as in a "discourse community" (Gee, date) which shares a connecting set of assumptions if not agreement on the particulars or validity of any one argument.) Whether explicitly or implicitly, educators in any setting work with systems of belief about the relationship between knowledge and change; these systems, broadly speaking, are educational ideologies. Ideologies, the broad "set(s) of concepts defining desirable aims, content and methods of education" (Kohlberg & Mayer, 1978, p. 124) constrain any educational effort in both senses of the word: they bound its limits and shape its possibilities (Cobb, 1994; Gardner, 1991). "Education cannot avoid being a test of the ideology it indoctrinates," (Turner, 1986, p. 76) nor can educators avoid teaching through and to an ideology.

For educators in traditional settings, the ideologies they work with and through comprise, like Venn diagrams, the common intersecting terrain of national policy, organizational culture, the premises and procedures of their practice, and their own personally constructed, morally imbued belief systems. Only by gaining awareness of the contributions and intersects of these overlapping sets of civic, professional and personal belief systems which frame practice can educators lay the groundwork for acting on them effectively or rejecting them. Intentional commitment to the

forms of education which ideologies set in motion begins with the articulation of their fundamental guiding assumptions.

### **Ideological Conversations in Non-Traditional Educational Settings**

Ideological conversations about what education as a whole ought to accomplish typically take place in institutions such as schools and universities whose explicit aim is to educate, yet teaching and learning take place in settings of all kinds, and across all phases of the lifespan (Daloz, 1986; Mezirow, 1991). When Becker (date) defines the scope of educational inquiry as "the social processes of teaching and learning, wherever they occur and whoever is involved" he reminds us that education is better understood as a process than as an institution. Yet the various institutions which house educational processes shape, through their own ideological aims, the goals, strategies, and underlying belief systems through which knowledge is formed and change generated.

These institutional ideologies constrain, in turn, whether or not local participants even view themselves as engaged in education. This is especially true in settings where teaching and learning are viewed as strategies for accomplishing institutional goals which are separate from, but arrived through, education. An institution like the court, for example, primarily devoted to delineating and applying law for the purposes of upholding the principles of justice, must instruct defendants, jurors and lawyers in the tenets of law. Presumably, it is of great concern to the court, in pursuit of justice, that its audiences understand and act on its teachings. Nonetheless, the court is not fundamentally educative.

Similarly, in institutions dedicated to health and healing such as hospitals and medical clinics, teaching and learning are used with increasing prevalence as methods of accomplishing core institutional goals. While medicine's cousin discipline, public health, has long viewed education as a core mandate for accomplishing its aims of behavioral change on a social scale, modern allopathic medicine has only in this quarter century begun including educative interventions as tools in its "therapeutic arsenal" (Weil, 1995, p. 5). Apart from basic patient instruction (including, for example, demonstrations of the correct use and potential side effects of prescribed drugs or treatments, explications of the course and crisis points in chronic illness, or provision of written guidelines for care of injuries) some physicians have expanded their treatment repertoire to include direct instruction in skills for managing the psychological dimensions of illness. These interventions range from one-time individual instruction on a specific behavioral technique in a doctor's office to full-scale educational programs taught over a period of months in outpatient classrooms where instructors utilize textbooks, lectures, assessments, and supporting materials such as workbooks and audiotapes to teach an array of skills related to illness management (Poppen, 1988).

To a great extent, the prevailing ideologies which frame the core practices of primarily non-educative institutions also guide their approaches to educational interventions. In hospitals, where medical understanding is presented "as a body of neutral and value free knowledge built in a painstaking and linear process" (Navarro, 1986, p. 160), education is likely to be framed as a direct transfer of validated information from the creators of knowledge to its consumers. Knowledge

generators, that "unseen 'bureau of standards'" (Griffith & Griffith, 1994, p. #) retain authority over both the creation and dissemination of knowledge. Knowledge is given, not constructed, and to the extent which it is known to be subjectified it is often suspect. Kleinman (1988), a practicing physician and medical anthropologist, frames the problem this way:

Social reality is so organized that we do not routinely inquire into the meanings of illness anymore than we regularly analyze the structure of our social world. Indeed, the everyday priority structure of medical training and of health care delivery, with its radically materialist pursuit of the biological mechanism of disease, precludes such inquiry. It turns the gaze of the clinician, along with the attention of patients and families, away from decoding the salient meanings of illness for them, which interferes with recognition of disturbing but potentially treatable problems in their life world. The biomedical system replaces this allegedly "soft," therefore devalued, psychosocial concern with meanings with the scientifically "hard," therefore overvalued, technical quest for the control of symptoms. (p. 8)

If ideologies are systems of thinking which define problem-frames, and educational ideologies are those particular systems that define and describe the relationship between knowledge and change, then ideological critiques of educational efforts in any setting must raise up these primary assumptions about knowledge and change and test them against desired aims. Like traditional educators, those in non-traditional settings such as the stress management clinic also require a clear sense of the consequences of their ideological commitments in terms of how problems are defined, how solutions are understood, and how intervention itself is constructed.

Templates for conducting ideological critiques furnish the works of educational philosophers and researchers in traditional educational

settings. Adapting these disciplinary templates to institutional contexts which are not primarily educative requires a kind of translation, where the defining ideologies of traditional educators are mapped against the fundamental assumptions of non-traditional practitioners. If it is the case that broad educational aims transect disciplines, then these templates should serve as useful heuristics for identifying the problem-frames which define the distinct ideological streams in behavioral medicine. What, then, might be a usable template for such a critique and how would it be best adapted to an examination of ideologies of knowledge and change in particular settings such as the stress management clinic?

#### **A Template for Critiquing the Possible Frames for Stress Management**

Educational philosophers have consistently argued that ideological conversations should take up the seemingly straightforward question: "*What is the proper aim of education?*" A serious consideration of such a question, they suggest, is essential for proceeding with any kind of integrity--intellectual, practical or moral--in educational practice (e.g., Cremin, 1990; Gardner, 1991; Kohlberg & Mayer, 1972, 1978; Perkins, 1995). Without a clear understanding of what educators are aiming to accomplish there can be no credible assessment of the methods, contexts and processes through which educational practice is carried out:

The most important issue confronting educators and educational theorists is the choice of ends for the educational process. Without clear and educational goals, it becomes impossible to decide which educational programs achieve objectives of general import and which teach incidental facts and attitudes of dubious worth. While there has been a vast amount of research comparing the effects of various educational methods and programs on various outcome measures, there has been very little (consideration) of the worth of these outcome measures themselves. (Kohlberg & Mayer, 1978, p. 123-124)

Effectiveness of an educational effort, Kohlberg and Mayer argue, is not the best or only standard for evaluation. The larger (or prior) standard ought to be, they continue, an assessment of the value of the desired outcomes themselves. (If an educational effort achieves results, yet the results are not consequential, it is pointless and even risky to base an evaluation on effectiveness alone). Kohlberg and Mayer are not suggesting that these assessments are never made, but that they are conducted against inadequate criteria. (They further lay out what they consider adequate criteria, to which I will return below.) They thus recommend that ideological conversations necessarily begin with a critical review of possible educational aims, their relative merits, and the criteria for determining each. Educators who lack a critical perspective on their own aims, they caution, can become committed to methods which are not compatible with the goals they themselves, their students, and the larger community deem meaningful.

In 1972, Lawrence Kohlberg and Rochelle Mayer published an essay in the *Harvard Educational Review* which prefaced the work of a generation of educational theorists who answered the (problem-framing) question--What is the Proper Aim of Education?--this way: *Development* is the aim of education, when development is defined as the ongoing transformation of mind toward an ever-expanded capacity to interpret, integrate, and purposefully create the personal and public fields of meaningful knowledge and experience (e.g., Donaldson, 1992; Kegan, 1982, 1994; Gardner, 1994; Piaget, 1952, 1954). In their essay, the authors were writing to expand on a debate they had substantially--following Dewey--created, concerning how developmental psychological theory can be

"translated into viable progressive educational ideology" (p. 124). Prior to Kohlberg and Mayer's taking a stand on the need for a dialogue between developmentalism as a science and progressivism as an educational movement, developmental psychologists preferred to treat concerns with application as sociological side excursions. Piaget, the Swiss naturalist and patriarch of cognitive developmental theory, dismissed queries concerning the correct use of his clinical methods in school settings as "the American question." Kohlberg and Mayer took on the American question, and in so doing laid out a critique of three contemporaneous streams of educational ideology through a pointed review of their psychological, epistemological and ethical foundations. These three streams--the "cultural transmissive," the "romantic" and the "progressive" are today still identifiable in their essential form in ongoing debates of educational and clinical practice (e.g., Noam, date). The endurance of Kohlberg and Mayer's critique depends as much on the persistence of our cultural narratives concerning education and its historical roots in Western philosophical ideas of person and society as it does on the clarity of their original argument. The core line of argument which they present anticipated an entire body of theory of "critical pedagogy" which followed (e.g. Spener, 1988) which in turn spawned the ideas behind the movement loosely identified as "education for empowerment." (Fetterman, Kaftarian, & Wandersman, 1996).

The audience envisioned by Kohlberg and Mayer were practicing educators, theorists and researchers, and the structure of their essay reflects their rhetorical commitments. As psychologists of moral development, they focused on creating supportive contexts for the moral

growth of children. To put their template to use in service of the argument under development here it will be necessary to both reduce and reorganize their framework and to sketch a parallel rhetoric which recalls theirs in another era and disciplinary context. Kohlberg and Mayer concern themselves with the particular terrain of schools and the children who occupied them. Yet for their critique is relevant, I argue, for assessments of non-traditional forms of adult education such as the stress management clinic, where clear important parallels to their line of argument can be fruitfully traced.

### **Three Streams**

Each of the three streams ideological streams Kohlberg & Mayer identify are founded on a set of psychological, ethical and epistemological assumptions. (See Table 2(1)). I will sketch the origins of each stream below, delineating corollary implications for behavioral medicine interventions.

Table 2 (1)

## Views of Person, Problem, and Intervention Across Ideological Streams

|                           | Person  | Problem  | Intervention  | Metaphor   |
|---------------------------|---|--|---|--|
| Cultural Transmissive     | Child as citizen of society, keeper of norms/values                                 | Child's unbridled instincts threaten societal order  | Provide child with guidelines, rules, information required to fit in society                      | Mind as machine                                      |
| Stress Counterpart        | "Stress-hardy" adult who demonstrates control, commitment, challenge                | "Fight-flight response" overreactive, requires modulation                                      | Provide adult with skills to aid in adaptation to stressful environment                           | Body as homeostatic, requiring regulation, dampening |
| Romantic                  | Child highly valued for purity of "truth, goodness, reality" <sup>2</sup>           | Acculturation stymies self-realization   | Undo repressive cultural messages, create supportive natural surround                             | Child in the garden                                  |
| Stress Counterpart        | Adult encouraged to "accept the core of every human being as yourself" <sup>3</sup> | Excessive stress impedes essential peaceful nature, blocks self-actualization                  | Channel anxiety as an agent of creative self-actualization  | Phoenix rising from the ashes                        |
| Progressive Developmental | Child as active constructor of knowledge  | Existing knowing system confronts novel experience, must assimilate, accommodate or reorganize | Present child with problems that are slightly beyond current capacity in a supportive environment | Child as philosopher/scientist                       |
| Stress Counterpart        | Adult as active constructor of stressful experiences                                | Existing knowing system confronts dissonant conflict, experienced as stressful                 | Help knower become aware of the core conflict, awareness will open system to resolution           | Adult as contemplative/scientist                     |

<sup>2</sup> Kohlberg & Mayer, p. 126

<sup>3</sup> Borysenko, 1987, p. 176

### **Cultural Transmissive Stream**

In schooling, the "cultural transmissive" stream is most directly connected to traditional forms of education. Here, the child is culture's agent and through education receives the rules, mores, values and skills society requires and replicates. Through this stream flows Western civilization in the classical tradition; citizens are by definition schooled in the foundations of society. Kohlberg & Mayer suggest that a "modern, innovative variation" (p. 127) on the cultural transmissive stream is linked to the science of behavior modification. The integration of classicist and modern behavioral conceptions of education turns on the shared assumption that culturally sanctioned forms of knowledge are most readily internalized by children when they either imitate adults or are provided with direct instruction girded by rewards. Success here is measured by the degree to which the learner utilizes the skills taught in order to "respond favorably to the demands of the system." (p. 127). The system, or culture, is valued as the repository of social good, and individual worth is assessed through compliance with social norms. In this sense, the cultural transmissive view stands out in direct relief to the post-Enlightenment, "romantic" position. Kohlberg and Mayer comment on their negative relationship:

In contrast to the child-centered romantic school, the cultural transmission school is society-centered. It defines educational ends as the internalization of the values and knowledge of the culture. The cultural transmission school focuses on the child's need to learn the discipline of the social order, while the romantic stresses the child's freedom. The cultural transmission view emphasizes the common and the established, the romantic view stresses the unique, the novel, and the personal. (p. 128)

Because of the ideological preference for social invention over natural progression, Kohlberg and Mayer suggest that the cultural transmissive

likens the mind to machine, where the "environment is seen as 'input' as information or energy more or less directly transmitted to, and accumulated in, the organism" (p. 130), which in turn operates on information and produces a standardized, or at least predictable, output.

At the time of their writing, the metaphor of mind as machine captured the essential image of the purely behaviorist position. When the "cognitive revolution" (Gardner, date) in behaviorism and across social science ushered in the construct of the computational mind, the machine metaphor was necessarily elaborated and behaviorists were liberated from the constraints of their prior image. "The overall effect (of the computer metaphor of the mind) was to breach the constraints of behaviorist orthodoxy and admit into psychology long-suppressed common-sense understanding of the mind" (Varela, Thompson & Rosch, 1992, p. 46). Such common-sense understanding included recognition that humans interpret their experiences, and that those interpretations are not irrelevant to behavior. Cognitive-behavioral psychology remakes behaviorism in light of this new metaphor, incorporating our capacity to believe as well as to behave.

Just as "the first signs of a postbehaviorist experimental cognitive psychology began to appear in the late 1950's" (ibid, p. 45), ushering in the cognitive-behavioral psychology that shaped much of schooling in that era, physiologist Hans Selye, "the father of stress research," was publishing his landmark work, *The Stress of Life*. In it, he recounts his discovery of the stress reaction which he descriptively named the "General Adaptation Syndrome" (Selye, 1956). The philosopher of science

Mark Johnson summarizes

Seyle's discovery in his book, *The Body in the Mind*:

Seyle saw the stress reaction as an adaptive syndrome (the General Adaptation Syndrome) of the organism in response to external stressors. The GAS consists of three phases. Confronted with some stressor, the organism enters the first phase, the *alarm reaction*, in which overall resistance to the stressor initially decreases, although bodily defenses, such as inflammation, are mobilized. This leads to the second stage, resistance, in which the organism adapts to the presence of the stressor and maintains itself. In short, it goes to war against the stressor. However, each organism has only a limited capacity to adapt and fight, since its resources are eventually depleted, leading to the third stage, *exhaustion*, where the organism breaks down or dies. *This view of stress response as developed by Seyle is, with a variety of refinements, still widely accepted.* (pp 127-128)

The import of Seyle's contribution to general medical understanding is important to apprehend in light of the present argument. Prior to his work on the GAS (which relied solely on animal models) the "collection of symptoms" (ibid, p. 128) physicians now understand to be the stress syndrome were not then seen as collectively related. "Since these symptoms were common to many different diseases, they were of no interest (to the medical establishment) because they did not fit the accepted models of disease and bodily functions which looked for *specific* causes for *specific* or *unique* symptoms" (Johnson, p. 128). Seyle's genius was in recognizing a "*nonspecific, nonunique* reaction pattern" organisms generated in response to diverse stressors.

Johnson---whose analysis is situated in a larger discussion of metaphor, imagination and cognition---attributes Seyle's insightful grasp of the interrelationships among the variety of physiological responses that comprise the GAS to a leap of imagination that took him from the "dominant metaphorical grasp of the situation, namely, "body as machine" (and thus not organic or homeostatic), to a novel understanding, that of

"body as homeostatic organism" (p. 129). In Johnson's analysis, the metaphoric understanding of the body that dominated medical thinking at the time of Seyle's pathbreaking research originally constrained Seyle's capacity to see as an interrelated whole that which he was trained to see as non-constitutive parts. As he writes,

The key point in all of this is that the body as machine metaphor was not merely an isolated belief; rather, it was a massive experiential structuring that involved values, interests, goals, practices, and theorizing. What we see is that such metaphorical structurings of experience have very definite systematically related *entailments*." (p. 130)

Of these entailments of the "body as machine" metaphor, which Johnson lists out to provide the reader with a taste of the expansive reach of the metaphor, he includes:

The body consists of distinct, though interconnected parts  
 Breakdown consists in the malfunctioning of parts  
 Breakdowns occur at specific points or junctures in the mechanism  
 Diagnosis requires that we locate these malfunctioning units  
 Treatment directs itself to specific faulty units or connections  
 Repair (treatment) may involve replacement, mending, alteration of parts, and so forth. (p. 130)

For Seyle to recognize the GAS as such, he first had to shift his frame, his core metaphor, away from these defining presumptions to a new vision of the body as homeostatic organism. Johnson suggests a series of associations and analyses that took Seyle to this image; the resulting changeover allowed Seyle to discover the processes through which the GAS is set in motion. "Under the homeostasis metaphor, such a general response makes perfectly good sense, as a self-generated way of maintaining balance within the organism" (p. 132). As Johnson shows, Seyle's work influenced medical research beyond the investigation of stress. The metaphor of homeostasis, in all its entailments, required a radical rethinking of the basic tenets of mechanistic medical

science. Johnson cites Seyle on his understanding of the implications of his early work:

If there were a general adaptive response to stress, everything we had learned about the characteristic manifestations of disease, about the specific actions of drugs, would be in need of revision. All the actually observed biological effects of any agent must represent the sum of its specific actions and of this nonspecific response to damage that is superimposed upon it. (p. 133)

The GAS describes the bodily response to stress *only* at the physiological level, yet, in Seyle's later writings, he attributes similar effects to our *psychological* responses to stressors. Critical theorists such as Newton (1995) argue that Seyle readily promulgated the development of a "discourse of stress" in the psychological sciences even though he had no disciplinary authority to do so:

In sum, whilst Seyle's GAS theory remained essentially a theory of physiological non-specific response patterns, attached to his theorizing was the promotion of stress as *the* significant sociological and especially psychological, problem of the mid to late twentieth century...For example, Appleby and Trumball argued that after Seyle's 1955 *invited* address to the American Psychological Association, his use of the 'stress' term and his stress theory were 'applied widely, though largely uncritically, by clinical and experimental psychologists alike.' (cited in Newton, 1995, p. 26).

If psychologists readily adopted Seyle's construct, they also co-opted his metaphor. Richard Lazarus, for example, (citations) drew on Seyle's work to build one of the earliest and most influential models of coping, or adaptation to stress (depicted in Chapter One as *figure X*). Lazarus defines stress as a problem of "person-environment fit," where fit is synonymous with a balance between environmental demands and personal resources. The person-environment is a system which can be thrown into disequilibrium if not regulated through coping. Lazarus incorporates Seyle's homeostatic metaphor into his model of coping, suggesting that the

aim of regulation is always to *restore* the system to balance (quote Lazarus from Lazarus & Folkman). Where the "GAS is a general [physiological] adaptive response to any stressor" (Johnson, p. 132), Lazarus defines coping as a general *psychological* adaptive response to any stressor (put in quote from Lazarus). And, where Seyle "reject[s] the dichotomy between sickness and health, and [replaces it with] the notion of disease as a matter of degree" (p. 134), Lazarus similarly defines coping as not dichotomous but variable depending on the degree of "fit."

A third aspect of Seyle's homeostatic frame entails a recognition of the organism as "goal-directed (acting to achieve or maintain a dynamic, healthy situation)" (p. 136). For Lazarus as well coping is purposeful, directed toward managing within the existing environment.

"Adaptation as homeostasis" is a familiar metaphor to the cultural transmissive educator, who views the aim of education as a *form of adjustment* of natural man to social world, emphasizing "the transmission of skills and habits deemed necessary for adjustment to a technological society" (Kohlberg & Mayer, p. 127). Because the social surround defines the nature of such skills and habits, the process of education is one of transferring specified skills to the student, whose success is assessed against pre-existing measures of skill-acquisition and adaptation. In this view, "education requires a careful statement of desirable behavior patterns described in terms of specific responses. Implied here is the idea that the (student's) behavior can be shaped by immediate repetition and elaboration of the correct response, and by association with feedback and reward" (ibid, p. 130). Broadly speaking, this view of education is often characterized as "informational" or "instrumental," the language

implying an agent which supplies information and a student who receives it. Kegan, a developmental psychologist and adult educator, contrasts this view to progressive/developmental or "transformational" views:

An *informational* stance leaves the form as it is and focuses on changing what people know; it is essentially a *training* model for personal change. (C)ontrast this with a *transformational* stance, which places the form itself at risk for change and focuses on changes in how people know; it is essentially an *educational* model for personal change....While *training* increases the fund of knowledge, *education* leads out of or liberates us from one construction or organization of mind in favor of a larger one. (1994, p. 164)

The informational stance implies homeostasis because the form of knowing---or the form of the knower---does not (and in this view, need not) change. Instead, the form is brought into closer concert with the existing environment. The parallel view in the stress management clinic would be that " 'Coping' amounts to directing one's energies to live better in the world as one constructs it, rather than directing one's energies to reconstructing it." (Kegan, p. 256) Rollo May also makes this distinction specifically as it relates to anxiety. He suggests:

All learned behavior is in some sense adjustive: neuroses are adjustive; defenses mechanisms are ways of adjusting to difficult situations. Mowrer's "neurotic" rats gave up taking food, and his "criminal" rats took it despite the future punishment, each group "adjusting" to a difficult situation. But neuroses and defenses, like the behavior of these rats, are not *integrative* in the sense of preparing the person for future learning. Neuroses and defenses do not permit the further development of the individual. (p. 121)

The cultural transmissive view of stress is the truest descendant of Seyle's position; it is also, given its links to cognitive-behaviorism, the most common framework for the design and evaluation of stress management programs (Griffith & Griffith, 1994).<sup>4</sup> Entailments of the

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<sup>4</sup> Hans Seyle's *The Stress of Life* is one of the most frequently cited books in this area of medicine. A classic work, it is the bible of the discipline.

social transmissive stream in the practice of stress management are like those of the instrumental approach to education: as in traditionally educative settings, they include direct instruction, behavior modelling, provision of feedback, behavioral charting, cognitive restructuring, and assessments based on pre- and post-tests of a particular desired state or competence.

Relaxation, the defining practice of the social transmissive approach to stress management, emerges directly from Seyle's work on the physiology of the GAS. In stress management programs descended from Seyle's work, the problem the participant faces is viewed as hyperarousal. The bodily system mistakes the irritations of our modern environment for the mortal dangers of our prehistoric surround. The "fight-or-flight" response, "a profound set of involuntary physiological changes" results because the body cannot distinguish between "a serious threat and the everyday stresses of modern life" (Benson & Stuart, p. 33). Relaxation skills are thus taught throughout most stress management programs as a means for counteracting physiological hyperarousal:

As demonstrated by researchers around the world and suggested by age-old wisdom, there is a *counterbalancing mechanism* to the fight-or-flight response. Just as stimulating an area of the hypothalamus can cause the stress response, so reducing the stimulation results in relaxation. The relaxation response is an inborn set of physiological changes that offset those of the fight-or-flight response. These changes are coordinated; they occur together in an integrated fashion. (Benson & Stuart, p. 35)

In Benson's program, techniques for intentional disengagement are taught in service of "eliciting the relaxation response." In their book, under the header "Techniques Which Elicit the Relaxation Response," Benson and Stuart include a subset of practices which, in other contexts,

are viewed as primarily contemplative. In this view, "meditation," "mindfulness," "repetitive prayer," and "yoga" are all equivalent and legitimated by their effectiveness in creating a relaxed physiological state.

The social transmissive stream in the stress management clinic remakes contemplative practices in the language of medical science. By "tak(ing) over the Eastern teachings and apply them in an extraverted way, so that (they become) a kind of scientific psychophysical training" (Oda, 1993, p. 108),

these contemplative practices are medically legitimated by the experimental demonstration of their effectiveness in dampening physiological arousal. Contemplative practices are remade as scientifically sound skills employed for the purposes of reestablishing homeostasis.

### **Romantic Stream**

The romantic stream, emblemized through the pedagogy of A.S. Neill, founder of the radically permissive school "Summerhill," originates in the writings of the political philosopher Rousseau. Romanticism values highly the child's naturalness and essential goodness, purporting that "what comes from within the child is the most important aspect of development; therefore the pedagogical environment should be permissive enough to allow the inner 'good'...to unfold" (p. 125). The romantic view of knowledge or truth is "self-insight," constructed internally and without necessary reference to cultural truth. The central metaphor of the romantic position is organic growth, the child as flower in a protected garden (Froebel, date).

The aim of education in the romantic tradition is "self-actualization," equated with the move toward becoming a person who is increasingly and simultaneously "more perceptive of reality and more comfortable with it," "more spontaneous, simple, natural," "more philosophical," "more creative," "more open more frequently to peak experiences," (Maslow, cited in Kegan, 1982) and a host of other qualities which are meant to signify the emergence of one's full potential as a human being.<sup>5</sup>

The analog of the romantic tradition in the literature on stress management is paradoxically both remote and pervasive. By this I mean that behavioral medicine researchers and program designers do not routinely express (professionally, in their scientific publications) their primary aim for intervention as the self-actualization of their patients. Yet, in their conversations and popular publications, practitioners commonly pepper discussion of the benefits of stress management with what Kohlberg calls humanistic "virtue-words." Joan Borysenko, the immunologist and clinical psychologist who co-founded with Herbert Benson the Mind/Body Clinic at Harvard Medical School, is best known for her writings which eloquently express this position:

It is hard to know how well we will manage until we are issued an invitation to stress. Shakespeare said, 'When the sea was calm all boats alike showed mastership in floating.' Only in a storm are they obliged to cope. Storms and struggles, chaos and tragedy have always been looked upon as the teachers of valuable, if unwelcome, lessons. In the struggle to survive a stressful situation, a new way of being often emerges that is more satisfying than the old. Every religion and the great myths and fables of all cultures discuss change and growth through the archetypes of death and rebirth. Easter and Passover, symbolic of death and resurrection, are also metaphors for escape from our past conditioning and outmoded

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<sup>5</sup> Kohlberg refers to this set, rather derisively, as a "bag of virtues" whose "observable meaning is relative to a conventional standard which is both psychologically vague and ethically relative" (Kohlberg cited in Kegan, 1982).

concepts---and rebirth into freedom. The phoenix that arises from its ashes and the seed that dies to give birth to the flower are all variations on the theme of life as a continuous process of growth. (Borysenko, 1987, p. 30)

Borysenko's organic metaphors of growth, death and rebirth echo Freubel's earlier conceptions of the child as unfettered spirit whose ideal environment "affects development by providing necessary nourishment for the naturally growing organism" (Kohlberg & Mayer, 1978, p. 129). The roots of Borysenko's metaphor can likely be traced to the writings of Rollo May, the humanist psychoanalyst, whose existential framing of anxiety as the "experience of Being affirming itself against Nonbeing," (1977; p. xv) lent an interpretive frame to the emerging discourse on stress. May, in fact, was a contemporary of Seyle's, whose first book *Stress* was published the same year as May's first edition of *Meaning of Anxiety*, 1950 (May, 1977). In later editions, May criticized the ready transplantation of Seyle's research on the physiology of stress to the emerging discussion of the psychology of anxiety. May urged stress theorists to keep clean the distinctions between stress and anxiety:

Even though its users state that they mean to include psychology in their definition, the term "stress" is still weighted heavily on what happens *to* and *on* the person. This makes sense in its original use in the areas from which it is borrowed--in engineering the concern is how much stress a heavy car makes *on* the bridge, or whether a building can withstand the stress *on* it from an earthquake. In the area of engineering, consciousness is irrelevant. Anxiety, on the other hand, is uniquely bound up with consciousness and subjectivity....'Perceive' and 'interpret' are subjective processes, rightly included in anxiety but not in stress. *Anxiety is how the individual relates to stress, accepts it, interprets it.* (1977, p. 111-113)

It could be argued that May was the first to introduce the idea that stress only *potentiates* distress and that it is the interpretations made of stressful events which are most significant to outcomes. May points out

that stress itself can paradoxically relieve anxiety, as is the case, he suggests, in times of war when "neurotic problems are allayed...because the persons have something definite on which to pin their inner turmoil, and they can thus focus on concrete pressures...*Stress is a halfway station on the way to anxiety. Anxiety is how we handle stress*" (p. 112-13).

Common to Borysenko and May (and many other popular writers whose influence on our collective psyche on this issue is profound) is the position that stress--or anxiety--is a kind of existential *challenge* which we take up in service of unfolding our inert potential. Or more so, that these are expressions of our basic vital energies that can be channelled toward growth. May actually frames the problem as one of *excessive* anxiety; managed anxiety itself is the harbinger of creative engagement with life: "The problem of the management of anxiety is that of reducing the anxiety to normal levels, and then to use this normal anxiety as stimulation to increase one's awareness, vigilance, zest for living." (p. 364).

Romanticism, even when it does not represent the primary ideological commitment of a stress management program, is freely and commonly borrowed from by practitioners. Sometimes it is quite explicitly imported into another tradition. A striking example of this kind of merging of two frames comes again from the Mind/Body Clinic at Harvard Medical School, (whose welcoming slogan on letterhead reads "where science and kindness unite"), where Benson and his colleagues encourage patients to bring their spiritual beliefs to the practice of a behavioral technique. Recognizing the clash of paradigms this entails, Benson reconciles the two

positions:

The combination of a Relaxation-Response technique with the individual's belief system is what I call the 'Faith Factor.' It's by no means an entirely original concept; rather, it's a new kind of 'package' that contains two powerful but familiar spiritual vehicles: (1) meditation; and (2) a deeply held set of philosophical or religious convictions. My function in exploring and describing this Faith Factor is to serve, as best I can, as a bridge between two disciplines: traditional faith and meditative practices, and scientific observation.

I realize in stating this purpose that I'm embarking along a fine line that separates two conflicting ways of thinking---and that this combination may be potentially problematic. So, to make my task easier, I should mention here at the outset that in this book I'm not at all interested in promoting one religious or philosophical system over another. Nor do I intend to comment in any way on the truth or falsity of any religious system. Rather, I'm most concerned with the scientifically observable phenomena and forces that accompany faith. (Benson, 1984, p. 5-6)

Perhaps Benson and others draw from the language of romanticism because the vocabulary of the more predominant cultural transmissive view in stress management does not readily lend itself to conversations with patients or to expressions of the deeply meaningful experiences patients and practitioners commonly relate. Humanistic psychology, the psychological grounding for romanticism, itself emerged in response to the then dominant ideology of Skinner's behaviorism, whose views of knowledge and change dominated much of educational practice in the late 20th century.

### **Progressive/Developmental Stream**

Kohlberg and Mayer's third ideological stream, the progressive/developmental, is not readily defined in the terms of either of the other identified streams, primarily because it steps outside of the historicized

nature/culture dichotomy to suggest that every child solves the problem for herself (the problem being how to negotiate between one's own emergent view of oneself as a knower and the knowledge systems of the culture) Progressivism casts the child in the role of "philosopher or scientist/poet" who, when engaged, continuously constructs subjective truth through a form of cognitive experimentation the landmark of which is an "*active change in patterns of thinking* brought about by experiential problem-solving situations" (ibid, p. 129). The locus of activity in the progressivist's child is discretely neither society nor the natural world but the interface between the two; "mental structure is the product of the patterning of interaction between the organism and the environment" (ibid, p. 131).

John Dewey's progressivism shaped early twentieth childhood education in the United States, yet as an ideological position it gains its greatest psychological ballast from the work of Jean Piaget (dates). Ironically, Piaget's interests lay not with pedagogy but with the ontological development of empirical systems of knowing. A student of the history of science as well as a naturalist, Piaget became intrigued with patterns of children's cognitive development because of his conviction that their transformations of knowing recapitulated the historic development of scientific thinking. His "genetic epistemology" in its entirety as a field of study is only latently psychological; Piaget intended for it to stand in almost metaphorically as a method of descriptively approximating the scientist's negotiation of empirical truth. (Sociologist Stephen Cole names this activity "making science" (1992), and much of the sociology of knowledge since owes its constructivist bent to Piaget).

If the progressive/developmental child is a "philosopher or scientist/poet" then the student in the stress management clinic swept up by the same stream might be described as a "contemplative or scientist/mystic." At the close of their program, patients at the Stress Reduction Clinic at the University of Massachusetts Medical Center receive a booklet that ends with an excerpt from a letter Einstein wrote to a grieving father:

A human being is part of the whole, called by us "Universe," a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest---a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole nature in its beauty. Nobody is able to achieve this completely, but the striving for such achievement is in itself part of the liberation, and a foundation for inner security. (Kabat-Zinn, 1990; p. 165)

Jon Kabat-Zinn, the clinical psychologist and immunologist who directs the program, offers this quote as emblematic of the "paradigm" he teaches throughout the program. As a teacher in the Buddhist tradition of mindfulness meditation, Kabat-Zinn describes his program as a "self-directed training program in the art of conscious living" (1990, p. 1). By self-directed, he references the responsibility of each participant to take on and carry through the practices of mindfulness meditation and yoga taught in the program, but also he invokes the personal nature of the goals for the program each patient holds. The program presents a potential relationship of the learner to his or her experience which participants may embrace through their program practices, without framing the possible for any one participant:

When your mind changes, new possibilities tend to arise. In fact everything changes when you can see things on different levels

simultaneously, when you can see fullness and connectedness as well as individuality and separateness. Your thinking expands in scope. This can be a profoundly liberating experience. It can take you beyond your limited preoccupations with yourself. It can put things in a larger perspective. (1990; p. 154)

In his references to this expansion of thought and perspective, Kabat-Zinn echoes Kohlberg & Mayer's definition of development as "not just any behavior change, but a change toward greater differentiation, integration, and adaptation." The progressive/developmental view entails a *dialectical* language that breaks open dichotomous positions of positive and negative thinking, and a dialectical notion of growth where expansion of mind is equated with greater degrees of awareness of the dialectical tension that holds "fullness and connectedness as well as individuality and separateness." Kohlberg and Mayer explain:

The cognitive-developmental metaphor is not material, it is dialectical; it is a model of the progression of ideas in discourse and conversation. The dialectical metaphor was first elaborated by Plato, given new meaning by Hegel, and finally stripped of its metaphysical claims by John Dewey and Jean Piaget, to form a psychological method. In the dialectical metaphor, a core of universal ideas are redefined and reorganized as their implications are played out in experience and as they are confronted by their opposites in argument and discourse. These reorganizations define qualitative levels of thought, levels of increased epistemic adequacy. The child is not a plant or a machine; he is a philosopher or scientist/poet...Discarding the dichotomy between maturation and environmentally determined learning, Piaget and Dewey claim that mature thought emerges through a process of development that is neither direct biological maturation nor direct learning, but rather a reorganization of psychological structures resulting from organism-environment interactions. (p. 130-131)

Programs like Kabat-Zinn's intersect with the progressive/developmental frame in their entailments of awareness as the activity of growth of the mind, in the dialectical nature of that growth, through the emergence of greater levels of perspective-taking as markers for growth, and in their

teleological framing of the path of growth itself. This dialectical metaphor differs from the cultural transmissives' image of homeostatic system in that it suggests that the learner holds the potential for outgrowing the existing system, of even taking a perspective on the old system as she constructs a new balance between knower and known. Such an approach suggests another stance toward stress--that managing stress requires not re-establishment of a pre-existing state of homeostasis but movement toward a new balance which subsumes the prior system. The "stressor" in this sense is the experience that cannot fit into our current form of awareness. The aim of this form of education is a broadened capacity to become aware of, and then to critique, our understanding of the stressor and our responsiveness to it.

How would such an abstract metaphor be entailed in the stress management clinic? Apart from the "interests, values, and beliefs" of practitioners like Kabat-Zinn, what are their concomitant "practices and commitments" (Johnson, 1987, p. 132) which link their understandings of stress to their approaches to intervention? Mindfulness meditation, the central practice of Kabat-Zinn's program, comes not from Western developmental psychological traditions nor from medical science but from the Buddhist theory and practice of consciousness development. As such, mindfulness meditation is not overtly a psychological technique nor a relaxation technique but, as Kabat-Zinn suggests, a "consciousness discipline" :

The choice of meditation training as the central and unifying practice in the stress clinic was not arbitrary. Meditation training has unique characteristics that distinguish it from the many relaxation and stress reduction techniques in common use. The most important is that it is a door into direct experiences of wholeness, experiences not so easily tapped by methods that focus on doing and getting

somewhere rather than non-doing and being. Meditation is what is called a *consciousness discipline*..At the heart of this perspective lies the conviction that it is essential for a person to engage in a personal, intensive, and systematic training of the mind through the discipline of meditation practice to free him or herself from the incessant distortions of characteristic of our everyday emotional and thought processes, distortions that, as we have seen, can continually undermine the experiencing of our intrinsic wholeness. (p. 164)

Through systematically training the mind, the developmental educator aims not only to shift the quality of awareness but its complexity. "Educators seeking 'self-direction' from their adult students are not merely asking them to take on new skills, modify their learning style, or increase their self-confidence. They are asking many of them to change the whole way they understand themselves, their world, and the relationship between the two" (Kegan, 1994, p. 275). In stress management programs which frame their practices as consciousness disciplines, the development of consciousness is most decidedly and explicitly an aim of intervention. In a reversal of the position of the social transmissive clinic, where meditation is introduced as a *relaxation* technique to aid in *dampening excessive response* to environmental conditions, mindfulness meditation is presented as a technique for *deepening awareness of the self's relationship to the environment*.

Consciousness disciplines, once taught only to contemplatives who sought awareness, are thus introduced to patients who themselves do not describe their problems to be about the quality of their *awareness* but about the stress they experience as a result of it. The progressive-developmental in the stress management clinic is thus reconstructing the problem as *not fundamentally about stress* but about awareness.

## **A Theory of Consciousness Development and its Implications for Stress Management**

In order to effectively bring a progressive/developmental framework to bear on the experiences of learners in the stress reduction clinic, it will be first necessary to sketch the levels of development this framework suggests learners move through. While there are several complementary theories that describe the trajectory of adult development (e.g., **Basseches, date, Commons, date, Loevinger, dates, Labouvie-Vief, date**), I will describe here primarily Kegan's (1982, 1994) "constructive-developmental" framework. I select Kegan's as the representative framework because his addresses the particular issues of how stress and coping are experienced at different eras of development (Kegan et al., 1991).

Constructive-developmental theory describes the fundamental nature of the the developing knower as a person in process rather than as an entity. The knower develops through the activity of constructing the world. The adult learner in Kegan's view is not identifiable by the skills she has acquired but through her investment in the activity of meaning-making. Learners may become identified with the particular stances, or meaning systems, they create, but these are moments in a process of evolution which may be temporarily representative but cannot be considered ultimately constitutive. Just as a reel of film moves past a bulb, projecting action, but can also be frozen a frame at a time, development can be thought of as the motion itself, without losing sight of the specific moments in motion when understanding coheres.

Kegan characterizes the activity of meaning-making as the ongoing

negotiation of the learner's understanding of what constitutes subject and what can be taken as object. We are embedded in what we take as subject to the extent that we cannot know it as separate from ourselves. Like the characters in the film, we are unaware of the context which delimits us. We are aware of what we take as object, and in that sense we are free of it, or differentiated from it. The balances negotiated between subject and object make up the meaning system through which the content of our experience becomes organized. The very activity of constructing these subject-object balances results in development since each new balance or "truce" requires the relinquishment of a prior negotiation and opens the system to potential reorganization.

Fundamental to development, then, are both the activity of constructing meaning and the forms these constructions take. This idea of the self as engaged in the complex project of constructing, negotiating, reconstructing and renegotiating meaning over a lifespan revises a social/transmissive framework by "liberat[ing] us from a static view of phenomenon" (p. 13) and redirecting our focus to the processes by which meaning is made and transformed. This shift "from entity to process, from static to dynamic, from dichotomous to dialectical" (p. 13) allows us to engage in another's way of making sense

### **Orders of Knowing**

Kegan describes five orders or levels of development (include table?). At each level, the learner becomes identified with the meaning-system she constructs. Because of that identification, she strives to maintain each new order of knowing as a way of preserving coherent understanding.

These balances are maintained through the process Piaget first described as equilibration: new experiences are either assimilated into the existing framework or the framework accommodates to these new experiences. When the efforts of the learner to maintain the balance become overwhelmed by experiences which are not readily incorporated into the meaning-system, then the balance cannot hold and sways towards a new subject-object negotiation. At each stage, the learner becomes *embedded* in that which is subject, and *relates* to that which is object. Although in the new balance, the learner will become embedded in the new structure, the direction of change is towards more being taken as object, less as subject. Kegan describes the process:

Subject-object relations emerge out of a lifelong process of development: a succession of qualitative differentiations of the self from the world, with a qualitatively more extensive object with which to be in relation created each time; a natural history of qualitatively better guarantees to the world of its distinctness; successive triumphs of "relationship to" rather than "embeddedness in." (1982, p. 77)

For example, in the movement to the first order, roughly corresponding to early and late infancy, the self moves from being embedded in (identifying with) the reflexes to relating to them through a reorganization of the self as a system which "coordinates or mediates" (p. 79) the reflexes through its impulses and perceptions. The infant who acted through impulse can now, because of a qualitative shift in subject-object balance, act on the reflexes. The child is limited at this stage to the extent that he or she is embedded in the perceptions and impulses, and cannot distinguish them from the objects in the world which they act upon. "When perceptions of a thing change, the thing itself has changed for the child" (Kegan et al, 1982; p. 110).

When the impulsive, first order child grows to the next balance, the "categorical knower," the perceptions and impulses which previously organized the reflexes are now themselves organized by the needs, interests, and wishes. The impulses are now in service of these needs, while the learner is now embedded in these needs. The coordination of self's needs with those of the other comes with the transition to the next stage, the "interpersonal self," when the learner emerges from embeddedness in needs to take its own and others needs as object.

### **The Cross-Categorical knower: Third Order**

At the third order, the self's needs are now taken as object. The interpersonal relationships which fulfill those needs become the context which supports the self. Mutuality with others becomes subject, allowing the learner to be aware of his own needs and those of others. While the shift from the the second to the third order often occurs in adolescence, many adults remain embedded in third order mutuality throughout their middle years. Because an understanding of the scope and limits of a cross-categorical construction of the world is crucial to my analysis of learners' experiences in the stress reduction clinic, I will spend some time here fleshing out both this era in subject-object development and the transition to the fourth order which follows.

At level 3, the views of others are internalized along with the learner's views. An inner dialogue can now ensue in which the learner can consider her own perspective, that of another, and the view of the other of the self. The others' needs and the others' views of the learner's needs are now accessible.

In general, the stage 3 self can itself include different points of view so that the "other"--now made object to the extent of being released from being the sole holder of an alternative point of view--can be engaged in the workings of the interpersonal self, partnered to the self's own capacity to hold multiple points of view within itself. (Lahey et al., p. 50)

The limits to this way of knowing are that the learner depends on the other to generate the very point of view which the self has made internal. In other words, the learner can take an accounting of the others' views only when they are defined and continually defended by the other. By internalizing those views, the learner becomes incapable of evaluating them without jeopardizing his sense of stability. If I identify with your perspective of me, and have no way to separate myself from your judgments (if, in fact, they become who I am), then the loss of my relationship to you puts me in conflict. In the third order, the meaning I make of unstable relationships is that I myself am precarious.

#### **The Systems Knower: The Fourth Order**

The move from the third to the fourth order can be summed briefly as the development in meaning making from "I am my relationships to 'I have relationships'" (Kegan, 1982, p. 100). The move from a third order way of knowing to that constituted at Level 4 requires taking the relationship as object. "Evolution between stage 3 and stage 4 is the story of gradually separating internalized points of view from their original sources in others and making the self itself a coherent system for their generation and correlation" (Lahey et al. 1982, p. 51). This new system allows the knower to take responsibility for her feelings towards others, rather than viewing them as the source of those feelings. For the first time, the capacity for self-direction emerges. The learner gains an

authority over his responses to others. At this stage, learners become concerned with ideals and with principles for action, identifying fully with these abstractions. At this stage, also, the mutuality experienced in the cross-categorical way of knowing is transformed. Relationships no longer constitute the self; rather, the self constitutes its relations, so the sense of enmeshment with others is recast. The immediate result of that change may be a throwing off of the people with whom that enmeshment was established. In his book, Kegan observes that marriages entered into by the self at stage 3 may be dissolved with the emergence of the stage 4 self who then blames the partner for its own earlier embeddedness which in retrospect is seen as subjugation. The difficulty of renegotiating fulfilling relationships when one partner undergoes an epistemologic change is enormous, and, as Kegan points out, not very well supported by modern Western culture. For the person at the fourth order, an embeddedness in self-sufficiency delimits his or her relationships to others in the sense that the old mutuality is viewed as a threat to self, and a new way of constructing intimacy has yet to be developed.

If the strength of the institutional balance is its autonomy, it would be as true to say that its weakness lies in its self-embeddedness in this autonomy. Its self-naming and self-nourishing converts the world within its reach to operatives on behalf of its personal enterprise. What is experienced from within the balance as independence and self-regulation might as accurately be seen from beyond the balance as a kind of psychological isolation." (p. 223)

#### TRANSITION NEEDED HERE

So far, I have argued that identifiable ideological streams in traditional education have clear parallels in the stress reduction clinic. By that, I refer to the distinctive ways in which stress is understood, how that

understanding emerged in a particular historical time, how the users of the idea share its meaning, and that the meaning they make influences the ways in which they describe stress and its consequences. I have suggested that ideologies set a problem-frame for those educators working within them, and that core "entailments" or elaborations of different problem-frames can be anticipated from the central metaphors which are used to describe the essential nature of stress. These metaphors and their entailments in turn influence the way in which intervention is understood and designed.

I introduced the chapter with the suggestion that a developmental framework might contribute to our understanding of learners' experiences in the stress reduction clinic. Because this perspective lays out views of person, problem and intervention that differ significantly from that of the cultural transmissive frame, it holds potential for recasting some common ways of making sense of learners' experiences. The most important of these would be the suggestion that participants who undergo significant change during the program will not be those who have best *adapted to* their stressful experiences, but those who have *made new meaning of* their relationship to these experiences.

More particularly, a developmental perspective can potentially contribute assessments of the implicit demands that intervention curricula place on learners at different levels of development. It can provide an informed perspective on how learners at different levels of development experience the program's teachings, and what these various perspectives mean for program leaders and designers. It may be able to identify particular learners whose developmental positions prepare them to benefit most fully

from a particular curriculum. And it may be able to trace the process through which participants undergo significant learning experiences. Finally, the application of a novel theoretical frame to the analysis of learners' experiences in the stress reduction clinic can, at the very least, raise practitioners' awareness of the ideological commitments through which they present enact their practice.

Moving the ideological conversation from schools and universities into the diverse and multifaceted non-traditional settings where learning takes place of itself requires a shift in practice. First, those who engage in teaching and learning in any setting must come to view themselves (at least in part) as educators who can benefit from the kinds of reflective conversations rich practice requires. Second, educators in any setting must become versed in the foundations and consequences of their particular ideological commitments. These shifts are especially necessary in settings where practicing teachers and learners fundamentally view their efforts as being about something else (such as the pursuit of justice or the eradication of disease). Where discussions of education are absent, but education is ongoing, there are the clearest risks that the methods employed will be at odds with the goals advanced. When educators become aware that they enact through their practice an ideology they are better prepared to critique the foundations of their successes and failures.

## Chapter Three

### Dealing with Truth (Methods)

"In dealing with truth we are immortal, and need fear no change nor accident." (Thoreau, Reflections at Walden, p. 18)

#### Goals of the Study

The empirical study presented here aims to describe how a group of adult learners understand and practice the contemplative skills of active engagement (such as cognitive restructuring) and intentional disengagement (such as the Relaxation Response) they were taught in a stress management program. It explores how participants'<sup>1</sup> understanding of these skills affects their practice, and how these understandings are linked to the continued or discontinued use of the practices post-program.

In keeping with a progressive/developmental framework, the study also explores how participants' own levels of consciousness development influence the manner in which they understand, practice, and sustain the use of skills learned in the program. Developmental theory suggests that adult learners' experiences of both the content and process of traditional educational experiences are influenced in predictable ways by their developmental level (**cite Belenkey et al., Perry, others**). How individuals' development relates to their experiences of contemplative practices will be a orienting framework for this study. To that end, my methods explore how adults' differing developmental capacities for reflection on their mental processes affects their ability to carry out the skills they are taught in the clinic setting.

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<sup>1</sup> For the sake of clarity, I will be referring to members of the sample as "patients" when speaking from the point of view of the Program, and as "participants" when referencing their participation in my research study.

Finally, the study also aims to comment on how these adult learners' experiences are to a great extent "entailed" by the problem-frames they encounter in the stress management program. The program, through its cultural/transmissive framework, lays out a particular interpretation of stress that shapes participants' experiences throughout. It also entails an approach to teaching and learning which defines the possible educational outcomes for clinic participants. Through its stated goals and methods, the program sets expectations for what participants can hope to learn as well as how they might apply their new skills or understandings to everyday experience outside of the program setting. Mapping out the assumptions, expectations and methods of the program can thus help explain the experiences of learners.

The methods chosen clearly reflect my own primary ideological commitment to further exploring the experiences of learners in the stress management program from the perspective of a progressive/developmental frame. In this, I am aiming to illuminate the problems and possibilities presented by one frame (the cultural transmissive) by purposefully holding it up to the light of another, contrasting frame (the progressive/developmental). By taking up this fairly rhetorical strategy, I will at best accomplish only half of my developmentalist agenda---I will be differentiating the cultural transmissive perspective and its entailments from the progressive/developmental viewpoint and its consequences. Later, in my considerations of the implications of this study for future work in stress management (see Chapter X), I will sketch arenas of integration among the diverse frames, aiming not to explode one perspective and replace it with another, but to create a tension between

two frames where none may currently exist in conversations about stress and its interventions.

In keeping with these various functional and epistemological ends, the methods described here diverge from those common to studies of patient outcomes in hospital-based stress management clinics. For example, my focus here is not on directly contrasting patients' physical or psychological states pre-program to those post-program. As discussed above, multiple evaluation studies of this and other behavioral medicine interventions demonstrate that these programs do typically impact on patient status, demonstrating reductions of physical and psychological distress on short-and long-term follow-up for many patients. What is less explored are participants' understandings of the program's content and processes, and how these experiences relate to their ongoing skill practice.

### **Research Questions**

The specific research questions guiding this exploration of participant experience, as sketched in Chapter 2, are:

- 1) How does the program explain its goals and how do these relate to curriculum design and program implementation?
- 2) How do the participants explain their motives for participation? How do they understand the curriculum, including its core concepts of "mind/body relationship," the "relaxation response," and "cognitive restructuring" that they encounter in the program?
- 3) How and in what contexts do they practice the skills taught in the program? Which skills do they preference?
- 4) How do participants evaluate their own experiences in the program? Do they report a change in their experiences of stress? Do they retrospectively view the program as helpful (to what extent and in what ways?) What are their recommendations for improvement?

- 5) How do participants' orders of consciousness development relate to their expectations for the program, their practice, and their evaluation of the program's usefulness in their ongoing experience?

The study incorporates participant observation, document analysis, interviews and assessment instruments. These approaches, described in detail below, were used in combination to describe the stress management program, to explore participants' experiences, and to relate participants' meaning-making to their orders of consciousness.

## **SITE SELECTION**

### **The Division of Behavioral Medicine**

The stress management program described here is situated in Boston, Massachusetts at the New England Deaconess Hospital's pioneering Division of Behavioral Medicine, the first of its kind to be established in a hospital setting. The Division conducts research on its ongoing clinical programs which are offered on-site on an outpatient basis, serving participants with a variety of physical conditions. The Division offers a non-specialized program, the "Mind/Body General Program," for adults with stress-related medical problems, as well as a cluster of specialty programs including, for example, those for patients with cancer, hypertension, infertility, and AIDS/ARC.<sup>2</sup> Abbreviated programs are also available for patients undergoing surgical procedures. As an extension of its broad vision of preventive practice, the Division has also introduced a corporate workplace stress management program, and is experimenting

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<sup>2</sup> Other specialty programs run by the Unit include Cardiac Rehabilitation, Chronic pain, Insomnia, and Menopause. Abbreviated, one-session programs are also offered for IVF/GIFT and Chemotherapy and Radiation.

with programs for teaching relaxation techniques to school children. The General Program enrolls participants with a variety of conditions and focuses on teaching stress management concepts and skills. Specialty programs enroll only patients diagnosed with a particular illness or medical condition and incorporate information about the specifics of disease management into the broader curriculum.

The Division is directed by the eminent physician and stress researcher, Herbert Benson. Benson is highly regarded for research he has directed at Harvard Medical School since the late 1960's on the palliative effects of meditation on the course of stress-related disease. Apart from authoring numerous scientific journal articles describing the physiological changes that regular practice of meditation elicits, Benson has also published four popular books which introduced and justified to a general audience the practice of a secular form of meditation that he named "Relaxation Response" (Benson, 1975, Benson, 1984, Benson, 19XX, Benson & Stuart, 19xx). Clinical programs in the Division of Behavioral Medicine are founded on regular practice of the Relaxation Response. The Division also plays a significant role in disseminating the use of the Relaxation Response and other stress management techniques through continuing education for health care workers.

The Division's staff includes nurses, clinical health psychologists, and physicians with various specialties who integrate behavioral medicine principles into their approaches to treatment. Program leaders, who direct basic or specialty programs related to their training and interests, must go through the program and practice the techniques they teach to patients.

Jan. 1992). All groups meet on-site at the Division in a large open classroom designed for their use. Prior to enrolling, patients complete a screening interview and an assessment portfolio describing their current symptoms, levels of anxiety, and goals for the program. Programs run year-round, with new programs launching roughly once a month.

### **Criteria for Selecting the Program**

Because evaluation data is routinely collected from patients, the clinical staff can attest to its consistent overall results in lowering patient levels of anxiety and symptom expression. Successful results have been demonstrated over time, with multiple leaders and across a variety of participants. By locating the study in this site, I was able to explore how participants' meaning-making influences their views of and practice a set of stress management skills which are well-conceived, well-taught, and well-grounded in a tradition of medical research. Highlighting the experiences of participants in this program can suggest directions for future study of comparable groups in this and other stress management settings. As an exploratory study of the learning experiences of a subgroup of participants in a single site, findings from this study cannot be generalized to the experiences of participants across stress management programs in different settings, or even to the specialty programs in this setting. Yet, by explicating the meaning of patients' experiences through the lens of a developmental theory, I aim to introduce a new form of conversation about how stress management skills might be conceptualized, taught and learned.

### **The Mind/Body General Program**

The study described here focuses only on adult learners who completed the Mind/Body General Program. The basic program welcomes patients with a variety of conditions, including, for example, "headaches, gastrointestinal disorders, chronic pain, asthma, dermatological conditions...multiple sclerosis (and) arthritis" (NEDH manual). All patients of the Division are referred to the Mind/Body General Program by their physicians. Some are introduced to the Program by their primary physician; others become aware of it through other sources and request a referral<sup>3</sup>. From the Program's perspective, the required referral guarantees both that patients will have had a complete physical prior to enrolling, and also that the high program costs will likely be covered by insurance.<sup>4</sup> These two requirements--physician referral and insurance coverage--define to a large extent the demographics of patients enrolled in the program. The majority of patients in the program are white and middle to upper-middle class.

Patients who enroll in the Mind/Body General Group commit to a 10-week program. Groups meet weekly, usually for two hours.<sup>5</sup> The target number of patients per group is 20-25. Typically, with attrition and other factors influencing group size, groups maintain enrollments of 15-18 patients over the course of the program (Conte, personal communication,

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<sup>3</sup> Participants in my study learned of the program through a variety of sources, including recommendations of acquaintances, the popular media, and Benson's books.

<sup>4</sup> During the period of data collection, the program cost approximately \$850 for 10 weeks of enrollment.

<sup>5</sup>The first and final sessions run 3 hours, while the fourth session's format is a half-day intensive.

### **Entry to the Site**

From 1990-91, I worked as a research assistant at the Division of Behavioral Medicine, where I assisted with data collection for a study of the effects of the Relaxation Response on hypertensive disease, and with library research for a summary the Division prepared for Congress on the efficacy of behavioral medicine interventions (citation). These experiences helped me to become familiar with the Division's staff and programs, as well as its areas of research interest.

During that period, I prepared a dissertation proposal focusing on how patients with cancer understand and receive support. I approached the staff oncologist with a draft of my proposal, requesting that he consider sponsoring my study through the Division's specialty Mind/Body Cancer Program (which he then directed). He agreed, and following subsequent approval by the hospital's Institutional Review Board (IRB), I was to begin data collection. Shortly thereafter, the oncologist left the unit for a position at a different institution, and I was required to identify a new internal sponsor for the study. My attempts were unsuccessful. Similar attempts to locate sponsors at neighboring cancer research institutions also failed. I eventually reconsidered the feasibility of gaining entry to a cancer support group and redirected my efforts to the study of a stress management program. Once clear on my new focus, I returned to the Division and conferred with the psychologist who had supervised my earlier research assistantship. She directed me to an internal sponsor, who agreed to oversee the study described here.

I mention these complications because they are important to the nature of both my negotiated relationship on site and to the

conceptualization of the present study. I had, in part, defined my earlier, rejected study of the cancer support program as an evaluation. The new cancer program director made it clear she would not be willing to sponsor an evaluation study during the period in which she was transitioning into her role. She intended to make some changes in the format of the intervention and felt that an evaluation undertaken in the midst of her efforts would be disruptive and potentially misleading. Also, she was deeply concerned that patients' experiences would be disrupted by the program observations necessary for the study. (Her concerns for the protection of patients' experiences were echoed by numerous program directors in other settings I contacted as well.)

When I returned to the Division seeking sponsorship for the present study on stress management, concerns expressed by the cancer program staff carried over to the staff of the Mind/Body General Program. Program leaders who knew that the prior study had been designed primarily as a program evaluation expressed some reluctance to include their patients in the study or to have me observe their groups. To address these concerns and to explore alternative research approaches that might be welcomed, I spoke repeatedly with several group leaders, the research director, and the director of the Division. I learned through these conversations that a developing research interest among program staff and the program's financial underwriters concerned how participants "made meaning" of the program and how those meanings influenced their participation. This expressed interest dovetailed well with my primary commitment to exploring participants' experiences of the program and led to my redesign of the research as an interview study focused on

participants' meaning-making. My new frame for the study met with enthusiasm on the part of the program staff, who now expressed interest in being kept informed of its developments and findings. The study is thus sponsored by the Division and progress on it continuously reviewed by the Research Director.<sup>6</sup>

Given the complications of locating a sponsor, reconceptualizing the design, and repeatedly submitting design changes to the hospital's Institutional Review Board, my study got underway (2) years after my initial inquiry at the site. At this point, I had established good relationships with several of the program leaders, one of whom granted me permission to observe a Mind/Body General group from start to finish. As an added advantage of being sponsored by the Division, I was provided with revolving office space for conducting participant interviews, in surroundings with which they were already familiar and comfortable.

#### DATA COLLECTION

Data collection for the study proceeded over a 9 month period, beginning with the first interview in November of 1992 and ending with the final interview in July of 1993 (see Table 3-1). Several factors influenced the duration of the study, including, for example, the need for extensive participant recruitment (see Sampling) and the redesign and reapproval of the methods two months into the study. While

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<sup>6</sup> The methods and procedures outlined here were also reviewed and approved by the hospital's Institutional Review Board (IRB). In addition, any changes I made to the design in the course of the study had to be submitted and reviewed by the IRB which tracks patient recruitment and enrollment, as well as the progress of the research and its results. Appendix (X) contains the original IRB proposal and descriptions of design changes.

unanticipated, the prolonged time frame allowed for ongoing analysis which continued to inform the goals for data collection. Program observations and document collection complemented participant interviews and were directed toward familiarizing me with program content and process in order to enrich my preparation for and analysis of the interviews. Each of these sources of data and the rationale for its inclusion is discussed in detail below.

Table 3-1

| Participant | Program Group | Program Dates | Interview Date | Time from Program End to Interview | Program Leader |
|-------------|---------------|---------------|----------------|------------------------------------|----------------|
| Pilot       |               |               |                |                                    |                |
| Ernestine   | A             | June-Aug 92   | 4/22/93        | 8.5 mths                           | V              |
| Betty       | B             | July-Sept 92  | 4/15/93        | 7.5 mths                           | W              |
| Gregg       | B             | July-Sept 92  | 5/18/93        | 10 mths                            | W, X           |
| Marie       | C             | Aug-Oct 92    | 11/18/92       | 1 mth                              | V              |
| Hill        | D             | Sept-Nov 92   | 7/22/93        | 8 mths                             | Y              |
| Martha      | B             | Oct-Dec 92    | 5/12/93        | 5 mths                             | X, Z           |
| Jean        | F             | Oct-Dec 92    | 4/12/93        | 3.5 mths                           | V, Z           |
| Cybil       | F             | Oct-Dec 92    | 7/28/93        | 8 mths                             | V, Z           |
| Margery     | F             | Oct-Dec 92    | 5/13/93        | 4.5 mths                           | V, Z           |
| Cynthia     | F             | Oct-Dec 92    | 4/7/93         | 4 mths                             | V, Z           |
| Lois        | G             | Oct-Dec 92    | 5/2/93         | 5 mths                             | V, Z           |
| Vivian      | G             | Oct-Dec 92    | 4/14/93        | 4.5 mths                           | V, Z           |
| Helen       | G             | Oct-Dec 92    | 3/13/93        | 3.5 mths                           | V, Z           |
| Nora        | B             | Dec-Feb 93    | 5/13/93        | 3 mths                             | X              |
| Carolyn     | B             | Dec-Feb 93    | 5/6/93         | 3 mths                             | X              |
| Suzanne     | H             | Dec-Feb 93    | 7/8/93         | 5 mths                             | X              |
| Trudy       | H             | Dec-Feb 93    | 6/8/93         | 4 mths                             | X              |

### Observations

From May through July of 1992, I attended the weekly sessions of the Mind/Body General Program as a participant observer (Spradley, 1980). I aimed to "see things as the (participants') see them and use their categories of thought in the organization of experience" (McGuire, 1988). Given the program leaders' earlier concerns with the study, I had difficulty at first gaining permission to participate in a group. My participation came about indirectly. I asked permission of a group leader with whom I had a good relationship to attend just the first session of the group she was about to launch. The first session, I knew, provided an overview of the program in lecture format to patients and their family members, leaving personal introductions of group members to the second session. The group leader granted me permission to attend. At the close of the session, I requested information on the content of the remaining sessions. In the midst of listening to my request, she spontaneously invited me to continue attending throughout the course of the program, on condition that I actively take on the dual roles of researcher/participant. As researcher, I was allowed to take notes on the program curriculum but not to record verbatim any of the participants' comments or questions, nor to tape record any sessions. As participant, I was required to consult with her on my goals for the program, to practice the skills taught, and to participate in role plays and other exercises with program participants.

In the consultation that followed shortly thereafter, she interviewed me about the stress-related condition with which I had been recently

diagnosed. She asked me to form a goal for my participation, and to commit to some targeted behavioral changes over the next ten weeks. These I recorded on forms she provided (See Appendix A). She also requested that I explain my dual role to participants the following week during group introductions, and that I be straightforward with the group about my own medical condition. I did so, telling participants that my aim was to study the program from an educator's perspective, as well as to be a student in the program.

My role as a full participant as well as a researcher greatly impacted on my understanding of the Program. In her broad-ranging study of alternative healing groups in suburban America, Meredith McGuire (1988) suggests that participant observation becomes critical for "developing a personal stance of empathy" which serves her as an "antidote" to the social scientist's tendency to interpret observed social experience solely in the terms of existing, preferred theory. My own participation provided me with insight into the effects of sustained practice of particular skills such as meditation on the quality of mental experience, and with an understanding of the difficulties of such practice. Participating in the group as a member allowed me a grounded sense of my own experience as a learner which I drew on throughout data collection and analysis. By comparing and contrasting my experience to the stories of other participants, I was able to hear subtle variations on themes that may, to a non-participant, have seemed common across the sample (citation).

Most importantly, however, my role as a participant required the admittance and disclosure of my own difficulties in managing stress,

highlighting for me my existential sympathies and antagonisms toward the topic under study. In the prior planned study of a cancer support program, I had no such personal history from which to extract a subjective connectedness to my research questions and to participants' experience. As a result, in earlier work in cancer patient research (Broderick, 1990), I maintained a particularly abstracted relationship to my topic. In retrospect, such an objective stance *worked against*, instead of for, my capacity to be critical about my own theory-building. Lacking the touchstone of lived experience through which to ground or contest speculation, I moved in a linear fashion from data to theory. Susan DiGiacomo, an interpretive anthropologist diagnosed with Hodgkin's disease in the midst of her dissertation research, comments on my problem this way:

The research methods and analytic tools of the objective, detached observer, the uninvolved spectator are clearly inadequate to the task of recovering and explicating evoked, emergent meanings. Thus, the refiguration of social thought is also the refiguration of the social thinker...[If we instead] take seriously 'alternative epistemologies like those based in feeling-thinking as the vital premise and the *key of relevance* to lived experience' (Wikan, 1991, p. 289)... we learn to grasp the 'compelling significance' (or lack thereof) of anthropological theories by using lived experience---our own---as an analytical category (1992, p. 111-112).

Although I did not know it when I began the present study, the parallel narrative of my own meaning-making and its relationship to my experience of stress and disease became central to my methods, from observations through interviews and throughout data analysis. I elaborate on these interconnections in Chapter 7, "The Field as Teacher."

Throughout the period of program observation, I took descriptive

notes of program curriculum in notebooks I kept inside a program folder. The notetaking was thus fairly unobtrusive; several other participants also took ongoing notes on program content. On site, my field notes were primarily descriptive and detailed my observations to avoid distortions. Early in my observations, my notetaking consisted largely of keeping a running record of program content, including the leader's instructions, background on new skills, and the purpose of different exercises.

As the program progressed, my focus became clearer, and I concentrated more heavily on material and exercises related to the Relaxation Response and Cognitive Restructuring. In the program described here, and across stress management programs generally (e.g., Brigham, date; Kabat-Zinn, date; Ornish, date), the curriculum introduces multiple strategies for stress management, including exercise, nutrition, humor, and social support. In interviews with participants, I only briefly asked about these sections of the curriculum and focused instead on how the contemplative practices are understood and practiced.

I paid particular attention to areas of curriculum that participants seemed to have difficulty either understanding conceptually or applying to their own experiences. In a column parallel to my observational notes, I juxtaposed abbreviated interpretations of these difficulties drawing on my theoretical understanding of adult learning and development. After most sessions, I would draw out these interpretations and developing theories in analytic memos or through tape-recorded verbal reflections (Schatzman & Strauss, 1973).

Throughout the period of participant observation, I often consulted with the program leader to clarify my observations and to gain deeper

understanding of the purposes of program curriculum or process. I also regularly compared my understanding to that of the program's volunteer, a doctoral student in psychology whose clinical internship was being supervised by Division staff. These informal conversations, like the program observations, provided background for the interviews with participants that serve as the core of the study.

### **Document Collection**

The program provides participants with many supporting materials, including behavioral diaries, worksheets, tip sheets, reprints of popular press articles on stress and published interviews with Division staff, as well as a bibliography of reference materials and a referral sheet for participants who desire post-program support, counselling or continuing education. The program also provides a published textbook, *The Wellness Book* (Benson & Stuart, 1992), organized in sections dedicated to units taught in the program's curriculum.

As a participant in the program, I was readily provided with these materials. I made a practice of photocopying each document so that I could retain a clean copy and make use of the other for the purposes assigned to my own ongoing participation. Having access to program materials proved extremely important for conducting later formal interviews, as my familiarity with their content and use enabled me to ask clear questions about how participants made meaning of them and to respond without prior preparation when an interesting line of inquiry developed concerning some of the tools provided in the materials.

While the researcher's familiarity with curricular materials is assumed in meaning-centered studies of children as learners, I note that studies of adult learners' experiences often omit both participant observation and document collection as methods of data gathering. Presumably, it is either assumed that the interviewee will provide the relevant detail or that her meaning-making as an object of study can be understood apart from the particulars of the learning experience. For the present study, my familiarity with the program curriculum made for richer interviews, both because of the questions it allowed me to ask and because of the easy rapport it created with participants. I use the documents collected primarily as illustrations of program curriculum.

## **INTERVIEWS**

### **Selecting and Recruiting the Sample**

Participants in the study were recruited from eight different Mind/Body General Program groups launched from June to December of 1992. These groups were led (or co-led) by one or two of five women group leaders who serve as faculty for most of the Mind/Body General Program, and who teach multiple groups year round. Good qualitative research requires immersion in the culture or group to be studied (Patton, 1980). By including patients from a variety of groups, I became exposed to differences in participants' experiences across program groups and group leaders. Interviewing patients from several consecutive groups also provided me with a chance to reflect on my developing ideas over time and to "bootstrap" between data collection, data analysis, and theory-building (cite Colby & Kohlberg, date).

The Division's concerns for patient confidentiality meant that I myself did not directly recruit potential interviewees. Instead, all patients who registered for the Program received a mailing sent by the program's administrator which described my study. The mailing included a letter I drafted outlining the goals of the study, guidelines for participation, and assurances of confidentiality. The administrator transferred the letter to hospital stationery and signed her own name to it (See Appendix A). Also included was a stamped postcard addressed to the administrator with directions for recipients to check "Yes," "No," or "Need More Information" and to return it. Upon receipt, the administrator would sort out the consents from the non-consents and turn over to me only those names and phone numbers of patients who had agreed to participate. She would provide patients who requested more information with my phone number and ask them to call me.

Because of its non-specialized focus, patients often register for the Mind/Body General Program shortly before a group's first session. Given our extracted confidential recruitment process, I learned of their participation often near program completion. As a result, it became necessary to do both of the formal interviews with participants after program completion.

Of the patients who enrolled in the Mind/Body General Program from June through December of 1992, a subgroup of 101 received a mailing from the program's administrator describing the study. The program administrator identified members of the sub-group who would receive the mailing by reviewing patient lists and screening out those who did not complete the program, those who were currently too ill to participate, and

those who had earlier designated that they did not wish to participate in research. Twenty of the 101 participants contacted returned postcards agreeing to participate. Of these, I was able to schedule interviews with 17<sup>7</sup>. In addition, I included in some analyses information from the pilot data I collected with a male program volunteer who had completed the Program in the previous year. My final sample thus included 18 participants, (15) women and (3) men, with varying diagnoses (see Table 3-2). Participants range in age from 23 - 64. Such a mixed group typifies the populations of stress management programs. Other researchers in behavioral medicine have argued for the necessity of sample heterogeneity, given that most programs accept patients with diverse characteristics (Telch and Telch, cited in Cunningham, 1988) (see Table 3-2).

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<sup>7</sup> Of the two other respondents, one woman underwent surgery and decided against participating; one man scheduled an interview session twice and then failed to keep the appointments.

Table 3-2 (Demographics)

| Participant | Stress-Related Condition <sup>8</sup> | Age | Occupation                     | Educ                    | Marital Status | Annual Household Income |
|-------------|---------------------------------------|-----|--------------------------------|-------------------------|----------------|-------------------------|
| Ernestine   | Anxiety                               | 64  | Retired Secretary              | H.S.                    | Married        |                         |
| Betty       | Anxiety                               | 45  | Engineer                       | M.S.<br>M.S.Ed.<br>MSEE | Single         | \$100,000+              |
| Gregg (M)   | Panic Attacks                         | 30  | Journalist                     | B.A.                    | single         | \$21,000-40,000         |
| Marie       | Migraines                             | 42  | Homemaker                      | B.A.                    | Married        |                         |
| Bill (M)    | Eczema                                | 53  | Computer Programmer            | ?                       | Single         | 35,000+                 |
| Martha      | Agoraphobia                           | 49  | Administrator                  | B.S.                    | Married        | 61,000+                 |
| Jean        | Anxiety/ Irrational Fears             | 55  | Administrator                  | B.A.+                   | Married        | 100,000+                |
| Cybil       | Blood disorder                        | 61  | Retired Librarian              |                         |                |                         |
| Margery     | Anxiety                               | 51  | Administrator                  | M.A.                    | Married        | \$100,000+              |
| Cynthia     |                                       | 23  | Journalist                     | B.A.                    | Single         | ?                       |
| Lois        | Anxiety/<br>Infertility               | 40  | Consultant                     | M.A.                    | Married        | \$100,000+              |
| Vivian      | Fibromyalgia                          | 37  | Small Business Owner           | MBA                     | Married        | \$61,000 -<br>\$80,000  |
| Helen       | Anxiety                               | 45  | Student                        | some<br>college         | Separated      | \$100,000               |
| Nora        | Seizures, Headaches, Chest<br>Pains   | 31  | Grantwriter                    | B.A.                    | Married        | ?                       |
| Carolyn     | Anxiety                               | 24  | Human Resources<br>Coordinator | B.S.                    | Single         | \$80,000 -<br>100,000   |
| Suzanne     | TMJ                                   | 44  | Software<br>Design             | Ph.D.                   | Single         | ?                       |
| Trudy       | Anxiety                               | 64  | Administrator                  | M.A.+                   | Married        | \$61-80,000             |

Average Age: 44      Range: 23 - 64

<sup>8</sup>These conditions are all based on self-report. I did not have access to medical records.

None of the patients enrolled in the group in which I participated were included in the interview study. As a condition of my participation in the group, I had agreed to leave these participants out of the study. As they had not signed informed consents prior to my participation, it became important to maintain distinctions between the observations I carried out to enhance my own understanding of program curriculum, and data collected for the formally reviewed and approved interview study. In retrospect, I believe this constraint benefitted the study, as I would have had to have made some later determination as to how my own influence on the interview varied for participants who I knew from my earlier participation and those who I met only through the interview process. I believe participants' willingness to relate their experiences with apparent openness stemmed from our lack of familiarity with one another. Other research interviewers have commented as well on this "stranger on the train" phenomenon (Gilligan, personal communication; Seidman, 1991).

The extensive recruitment process, tapping 101 participants over 6 months, yielded fewer interviewees than I had set out to include in the study. However, my approach is typical in the sense that most of the (few) studies concentrating on the experiences of adult learners also focus on conducting multiple interviews with small samples (Maciuka, date). In all, I conducted 36 interviews with 18 participants.

Due to the nature of the recruitment process, the time elapsed between program completion and the research interviews for any one participant varied from 1 to 10 months.

## Interviews

A study of the experiences of adult learners depends on the stories of participants. Interview formats that allow for rich reflection on experience are thus an appropriate method for a study that requires participants to reconstruct the meaning of their learning experiences (Seidman, 1991). In this study, I employed two interview formats, the first a semi-structured interview of my own design titled simply "Program Interview," and the second the clinical-developmental "Subject-Object Interview" (Lahey et al, date). Each of these interviews delineated distinct aspects of the meaning participants made of their Mind/Body General Program experience. Each of these interviews and the procedures for their administration are described in greater detail below.

### **1) Open-Ended Interview**

Because my earlier observations of the Mind\Body General Program had familiarized me with both the weekly curriculum and typical participant responses to program materials, the "Program Interviews" I conducted focused directly on discovering participants' various understandings of both the content and practice of program skills. I designed the Program Interview to be an "in-depth phenomenological interview" (Seidman, 1991), one guided by a flexible protocol and elaborated through a series of probes (see Appendix X). The Program Interview is divided into three main sections: Background and Goals, Reflections on Practice, and Personal Implications. The interview began with a series of questions designed to help participants reflect broadly

on how they came to the Program, to review their initial goals for participation and to link them to what they generally found helpful and unhelpful about the program, and to comment generally about the nature of their experiences. The interviews then moved to questions on "Reflections on Practice," where participants were queried about their particular experiences with the Relaxation Response and with Cognitive Restructuring. In this section of the interview, I aimed to learn the relevant details of each participant's practice and also to uncover how these two forms of reflective practice played out for participants with differing histories and goals.

In the final section of the interview, I asked the participant to reflect on the implications of their experiences in the program for their ongoing experiences of stress. I also returned to stories or insights the participant had shared in connection to earlier questions to draw out their perspectives on whether and how program learning led to a new understanding of their stressful experiences. In those cases where participants had named a particular facet of the program or a discrete experience in the program as constituting a dramatic change, I explored those experiences more deeply. For participants who had not earlier named such an experience, I probed to uncover any not yet related.

In designing the Program Interview, I benefitted from two pilots, one with a colleague who had been through the program 2 years before; a second with a participant from the program who had consented to participate in my first round of interviews prior to the study redesign. These pilot efforts demonstrated the necessity of moving gradually from a general review of experience to the particulars of practice and back to

a general summation both for examining the learner's experiences from multiple points of reference and for building a relationship with the participant. Judging from their comments post-interview, interviewees seemed to enjoy the interview and frequently related to me that it had helped them crystallize understandings gained during the program.

## **2) Subject-Object Interview**

The Subject-Object interview is a semi-structured clinical interview designed to assess the consciousness-developmental stage of the interviewee (See Appendix X). The interview devolves from the developmental theory of self articulated by Robert Kegan (1982, 199X) and his colleagues who have demonstrated that adults undergo predictable evolutions of meaning-construction which suggest particular epistemological stances toward self and other. These stages are discernible through the content-analysis of the narrative responses of interviewees who respond to a series of prompts asking them to reflect on emotionally-charged experiences.

In keeping with the goals of this study, the Subject-Object interview serves both to assess patient level of consciousness development and to explore themes salient to the practice of the contemplative skills taught in the program.

### Assessment questionnaires

In addition to interviews, each participant completed three questionnaires which provided background information and a status assessment of their post-program experiences of stress. These included:

- a) Demographic Questionnaire  
provides background information on each patient including age, vocation, marital status and socioeconomic status.
- b) The Inventory of Positive Psychological Attitudes (IPPA)  
a 30-item questionnaire that assesses life satisfaction and self-confidence during stress
- c) Index of Core Spiritual Experiences (INSPIRIT)  
a 7-item scale assessing perceptions of spiritual experiences

(See Appendix X for copies of these instruments.)

Of these, the IPPA and INSPIRIT are assessments often included in the battery of instruments commonly used for the Division's evaluation research. By including them here I aimed (in collaboration with the Research Director) to create a common ground for discussion between findings from the interview data and the program's standard measures of participant experience.

### **Procedures**

Interviews were conducted at various offices provided by the Division of Behavioral Medicine. Upon arrival, each participant heard a full description of the study, and then read and signed a consent form (Appendix X). Informed consents were returned to the Institutional Review Board.

All participants completed both interviews and the assessment instruments in one three-hour session. I first administered the ninety-minute Program Interview. Participants then took a break, completed the

assessments, and then returned for the one hour Subject-Object Interview. All interviews were tape-recorded.

My early concerns with the length of the full session dissipated after the first few interviews. While participants did tire, they typically remained engaged throughout the full session. Because many of the Division's patients travel long distances from points throughout New England to attend the Mind/Body General Program, several of the participants also had to travel some distance to be interviewed. As a result, I aimed to keep data collection to one session for all participants.

#### *Administration of the Program Interview*

As Seidman suggests, the "major tasks" of the in-depth, phenomenological interview are to encourage the participant to "reconstruct his or her experience within the topic under study" and then "to build upon and explore participants' responses" (1991, p. 9). Pilots of the Program Interview highlighted the need for building rapport early in the session. Prior to each session, I spent a few minutes talking with each participant about general issues related to the program, and about the experience of being interviewed. I answered questions about the nature of the study and its purposes. After the participant signed the informed consent, I asked permission to turn on the tape recorder, and assured the interviewee that we could stop the taping or the session at any point if he or she became uncomfortable. I outlined the major sections of the interview, and then proceeded through the questions on the protocol, probing for clarity and elaboration when needed. At the close of the interview, the participant took a 15 minute break.

### **Administration of The Subject-Object Interview**

The Subject-Object Interview is administered according to the guidelines laid out in the "A Guide to the Subject-Object Interview: Its Administration and Interpretation" (Lahey, Souvaine, Kegan, Goodman, Felix, date). A full description of administration procedures is provided in Appendix X. For the purposes of this study, one modification was made. Where typically participants complete a full set of prompt cards, I used only three of these: "anger," "torn" and "anxiety." In the SOI interviews, I hoped to elicit stories of current experiences of stress, and chose cards that were most likely to prompt such stories. Prior studies using the SOI have made similar adjustments (see Lahey, date).

### **DATA ANALYSIS**

Qualitative research gains depth and focus when data collection and analysis are continuously integrated (cite). In the present study, my priorities for analysis, my methods of analysis, and the theories guiding my analysis all shifted as data collection proceeded (Maxwell, in press). Each shift marked also a minor or major reconceptualization of the thrust of the research questions as well. While unsettling (to me), these shifts usually signalled the emergence of a new understanding of the data, and on reflection were critical to the theoretical integrity of the research study.

It is typical to report qualitative data analysis as a sequence of well-defined concrete steps in a coherent method (cf. McCracken, 1988), an approach that helps the reader make sense of and evaluate the

researcher's process, and, in the tenets of positivist science, to potentially replicate it. Yet such expectations for the analytic write-up seem to contradict the repeated exhortations made by experienced qualitative researchers to those in training that data analysis is by nature "messy," (citation) "bootstrapped," (Colby & Kohlberg, date) "iterative" (Maxwell, in press) and even, as Wolcott describes it, "haphazard:"

I do not wish to create an impression that a research focus is a sacred thing---that once declared it deserves unwavering loyalty or that, once fixed, the course of a research project must never be altered. Part of the strategy of qualitative inquiry (a key advantage of the flexibility we claim for it) is that our research questions themselves remain under continual scrutiny. Nothing should prevent a research question or problem statement from undergoing the same metamorphosis as the researcher during the course of a study. Data gathering and data analysis inform the problem statement, just as the statement informs the data gathering. Proposals are just that: proposals, beginnings, starting places, literal points of departure. We are burdened by strictures that we ourselves have built into our expectations about the proper conditions of research. A statement attributed to Paul Weiss helps me maintain perspective in these matters: 'Nobody who followed the scientific method ever discovered anything interesting' (quoted in Keesing and Keesing, 1971, p. 10). Wolcott, 1990, p. 32.

While a frank experience of chaos in the process of analysis is anticipated by qualitative researchers and conceived of as a kind of conceptual "rite of passage" (Maxwell, personal communication), the attendant description of that same chaos is usually left out of the data analysis write-up, for fear of seeming at best "confessional" (Van Maanen, 1988) or at worst inept. Also, consideration for the reader takes over, and researchers recognize that a tortuous reconstruction of their own confusions probably does not serve dissemination of the ideas that do

become clarified through the research process (Wolcott, 1990).

It is not my aim to confuse or bore the reader, yet it seems disingenuous and therefore unwise to present my analysis as linear when in fact it can only be defended as an organic effort punctuated by key discoveries that, at several junctures, changed its direction and focus. In keeping with the theoretical frame which guides this study, I necessarily view data analysis as a potentially transformative learning experience. As such, discussions of data analysis could be organized around key shifts in the researcher's conceptualization of the data. It is my view that data analysis in a qualitative research study can be viewed as a kind of emergent conceptual gestalt, framed and reframed through interactions with data and with the researchers' other conceptual commitments. This is particularly the case when a qualitative study undertakes to explore a phenomenon that has been underresearched or even unidentified. The conceptual frame developed by the researcher guides the description of the phenomenon, suggests links to similar phenomenon in other contexts, and reveals implications or directions for future study.

Along those lines, in a counterpoint to the prototypic analytic discussion, the "figure" presented here will be the emergent theory that drove my analytic decisions, while the "ground" will be discussion of how and when I applied a particular set of analytic tools in response to a research question. To keep the reader oriented and to avoid a solipsistic narration of my adventures in building theory, I organize this discussion around five key turning points in the direction and focus of analysis, how they inform the research questions, and what they imply for the findings

discussed in coming chapters. These shifts, briefly described, entail a) *the reconceptualization of the Mind/Body General Program as a potentially transformative context for adult learning* b) *the exploration of the Relaxation Response and Cognitive Restructuring as "tools for transformation,"* c) *the dimensionalization of what constitutes transformation in its various related forms across participants in this setting* d) *the identification of developmental prerequisites for transformative experience in the Mind/Body Program* and e) *the elaboration of how transformation is experienced and how meaning is made of the program skills at different developmental positions.* The analyses which led to and progressed from these points of discovery are described below. Each section details the relevant research questions being addressed, theory in development, data drawn from, and analytic tools employed.

### ***Conceptualizing the Program as a Context for Transformative Learning***

My initial aim for participant observation in the Mind/Body General Program entailed developing a straightforward description of the curriculum participants encountered, against which I might map their descriptions and explanations of their experiences. As noted earlier, I intended to become familiar with the experiences of patients so that I might focus on their interpretations of program content and processes through later interviews.

Early in my observations, I discovered that my formative assumption that the group leaders conceived of the program as a support group for patients with stress-related conditions was faulty. In fact, program

leaders are quite explicit about their intentions to provide information and skill training, and not to engage in forms of group therapy (cite Peggy). To that end, lengthy discussions of any particular patient's difficulties are discouraged (although patients are occasionally asked to provide examples from their experience to be put to use as a learning tool for all group members). Instead, the program follows a structured curriculum that unfolds with consistency regardless of the group leader or the group's composition.

With the recognition that the program was intended to be primarily instructive versus therapeutic, the structure of my theory-building concerning the program shifted from a focus on the experience of support to the meaning of program concepts and skills. To that end, and drawing on theory of adult learning and development, I sketched a series of sub-questions that guided my analyses of program data:

What are the stated goals for patient learning articulated by the program?

What is the curriculum? How do the program's stated goals link its choice and presentation of curriculum?

What do these goals and the curriculum linked to them suggest about the program's view of teaching and learning?

To provide an accurate description of program process, I drew from observation notes, program documents and conversations with staff. Throughout the period of data collection, I coded my notes using a coding matrix (see Appendix X) developed as the program proceeded which included codes developed from existing theory of adult learning as well as codes which emerged from the data (Miles & Huberman, date). My descriptive codes serve as the basis for the program description in Chapter 4. In addition to coding, I created summaries of the curricular

content of each program meeting, and tracked central teaching points across these meetings using flowcharts that tracked content against the program's timeline. Curricular summaries are also presented in chapter 4.

While I aimed to be accurate in my descriptions of the curriculum, I viewed this description only as a point of orientation for my developing theoretical interests concerning two skill sets introduced in the program curriculum. As mentioned above, adjacent to my descriptive codes I recorded a parallel stream of theoretical codes. These addressed two developing concerns: *What was the program's conception of the unifying problem faced by patients? How were teaching and learning understood to be helpful in taking on that problem?* In my theoretical notes, I flagged interpretations that seemed to move my questions forward, and later wrote up analytic memos expanding on my ideas and connecting them into a developing theory of the program's educative intent (Schatzman & Strauss, 1973; Miles & Huberman, date). Where these memos raised up and connected to existing literature on adult learning, I expanded my write-ups to include commentary on how other theoretical streams informed my own developing concerns. On an ongoing basis, I shared these memos and write-ups with colleagues who helped me flesh out my ideas and suggested further data collection and analysis activities that would clarify my thinking. I also used these memos as opportunities to sketch out how the design of the study itself shifted as my questions moved in new directions (Maxwell, in press).

Program documents provided another source of information on how curriculum was construed and presented. For each document collected,

I completed a document summary sheet (see Appendix X) noting the date collected, source and contents. In addition to these more traditional qualitative analysis activities, I also attended to my own meaning-making as a student of the program through journal-writing. I kept a journal of my own thoughts and feelings about the program, focused largely on my own experiences of practice of the Relaxation Response, Cognitive Restructuring and visualization exercises. While I began these journals from the point of view of a researcher, I came to use them also (and more fluidly) as a support to my own well-being.<sup>9</sup> Later, during a phase of data analysis focused on my own reflexivity, I was invited by a colleague to participate as an interviewee in her doctoral dissertation on researcher reflexivity. I draw also on the interviews she taped with me as part of her data collection as a source of analysis of my own reflexivity. I write about my results from these reflections activities in Chapter X.

My analyses of program observations suggested that there might be, as adult learning theorists have often suggested (cite Mezirow, Kegan), two qualitatively different forms of learning taking place in the program. The first, a kind of "instrumental" learning took place for patients who reported that they used the information and skills taught as a resource for coping with their physical conditions. The second, a kind of "transformative" learning, occurred when patients reported to the group in the final sessions that they had experienced in some form a significant shift in their *way of relating to* their condition, as well as in their strategies for coping with it. While patients did sometimes report

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<sup>9</sup> *find the monograph on researcher anxiety and what it can tell the researcher and reference here*

benefitting from information provided about exercise, nutrition, and humor, those who described significant shifts in understanding always referenced their practice of either the Relaxation Response (and its abbreviated variants such as the "body scan" and "minis") and/or Cognitive Restructuring.

At this juncture, I decided to frame my upcoming interviews primarily around participants' experiences of these skills, leaving aside explorations of much of the rest of the curriculum in further data collection and analysis. The choice to define the study as one of transformative learning came about, then, through the combined influences of salient observations, my familiarity with a body of literature that prepared me to conceptualize those observations through the lens of adult learning theory, my own experiences as a student in the program, and my own sustained curiosity about how people experience their mental life. While the analysis led me to a new conceptualization of the study, it is also true that I was prepared to make such an analytic choice, readied as I was to see existing theory play out in a new context.

### **The Relaxation Response and Cognitive Restructuring as "Tools for Transformation"**

Having made the strategic decision to focus the interview phase of the study around participants' meaning-making of a discrete set of skills, I designed an interview protocol which would encourage participants to talk about their understanding of and use of these skills. I committed early phases of data analysis of the Program Interviews to identifying

consistencies and discrepancies across participants and sub-groups of participants in their experiences of the program. To do so, I coded the Program Interviews using a code list compiled from the interview protocol, my earlier program codes, theoretical codes, and codes emergent from the data (see Appendix X) (Miles & Huberman, date). To facilitate coding, I utilized a qualitative research software package titled "HyperResearch" (ResearchWare, date). As coding proceeded, I reorganized and reduced the code list to reflect my emerging conceptual commitments and to better draw out the distinctions among participants I was beginning to identify in the data.

In organizing these early analyses, I drew up matrices that summed, across the group, participants' responses to key interview questions. I also created brief "narrative summaries" (Miller & Maxwell, date) that extracted the main narrative points from each interview. In creating these summaries, I drew from Interview Summary Sheets I had completed following each interview session. Using tools provided by HyperResearch, I created reports drawing from data across the full set of Program Interviews. These reports organized interview material by code or theme to highlight patterns across the data on how participants expressed their understanding of program curriculum and skills.

In combination, these matrices, summaries and reports suggested that only a few participants effectively made use of, *in combination*, both the Relaxation Response and the Cognitive Restructuring skills introduced in the program, through which they reported constructing a new relationship to their condition. At this point in my analysis, I labelled those participants the "transformative learners," and moved on to the

analysis of the Subject-Object Interviews to discern whether and how stage might be linked to the kind of integrated practice these participants reported.

### **Elaborating what constitutes transformation for participants in this setting**

The Subject-Object Interviews were scored using the principles and techniques developed by Lahey and colleagues and laid out in the "Guide to Scoring the Subject-Object Interview" (Lahey et al.). I scored the full set, and distributed half the set to two other trained scorers to establish inter-rater reliability<sup>10</sup>. In a variation on the pencil-and-paper scoring described by the Guide, I developed a method for using HyperResearch to code scorable "bits," which I then tracked across interviews using the software's report function. A full description of this approach to developmental coding using a research software package is described in Appendix X.

Much of the content of the Subject-Object Interviews dealt with issues and themes I had identified as important in the Program Interviews. To make the best use of this additional data, I opted to also code the Subject-Object Interviews using a subset of codes I had developed for analysis of the Program Interviews. I worked back and forth between scoring and coding the interviews, as I began to see a pattern I had not detected in the Program Interviews alone. At this juncture, I noted that my earlier definition of transformational learners was unnecessarily restrictive: several participants articulated experiences they themselves described as transformative which were catalyzed by the

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<sup>10</sup>put in inter-rater reliability percentages

concentrated practice of only one skill (RR and its variants or CR). These descriptions of transformations varied in consistent ways, however, from those I had earlier earmarked. Including them in the analyses of transformative experiences shifted my understanding of the relationship between development and participant experience. At this point, I "dimensionalized" (cite Strauss) my definition of transformation, so that it better corresponded to the data from all participants. I suspected that the transformational experience in all its variations was not so much a function of a particular developmental stage as it was of the timing of its occurrence in the developmental trajectory of transition from one stage to the next. I set out to test that emergent hypothesis.

#### *Identifying developmental prerequisites for transformative learning*

Having defined transformation so far against participants' self-assessments, I next developed a set of criteria for transformative learning that built on their descriptions of change in the particular context of the stress management clinic and which incorporated principles from adult learning theory (Mezirow, date; Kegan, date, Belenkey et al., date). Using that set of criteria, I identified the set of participants whose experiences I could without qualification describe as transformative. I then created matrices that linked patterns in stage scores across the subset to other notable elements of their experiences (including, for example, intensity of practice, other ongoing supportive contexts and their own self-described commitment to change).<sup>11</sup> I describe the findings from these analyses in

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<sup>11</sup> I also tracked these patterns against scores on the IPPA, as a means of linking my findings to a standardized assessment of patient well-being used in Mind/Body Program research. I need to add in a description of this analysis

## Chapter 6.

### *Case Analyses*

Having identified the transformative learners and analyzed developmental contexts that coincide with transformation, I next selected a set of participants whose stories would serve as case examples of meaning-making at different transitions. These cases form the core of chapters X-X, where their particular experiences are drawn out and then connected to the general theoretical discussion (Merriam, 1991). For the case analyses, I extended the earlier narrative summaries of participant experience, concentrating on key stories participants told about changes they experienced during or after the program. I integrated data from both interviews, creating a storyline for each case summarizing their evaluation of the program, their descriptions of skill practice and application, their reported changes during and since the program, and their recent experiences of anger or anxiety. Here, I first aimed to illustrate key points in their narratives as well as to link salient themes across cases. Second, I aimed to demonstrate how individual participants with differing levels of development make sense of their program experience. These cases will be treated as exemplars (Mishler, 1990) rather than as representatives of a larger population. Each case example draws on all data sources to build a picture representative of the person's experiences as a learner. I presented each case to a group of colleagues who were familiar with my data and theory and whose critiques and comments I considered in revising my analyses.

Finally, I aimed in my analyses to look for and investigate

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when completed.

discrepant data or cases, to test both the power and scope of my theory-building (Maxwell, in press; Merriam, 1991). A commentary on one discrepant case is presented in Chapter 9, where validity threats to the study are also discussed.

By attending to the data at the level of individual narratives, group patterns, and case write-ups, I aimed to build theory which accounts for the many levels of data and multiple perspectives on its interpretation.

## Chapter 4

### Getting with the Program

"With the practice of meditation, you can learn to observe your troubling thoughts and determine which are real and which are simply imagined consequences. One quick method of learning to interrupt this cycle of automatic negative thoughts is to say "stop" to yourself and take several diaphragmatic breaths. Then you can label the troublesome thoughts as "thinking, thinking." As you then take a few more breaths and shift toward witnessing the thoughts, you can begin to let go of these troublesome imaginings." (Benson & Stuart, 1992, p. 47.)

Put this program into action, a thousand times: (a) identify the negative feelings in you; (b) understand that they are in you, not in the world, not in external reality; (c) do not see them as an essential part of "I"; these things come and go; (d) understand that when you change, everything changes (deMello p. 89).

The Mind/Body General Program presents a curriculum organized, in part, around helping adult learners take note of the role their own interpretations play in their experiences of stress. It suggests that these interpretations are largely individualistic; we do not all experience events in the same way. As such, it would be straightforward to suggest that patients at the Mind/Body Clinic not only experience their stressors differently, but that they experience the program itself and their learning throughout it in their own idiosyncratic manner. Participants' make personal meaning of the help they receive as well as the problem for which they recruit it.

Yet if, as developmentalists suggest, each emergent level of awareness opens us to new understandings of the world, then developmental level itself becomes a frame organizing our interpretation of encounters with educative contexts, including curricula intended to intervene in our very ways of knowing. Developmentalists interested in adult education have, in fact, looked at this question in other settings, and the data shows with

a great deal of consistency that there are commonalities to students' interpretations of their learning experiences congruent with their developmental level (see Chapter 2).

Also, developmentalists note that there may be common difficulties students encounter in "mastering a curriculum" when its demands are pitched beyond the capacities of their present level (Kegan, 1994, Vygotsky, dates, Dewey, dates). Just as most children cannot learn abstract mathematics when in the primary grades, many adults may struggle to learn and apply the skills of critical thinking taught or expected in adult education settings. Such a "mismatch between the complexity of the ... 'curriculum' and our capacity to grasp it" (Kegan, 1994, p. 11) may be typical of many helping interventions as well, especially when those are founded on expectations that learners will be able, with coaching, to examine their internal dialogues, thought processes, claims to knowledge, or justifications for action. Working from that expectation, many curricula for adult learners take off from the point where the student has just arrived. Teachers of such curricula are thus implored by critical adult educators to consider the utility of learning experiences, "Since most of your students do not arrive ready to understand in even this most basic way," Kegan asks, "whom exactly do you serve by gearing up to teach an even more complex way of understanding?" (Kegan, p. 351)

And, developmentalists suggest, there may be "teachable moments," (Duckworth, date) or periods in the process of development when students are poised for a transformation of their understanding. Transitions to new levels of awareness that happen during the course of a learning

experience may coincide with the emergence of a critical period in the life of the learner, working in synchrony with it. "Insight," (the breakthrough of a new awareness) suggests Kegan, "cannot be taught or learned, but the consciousness that gives rise to insight can be *developed*" (1994, p. 128).

These three developmental claims: consistencies across learning experiences for people who share a developmental position, difficulties in making sense of a curriculum whose demands exceed the capacities of one's developmental level, and the phenomenon of the "teachable moments" when new understandings are likely to be consolidated, are the three particularly developmental constructs around which the findings from the present study of transformative learning are organized. In this chapter, I lay out the basic curriculum in the Mind/Body General Program, commenting on the demands it seems to place on learners. In Chapter Five, using core elements of the curriculum as a scaffold, I explore consistencies among different learners' experiences as they relate to participants' developmental positions. I point to some of the difficulties participants encounter related to their developmental level. In Chapter Six I explore the idea of the teachable moment in the Mind/Body General Program, where I identify a common period of developmental transition that appears to coincide with the self-report of transformative learning. I note the differences between those periods across different eras of development.

### ***Overview of the Curriculum***

#### ***Preparing the Learner: Understanding the Mind/Body Relationship***

The Program curriculum, on the face of it, provides learners with "basic information and valuable skills to help...make health-enhancing changes in (their) lives" (Wellness Book, p. 3). When patients first inquire about the General Program, they receive a packet of materials introducing the program's approach. As a first orientation to Program goals and methods, the packet reflects the Division's didactic philosophy:

"The Mind/Body General Program is designed for people with medical problems that are complicated by stress. Program participants learn simple techniques that can reduce adverse symptoms and restore their sense of control over anxiety and physical tension. Through an increased awareness of the mental and physical aspects of stress, patients develop a "stress hardy" attitude, enabling them to cope with difficult situations without necessarily developing physical symptoms." (packet)

Those I interviewed named a variety of reasons for selecting the Mind/Body General Program. Often, participants reported that their earlier expeditions to medical specialists had turned up no cleanly physiological source for their discomfort, and that they had eventually come to link their physical problems to anxiety:

Oh, what brought me to the program was, you know, I was suffering from complete stress. I was lucky that I didn't really have any specific physical problem, you know, such as a heart condition or anything like that...My doctor...said it is all in my head, but I won't go into that one...He threw me out twice after taking two series of blood tests....So that was part of it and the other was just feelings of anxiety. (Trudy)

Um, I was experiencing some dizziness and then when I went back for some follow-up and I asked that doctor about headaches and I was pretty sure they were stress related and they referred me here. (Lois)

Others enrolled because of a concern over the quality of their lives, and the role that stress might be playing in demeaning their capacity to live fully:

Stress brought me to the program in the first place, and the fact that I was leading a life where I was 24 hours around the clock in extremely hyper perfectionist type way, doing everything for everybody, answering every single -- always providing solutions, always being the caretaker,

Insert Table 4-1 about here

### Mind/Body General Program Curriculum

| Week        | Format   | Content  | Activities  | Materials  |
|-------------|--|--|---|--|
| Pre-Session | Individual Meeting with Group Leader                             | Discussion around patient's current condition, behavioral goals for program  | Interview, assessments  | Behavioral Medicine Daily Diaries  |
| Week 1      | Large Group Lecture/Slide Show (families invited) 3 hour session | Biopsychosocial Model<br>Cardiac Risk Factors<br>Research on Effects of RR<br>Stress Warning Signals                                 | Discussion, Q & A   | Reading List<br>Audiotape List   |
| Week 2      | Small Group Class 2 hour session                                 | Principles of Confidentiality<br>Patient Introductions<br>Introduction to Relaxation Response<br>Overview of Cognitive Restructuring | Assigned "Buddies"<br><br>Progressive Muscle Relaxation<br>Imaging Practice   |  |
| Week 3      | Small Group 1/2 day session                                      | Nutrition<br>Benefits of Yoga<br>Exercise  | Yoga Practice<br>Diaphragmatic Breathing                                      | Fat/Calorie Calculation Worksheet<br><br>Nutrition Information<br><br>"Overeating Chain"<br><br>Cookbook Resource List |
| Week 4      | Small Group 2 hour session                                       | Humor<br>Physiological Signs of Stress   | Biodot Exercise<br>Sharing Good News<br>Making Funny Faces<br>Humor Videotape | Biodots<br>Funny Glasses<br>"Humor Strategies"   |
| Week 5      | Small Group 2 hour session                                       | Variants of RR--Mindfulness<br>Nutrition con't.<br>Cognitive Restructuring<br>Explanatory Style                                      | Eating a Raisin Mindfully<br>Assessing Thoughts in Stressful Situation        | "Greetings from the Frozen North"<br>NYT article: "Hope powerful predictor of stress"                                  |
| Week 6      | Small Group 2 hour session                                       | Cognitive Restructuring con't<br>Cognitive Distortions<br>Coping Styles  | FILL IN   | FILL IN  |

and I was exhausted. And I was not really having physical symptoms at the time that I came into the program, although I have had those all during my life... (Jean)

In the program's first session, accompanied by family members, new participants attend a two-hour talk give by the program leader (see Table 4-1). She briefly welcomes the group and then lectures, with slides, on the medical research that forms the basis for the techniques participants will be taught. The atmosphere is somewhat formal: the program leader wears a lab coat with a hospital name tag; she identifies herself as a member of the medical staff but does not request group introductions; the room is physically set-up like a traditional classroom, with four rows of chairs facing the front of the room where a videoplayer, slide projector and chalkboard are placed. The setting communicates the presence of medical expertise. I wondered, during observations, if there were a direct intent to contradict any apprehensions on the part of participants concerning the perceived unorthodoxy of "mind/body" treatments. Because many participants are physician-referred, any preconceptions about about the legitimacy of the skills taught in the program are perhaps subtly contradicted via the structure of this first session. The slides which illustrate the lecture, for example, include displays of blood pressure ratings of executives under stress; thalium scales of heart muscles, and summations of the effects of stress-produced catecholamines on bodily systems.

|         |         |         |         |         |
|---------|---------|---------|---------|---------|
| Week 7  | FILL IN | FILL IN | FILL IN | FILL IN |
| Week 8  | FILL IN | FILL IN | FILL IN | FILL IN |
| Week 9  | FILL IN | FILL IN | FILL IN | FILL IN |
| Week 10 | FILL IN | FILL IN | FILL IN | FILL IN |

The message stresses the empirical foundation for the program as well as its medical emphasis.

Having presented background information, the lecture turns to an overview of how the program can help ("that's all the bad stuff, now onto the serene stuff," as the program leader put it). Each element of the program is defined and briefly explained. The Relaxation Response, introduced as a means for contradicting the negative effects of stress, is presented as "a state of relaxed, passive attention to a repetitive or absorbing stimulus that turns off the inner dialogue, thereby decreasing arousal of the sympathetic nervous system." By defining the Relaxation Response as a physiological state, the program encourages participants to view their efforts as practice of a physical, medically-sanctioned skill.

The program leader suggests that through regular practice of the Relaxation Response participants will experience, among other effects, "quieting of body and mind, emotional distancing, experience of the "witness," increased communication between left and right side of the brain" and the "facilitation of psychophysical healing." The program leader expands on each of these outcomes, drawing out the connections between regular practice and the emergence of a new way of experiencing body and mind. She introduces a "biopsychosocial model" of health and illness, illustrating the interconnectedness among physical, psychological and social well-being. She suggests to participants that their views of

events link to their experiences of stress, that "our perception has been narrowed because we were told to see things in a certain way" and that "part of coping is really being able to shift your perception of things." She discusses Susan Kobasa's research on coping, outlining the "3 C's" for the "stress-hardy personality" (challenge, commitment, control) and reminds participants of the importance of nutrition, exercise and social support for managing stress. Participants are provided with lists of audiotapes that provide supports to "eliciting the Relaxation Response," and are encouraged to begin practice with the tapes in the coming week. No specific instruction in the Relaxation Response is provided or modelled. A brief question and answer session follow, and participants are reminded to wear comfortable clothing for the remaining sessions.

In short, in this first session, the group leader introduces all the major disparate concepts taught in later weeks, although none of the particulars of any one skill are introduced. She sets expectations that participants' learning experience will involve multiple concepts, skills and practices. They begin to understand that the program will not be highly personal in nature, yet that they can expect significant results from their participation. They commit to practicing a skill they have not been explicitly taught in the first week, by listening to the tapes that take them through exercises designed to elicit the Relaxation Response. They are assured that they will, over the course of ten weeks, receive a set of information and skills that they can use to better cope with their stress-related conditions. PUT IN HOW THIS FRAME UP RECALLS CORE PRACTICES OF THE CULTURAL TRANSMISSIVE STREAM

In the second week, the character of the program shifts. Participants

entering the same classroom find the physical space rearranged to invite group interaction: chairs are placed in a large circle, the audiovisual equipment is gone, mats are piled against a side wall for the "body scan" exercise practiced toward the end of the session. The program leader is dressed casually as well, with the lab coat and badge replaced by soft clothing and an informal paper name tag. Taking their seats, group members are encouraged to greet one another, and group introductions lead off the session.

In the group I observed, nine men and thirteen women attended the second session (one had not returned after the first session; the group leader informed us that his enrollment had been his wife's idea!). After introductions, each of these twenty-two participants was paired with a "buddy" to call upon for social support throughout the program. These pairings were assigned by the group leader before participants had an opportunity to become familiar with one another, and she requested that buddies exchange telephone numbers at the close of the session. She suggested that a weekly check-in with the buddy would support learning and provide participants with an ally throughout the process. Of the participants I later interviewed, none reported making good use of the buddy to whom they were assigned:

I didn't think there was too much value for me in having a buddy. You know, someone you should call during the week and talk with. Maybe it was unfortunately the person that I had. You know it was hard to get a hold of her. I'd have to call two, three times... I'd leave a message on the machine. And then she'd say how are you doing? And I'd say fine. How are you doing? ... And I think she felt because I would say 'I'm fine,' I was fine. I mean I wasn't giving her anything. And I felt that you know, I didn't feel that for me I needed it. She probably needed it. And I wasn't equipped to give it." (Ernestine)

and several complained about the lack of compatibility with buddies:

And we were just assigned buddies in terms of the person next to us. Uh, and I think if I could have, you know, just like, you know, said to somebody, Do you want to be my buddy? You know, somebody I, I felt like there was a potential there it would have been maybe more, um, that something could have come out of it, there'd be more potential there than just saying the person next to you 'cause it's like *oh no!* (Nora)

Apart from the participants and the group leader, the group I observed also included a volunteer who had previously been through the program and served as a peer coach for the new participants, and a medical student doing a rotation in Behavioral Medicine. Throughout the sessions, the program volunteer took an active role in sharing his experiences with practicing the techniques taught and adding his comments to the group leader's presentations. Many of the groups include a volunteer, and the participants in my group were invited to consider becoming volunteers themselves upon completion of the program. PUT IN ON THE MEANING OF SOCIAL SUPPORT AND THE TYPES OF SUPPORT APPROPRIATE/DESIRED AT DIFFERENT LEVELS OF DEVELOPMENT

### **The Relaxation Response**

The second session centered on the Relaxation Response, particularly on elucidating multiple ways in which it might be "elicited." The group leader introduced the concept of "non-judging, focused awareness," as a particular form of perception where the practitioner relinquishes assessments of momentary thoughts or feelings. As a metaphor for the practice of non-judging awareness, the group leader described the mind as "a large TV screen, where the perceiver observes the action but does

not become personally attached to it as it unfolds." Group members were encouraged to put this form of perception into practice over the coming week, and to read about non-judging awareness in *The Wellness Book*, which serves as the text for the program, where they are reminded to:

Remember that an attitude of acceptance is both what you seek and what you must learn. Because most people struggle with judgments and expectations, with thoughts and anxieties, you should practice to keep these distractions in check. As you learn to be more accepting of yourself and what happens during meditation, the ability to accept and be flexible extends into other areas of life as well. (Benson & Stuart, p. 60)

Having presented conversationally the ideas behind the Relaxation Response, the group leader asked participants to retrieve mats and find a comfortable place on the floor. She dimmed the lights and gave instructions on a form of progressive relaxation called the "body scan." The exercise, as with most to follow, took about fifteen minutes. Participants closed their eyes, and guided by prompts provided by the instructor, progressively relaxed the major muscle groups. Questions were briefly answered, and "homework" for the following week assigned.

COMMENT ON HOW THE RR IS ALWAYS "ELICITED" AND EMPHASIZED AS LEARNABLE SKILL

Week three brought the half-day session, which for the group I observed took place on a Friday following the Monday group meeting. As the longest single meeting of the group, the half-day session presents the atmosphere of a workshop: participants bring bag lunches, settle themselves into an area of the room they claim for the day, and strike up conversations with other group members. Many take personal days off from work to attend this session, and the sense of commitment to the work is readily apparent. Perhaps because of the added investment in

time and spirit, several of the interviewees mentioned the half-day session a source of concern or irritation, whether for pragmatic concerns about travel:

For me the thought of that, Friday traffic is always looming so large for Boston. You know getting back from the airport and you don't want to fly on a Friday. And there was one class on a Friday and I know they have to schedule, and not everybody comes an hour away and not everybody is bothered by Friday traffic. As far as the structure of the class I couldn't come up with anything off the top of my head. (Ernestine)

or because the expectations that were high for the day were not met:

"I was really disappointed in the, um, half-day session. I was looking for something substantive and, um...It was some yoga, um, we had a sports medicine guy, sports person come in, and, uh, we watched this tape of the, the project out in California with the, um, heart attack victims and their whole, um, new path that they're put on through diet and exercise and...Well...there was a point, ...I really had big questions in my mind over whether I should continue. 'Cause I didn't feel, at that point, that I was really getting what I needed from it. (Nora)

The program organizes the half-day session so that several interrelated units on physical well-being can be presented sequentially, with guest speakers from the Division of Behavioral Medicine presenting much of the material. Talks on nutrition and exercise lead off the day, delivered by specialists in those areas. Participants receive information sheets describing how to plan a healthy, low-fat diet and how to sustain a moderate exercise program.

Following a break, a yoga instructor is introduced and participants fetch mats for yoga practice. The teacher is a longstanding member of the Mind/Body Program, who refers participants to the Wellness Book for an explanation of "why we do hatha yoga as part of a medical program in a hospital," and jokes with participants: "Were any of you expecting to lie in a bed of nails?" As with the introduction of several skills, participants are initially reassured that there are medical justifications for

each element of the curriculum.

The yoga practice lasted longer than any prior or future experiential exercise. We practiced for roughly forty-five minutes, guided by voice and example through several poses by the teacher. Participants were encouraged to introduce a brief series of poses as a warm-up to their daily meditation practice, sparking one participant's comment that the recommended time expended daily between exercise, yoga, meditation, and behavioral journaling came to over ninety minutes. The program leader reminded participants that some of the skills taught were interchangeable. She suggested that, when time was limited, they each focus on eliciting the Relaxation Response daily, and on launching a program of regular exercise.

Week four was devoted to the use of humor as a coping strategy. The graduate student in psychology ran this session, substituting for the regular program leader who introduced her and excused herself. The session started off with a report out from each participant on what was "new and good" for them that week. Participants then viewed a videotape of a comedienne who demonstrated comic approaches to stressful situations. The substitute group leader distributed "Groucho glasses" for participants to wear, and led an exercise where participants, in pairs, made funny faces at one another. While many participants appeared to be greatly enjoying themselves throughout this session, only one of my interviewees later nominated the humor session as particularly helpful or longstanding in importance. She reported making ongoing use of the skills learned in this session:

The humor thing was just fantastic -- you know those glasses with the nose and the mustache -- the best example of that was we were in (town)

one night, coming out of a movie and got in the car and across the street there were a bunch of teenagers who piled into a car and one of the kids was just jumping up and down -- he was a big kid -- so much that the car was literally bouncing up and down. And I just sort of look and I stared and this kid who was bounding up and down saw me and gave me the finger. And I turned around -- and my first response was, same to you fella and then my eyes fell on the glasses and -- my own response would to have said something obnoxious -- put the glasses on and just turned around and looked at him. And he could not believe his eyes and just burst out laughing, got the whole car to look at me -- his whole car burst out laughing, (my friend) and I started laughing and it was such a wonderful diffusion of what could have really been -- you know, here's a teenager saying, god-damned adults and adults saying obnoxious teen-agers and it just deflated. It was great. (Helen)

Two other interviewees mentioned the session, but to comment particularly on the unease they experienced with having the group be turned over to a different leader:

In terms of feeling safe in the space, that was probably one of my biggest problems with the group, not that I didn't feel safe in the space, but there were times when, if (group leader) was absent, I think she was only absent that one time -- it didn't feel like I was getting what I paid for, sort of. (Margery)

The following two weeks (weeks four and five) the program leader reviewed and extended the topic of mindfulness. She reminded participants of key points from her earlier discussion of non-judging awareness, and then prepared participants for an exercise in "mindful eating" by handing out one raisin to each participant. She encouraged participants to eat the raisin "in 10 little bites" as practice for staying aware, moment to moment, of their sensations and perceptions. The group's early skepticism and feelings of self-consciousness gave way to expressions of enjoyment following the exercise. Several participants noted that it never would have occurred to them that eating could be a mindful activity; that they had not yet considered extending their practice of mindfulness to mundane daily activities.

### **Cognitive Restructuring**

The group leader used their comments to transition to a discussion of cognitive restructuring. She suggested that there are "20 basic habits of thought that can set us up for stress," and suggested that, through the practice of cognitive restructuring, participants could come to recognize their patterns of stressful thinking and contradict them. She suggested that the presence of these "cognitive distortions" were predictive of low-self esteem. She referred participants to a chart on the

chalkboard, where she had listed key negative emotions and the thoughts that accompany them (See Figure 4-X).

Figure 4-X

| <u>Emotion</u>      | <u>Thought</u>   |
|---------------------|--|
| Inferiority         | "I don't measure up after comparison"                  |
| Anger--->resentment | Unfair/wrong, unjust                                   |
| Sad--->depressed    | loss (you have to feel or perceive a loss)             |
| Frustration         | Things don't go the way you want<br>Unmet expectations |
| Guilt               | Actions inconsistent with values                       |

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The group leader urged participants to "really memorize" the table and to "learn what thoughts are associated with what emotions." By learning to make these connections explicit, she continued, it would become straightforward for participants to note an emotion they were experiencing, trace it to the thoughts at its source, and then to restructure those thoughts to relieve the negative emotion. She provided an example:

"What about someone cutting you off in traffic? You might get angry, feel like getting even---to 'make it fair.' You might just try to forget

about it, but can you think of a way you can make it fair? Can you really think it's really more fair or right for that person to cut you off? You know, you can think anything you want about that person in that car---either that they're rude, or that they're really late for something important---it's up to you...You have a lot of control over your thoughts, you can perceive things in multiple ways."

**COMMENT ON ASSUMPTION THAT REFLECTING ON INTERNAL EXPERIENCE IS ALWAYS A LEARNABLE SKILL, SELF-DIRECTION**

The program leader suggested that there are also a set of identifiable physical sensations that correspond to anxiety-related feelings and thoughts. Further, those physical sensations could be used to cue in the experiencer to the presence of negative emotions or non-productive cognitions. Or, for different people, recognition of negative emotions or cognitions might prompt awareness of uncomfortable physical tension. In small groups, participants recounted stressful experiences and tried to decipher what the connections had been between their thoughts, emotions, and physical sensations. The leader then provided a checklist for recognizing these prompts and actions to take to stop the "negative stress cycle" taken from The Wellness Book (See Figure 4-B).

Figure 4-B

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The first steps in beginning to recognize your automatic thoughts are:

- \* Identify your automatic thoughts in specific situations.
- \* Do they have a customary inclination, pattern, style? Do they consistently seem to exaggerate or distort the situation?
- \* Do you usually blame yourself?

The next time you are caught in traffic or on a train stuck between stations, and you feel you are about to explode, try this:

- \* Stop
- \* Breathe
- \* Release physical tension

- \* Reflect
    - \* Ask yourself these questions:
      - \* What's going on here?
      - \* Why am I so distressed?
      - \* Am I late, or am I just racing against time?
      - \* Is it really a crisis if I'm late?
      - \* If I am late, what's the worst thing that will happen?
      - \* Will worrying about it help?
- 

The leader reminded participants that learning to observe automatic thoughts was not equally as easy for everyone:

Part of the process is pulling (automatic thoughts) into your awareness. Some of you are quite good at putting your finger on these things, others need to really sit down and say 'what am I thinking?'---those of you who have a greater awareness of your automatic thoughts are ahead of the game.

**COMMENT ON CULTURAL-TRANSMISSIVE RESPONSE IS TO PRACTICE HARDER VS RECOGNITION THAT SKILL MAY BE BEYOND REACH**

As an aid to those who were not as quick to recognize their patterns of thinking, the leader suggested keeping a pen and paper handy to write them down--in this way, she suggested, those who had difficulties becoming aware of distortions might "catch up in a week or two." Only through practice, she suggested, would they all come to see the power of the technique.

Several of the participants when interviewed did remark upon the power and helpfulness of the sessions on cognitive restructuring, citing examples of how they make use of it post-program. Their comments and my analyses of the different demands on learners for practicing these reflective skills follow in Chapter 5.

Week 7 the leader extended the cognitive approach to coping and problem solving. The leader explained participants' "emotional hooks,"

defined as the often hidden emotional bases for stress reactions. (~~AS WITH EARLIER EXAMPLES, SHE EXPECTS THEY COULD LEARN EQUALLY~~) To illustrate a process to follow for identifying these hooks, she asked for a participant volunteer to relate a stressful experience to the group. A young woman volunteered to recall her experiences apartment hunting with her fiance in a new city. The leader, at the chalkboard, questioned the woman about the core reason for her distress, tracing a line of arrows as she responded each time to the prompt, "Why does that upset you so much?" The young woman's chain of reasoning, paraphrased here, emerged as (prompt) "because he'll leave me if we fight" (prompt) ---> "my mother will blame me for picking the wrong guy" (prompt) ---> "my mother won't love me." The leader identified this last response as the "underlying distortion which causes (participant) the most pain," and suggested that this in fact was the woman's emotional hook, which caused her stress in situations which were apparently unrelated to her relationship to her mother. The leader thanked the woman for her openness, remarking that "not all of us can get in touch with our emotional hooks" as readily as had this volunteer.

In response to this demonstration, several participants expressed concerns about their ability to identify hooks or other distorting assumptions. One woman questioned the basic premise, remarking "I feel my automatic thoughts are reality." The program volunteer responded by urging participants to practice the skills: "It really works. We are programmable. You *can* take control over that thought process." Participants were also referred to sections of the Wellness Book that discussed emotional hooks as well as to other reference books on cognitive

therapy. (insert quote from Peggy about practicing as the only way to go about it)./

As the weeks progressed, participants raised more of these types of concerns. While no one in my observation had earlier objected to their capacity to do the earlier stages of the program (exercise, nutrition, humor, yoga, relaxation), participants during the later weeks repeatedly voiced concerns that the cognitive skills did not fall into place easily. The leader continually reassured participants that practice of the skills would make them more accessible, and that she would support their efforts through her weekly comments on their behavioral diary sheets and through personal conferences or phone calls when requested. She also reminded participants that not all would find each set of skills appropriate or useful for their needs, and that they would eventually find the right combination for themselves. My interviewees confirmed her prediction: each did identify a subset of practices or skills they continued to use. Few (#), however, report making ongoing use of the cognitive restructuring.

At the beginning of the eighth week, the leader suggested the group "check in" on how their practice of different skills taught in prior weeks was progressing. ~~ADD COMMENT ON HOW THIS IS FIRST GROUP CHECK-IN, NOT CONDUCTIVE TO MEANING-MAKING AND CLARIFYING UNDERSTANDING.~~ Modelling a positive framing, she requested that "people having success speak first." Participants volunteered skills they found helpful, many citing the "minis" or brief relaxation exercises practiced throughout the day. The leader reminded them that the program was only "planting seeds" they would have to continue to sow through practice. She

suggested that some participants might further their practice through volunteer work in the program, or through forming informal groups with other graduates who desired a social context for ongoing practice.

Building on the prior session, she then elaborated on different forms of coping, helping participants distinguish between "emotion-focused" and "problem-focused" coping. She also discussed "affirmations," which participants practiced by framing positively worded statements of desirable states or outcomes. These they copied onto 3" X 5" cards to carry with them. The volunteer suggested they post these cards in places around their homes where they would be highly visible, to remind them on a regular basis to think positive thoughts.

In the ninth week, participants worked on "building empathy skills." The leader summarized a research study correlating empathy with stress hardiness, and provided participants with a list of positive outcomes they might expect if they practiced listening more closely and non-judgmentally to others (see Figure 4-3).

(INSERT Figure 4-3, "Correlates of Empathy About Here")

Participants then did a skill practice in pairs, taking turns narrating stressful experiences while the partner tried to identify their feelings. The leader reminded the group that reaching out to others would also improve their own quality of life. The group also reviewed an article they had been assigned to read on the positive affects journal writing had been shown to have on immune function. She recommended that participants keep up their diaries post-program, as a means to track their progress and to provide a channel for emotions they might otherwise not express.

The last week of the program opened with a group relaxation exercise. After it, the leader reminded the group that they could choose among multiple techniques they had learned over the prior weeks to elicit the relaxation response. She summarized the key elements of the program, and distributed summary materials. She sketched three situations during which participants would be particularly vulnerable to relapse, namely a) intense emotional states b) interpersonal conflicts and c) social pressures to conform to the unhealthy patterns of others. The group brainstormed ways to make use of the skills they had learned in such situations, and talked briefly about their preferred methods of practice. **NOTE: THESE STRESSORS TYPICAL OF THIRD ORDER**

The leader provided participants with a resource list for ongoing support groups, adult education programs, and yoga and meditation centers. Over shared food, the group filled out evaluation forms on the program and met with the leader to talk over appointments for the final exit interview. Participants who had become friendly or close over the weeks wished each other well, and the program came to an end.

*Implicit Developmental Demands of the Basic Program*

JOE, BOB, MICHAEL: THIS IS THE PLACE WHERE I NEED TO ADD AN ANALYSIS OF THE IMPLICIT FOURTH ORDER DEMANDS OF THE PROGRAM. I EXPECT THIS TO RUN 3-4 PAGES

## Chapter Five

***Things, Thoughts, Thinker: Forms of Suffering and Varieties of Awareness in the Stress Management Clinic***

Meditation is something very much more than stress-reduction or psychotherapy, and ... its apparent goal-states are commensurate with the effort and perseverance they undoubtedly require." (Brown & Engler, date, p. 216)

As with our colleges, so with a hundred 'modern improvements;' there is an illusion about them; there is not always a positive advance...We are in great haste to construct a magnetic telegraph from Maine to Texas; but Maine and Texas, it may be, have nothing important to communicate." (p. 188, *The Annotated Walden*)

In this chapter, I look across the varieties of awareness participants bring to the program curriculum and, with a developmental lens, explore the particular forms their struggles with stress and their encounters with intervention take on. This exploration will be organized primarily around participants' understanding and experiences of a) the mind/body relationship b) the relaxation response and c) cognitive restructuring. To do so, I first lay out the range of developmental levels represented in my sample and discuss some implications of the distribution of stages for program curriculum.

**"Things, Thoughts, Thinker"**

In one of many essays he wrote on the growth of awareness (this one titled "Stripping Down to the 'I'")---the Jesuit contemplative Anthony deMello traced a progressive trajectory of consciousness very much like that described by psychologists of adult development:

"(M)ystics tell us that we begin first with things, with an awareness of things; then we move on to an awareness of thoughts (that's the "me"); and finally we get to an awareness of the thinker. Things, thoughts, thinker. What we're really searching for is the thinker" (p. 47).

As a shorthand for the discrete eras of consciousness development from adolescence through mature adulthood, "Things, Thoughts, Thinker" captures with an express simplicity the major transformations of awareness which neo-Piagetians mark as transitions from concrete to post-formal constructions of reality. "Things," our concrete, "durable" (Kegan, p. 22) representations of the world and of ourselves positioned within it, are the formative context or "subject" of the second order or "*categorical*" knower. The developmental task of adolescence is to bring such concrete self-referents into awareness, meaning that our particular needs, wants, goals, self-descriptors, and points of view eventually become objectified. Only then can we experience mutual relationships where we recognize and address the needs, wants, etc. of important others (rather than unself-consciously subsuming them to our concrete agenda).

"Thoughts," our representations of the concrete, become the context for our knowing at the third order, when we come to identify with abstractions, our representations of reality. As "cross-categorical" knowers, we think we are our values, our ideals, our nationalities, our religions. Loevinger (date) calls this the "conventional" stage, meaning that we know ourselves through the social mores with which we are identified. These conventions are representations of our social reality which we (again unself-consciously) personalize. "This is the psychological architecture of what sociology would call "socialization," in which the individual really becomes a part of society because society has really become part of the individual" (Kegan, p. 126). We identify with "the me" we have made by connecting self and society.

With the emergence of the level of awareness DeMello calls "Thinker,"

the systems of thought that make up conventions themselves become objectified. Thoughts, we come to see, are tools we employ in the construction of reality; we become aware that the conventions with which we identify are socially constructed. We also come to "know" that the opinions, judgments, evaluations we make of others do not make up them, nor are we made up by their opinions, judgments, and evaluations of us. As Kegan suggests,

These four insights:

1. we are not made up by the other's experience
2. the other is not made up by his or her experience
3. we are not made up by our experience
4. the other is not made up by our experience

are the conceptual foundation for the ability to "avoid taking on responsibilities that are not one's own" and to "avoid assigning to others responsibilities that are not theirs"...The four insights cannot be taught and they cannot be "learned." (1994, p. 128)

Coming to know that thoughts are not themselves constitutive, that we are not "made up by" the thoughts of others, nor they by our thoughts, is the work of the transition to Kegan's fourth order "systems" knower. In contemplative traditions, the Thinker is often called the Witness, connoting the capacity to view thinking in the very process of its emergence, to observe perceptions, constructs, judgments, fears, attributions "arising" in the mind, to be aware of the activity of observation itself:

In each discrete moment of awareness the meditator concomitantly notices both the mental or bodily event and his awareness of that event. In a single meditation session he is likely to experience thousands of such discrete moments of awareness because his attention is now refined enough to perceive increasingly discrete and rapidly changing mind-moments. When this level of moment-to-moment change is actually experienced, the meditator is led to a profound and radical understanding of the impermanence...of all events (Brown & Engler, p. 201).

With such awareness of the constructed nature of our thoughts, and our role in their construction, comes a new experience of control over the psychic experiences which once ran us. DeMello exhorts us to consider,

What you are aware of you are in control of; what you are not aware of is in control of you. You are always a slave to what you're not aware of. When you're aware of it, you're free from it. It's there, but you're not affected by it. You're not controlled by it; you're not enslaved by it. That's the difference. (ibid, p. 71)

Asserting control<sup>1</sup> over our responses to experience is one of the stated aims of stress management training. An internal sense of control is said to be characteristic of "stress-hardy individuals" who view "stress as a challenge rather than a threat, feel in control of their life situation, and have a sense of commitment rather than alienation from work, home, and family" (Benson & Stuart, p. 178). Yet, from the perspective of developmental theory, taking control over our internal meaning constructions requires the achievement of a fourth order epistemology. And, such an achievement is necessarily a progressive one, built on the prior achievements of earlier levels of consciousness development. While the fertile ground for the development of post-formal constructions of reality can be laid by teachers through learning contexts structured to support development, awareness itself cannot be coached solely through the provision of information about how new ways of knowing are likely to benefit the recipient. Also, recipients are presumably differently prepared to make use of such information or training.

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<sup>1</sup> While control like reflection can be experienced through its active and receptive forms, DeMello (and the developmentalists) mean it to connote the capacity "to exercise restraint or direction upon the free action of" (Oxford Universal Dictionary, 1955) thought and emotion, and *not* the predilection to be "controlling," where one who is unsure of or overidentified with personal power exerts it over others as a test.

Theorists of adult development suggest that participants who are not yet fourth order knowers will be unlikely to appreciate or make use of the recommendation that they see themselves as in control of their interpretations of their own experiences. Instead, they are likely to reconfigure the advice in ways consonant with their existing meaning systems. In fact, Kegan makes the stronger, more precise argument that adults who demonstrate a threshold fourth order capacity will be less likely to feel overwhelmed by the demands of adult life. In his (1994) book, *In Over Our Heads*, he argues that such a capacity is not merely useful or advantageous, but that it is an implicit requirement for the successful performance of many of the professional and personal tasks of adult life in our culture. "The demand for fourth order consciousness now appears to be a pervasive, if unrecognized, claim upon contemporary adults across the many contexts of their lives--a *cultural* demand that saturates all of life as opposed to a parochial demand called for in a specific arena" (p. 188). This threshold level of development, as Kegan describes it, provides us with the capacity to:

de-identify with third order parts so we can subordinate them to a fourth order whole...to see the ceaseless flow of our own (experiences), not just what happens to us but what we how we care about it, as itself a part (albeit a valuable part) of the whole... [this] is a capacity that evolves and [such] evolution can be encouraged. (pp 184-185)

In effect, Kegan names the lack of a threshold level of epistemological complexity as *of itself* a potential stressor in adulthood. Kegan and colleagues (1991) draw out this idea further, hypothesizing that "successful coping with the curriculum of adulthood requires an optimal fit between the level of complexity of individual epistemologies, the level

of complexity of the demands made upon an individual, and the adequacy of the support offered to help the individual meet those demands" (p. 25) (See Figure 5-1).

(Insert Figure 5-1 from Grant Proposal about here)

This, a progressive/developmental model of adult coping, should, the authors suggest, "predict who is likely to cope well with the demands of adulthood and who is at greater risk of increased stress in meeting these demands." (p. 35) In other words, people are most likely to experience the demands they encounter as stressful when these demands are pitched beyond their developmental capacity. By extension, people are most likely to cope when either the demands are appropriate to their capacities or when supports which supplement their own internal capacity are provided in a developmentally appropriate fashion.

### ***Stage Distribution across the Sample***

If so, then the sample presented here from the Mind/Body Program is predictably at risk for high levels of stress as it falls, for the most part, well below the baseline capacity predictive of the form of coping Kegan describes. Lacking (as yet) that capacity, these participants would be indeed vulnerable to the experience Kegan names being "in over our heads," one he compares to the experiences of children under prolonged stress who, when pushed beyond their capacities, "will only be able to tread water in perilous exhaustion" (p. 5).

Stage scores for participants in this study range across three major levels of consciousness development, representing positions and sub-positions from Level 2(3) to Level 4 (See Tables 5-1).<sup>2</sup>

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<sup>2</sup> Stage scores are reported here on 16 of the 18 participants in the study. For the other two participants, no stage scores are available. The first, a 23-year old woman, completed the Subject-Object Interview. That data was lost because of a technical failure of the tape recorder. From my notes following the interview, I would surmise her reasoning to be somewhere around stage 3. The second, the male program volunteer, was not asked to complete the subject-object interview. He served only as a pilot subject for the Program Interview.

**Table 5-1**

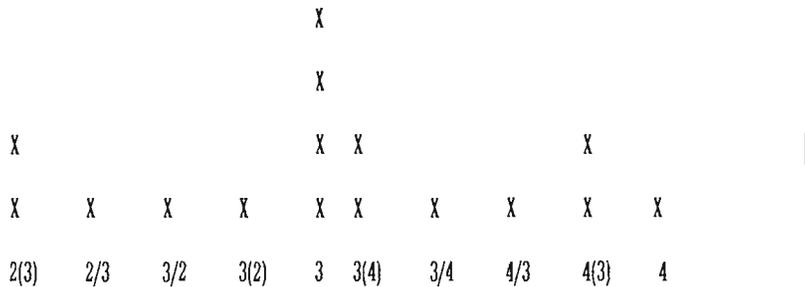
**Stage Scores by Participant**

|         | M<br>a<br>r<br>t<br>h<br>a | T<br>r<br>u<br>d<br>y | B<br>e<br>t<br>t<br>y | L<br>o<br>i<br>s | C<br>a<br>r<br>o<br>l<br>y<br>n | M<br>a<br>r<br>g<br>e<br>r<br>y | C<br>y<br>b<br>i<br>l | E<br>r<br>n<br>e<br>s<br>t<br>i<br>n<br>e | B<br>i<br>l<br>l | H<br>e<br>l<br>e<br>n | V<br>i<br>v<br>i<br>a<br>n | M<br>a<br>r<br>i<br>e | N<br>o<br>r<br>a | G<br>r<br>e<br>g | J<br>e<br>a<br>n | S<br>u<br>z<br>a<br>n<br>n<br>e |
|---------|----------------------------|-----------------------|-----------------------|------------------|---------------------------------|---------------------------------|-----------------------|---|------------------|-----------------------|----------------------------|-----------------------|------------------|------------------|------------------|---------------------------------|
| 2-<br>3 | 2(3)                       | 2(3)                  | 2/3                   | 3/2              | 3(2)                            | 3                               | 3                     | 3   | 3                |                       |                            |                       |                  |                  |                  |                                 |
| 3-<br>4 |                            |                       |                       |                  |                                 |                                 |                       |   |                  | 3(4)                  | 3(4)                       | 3/4                   | 4/3              | 4(3)             | 4(3)             | 4                               |

While the range of scores represented in the sample is not unusual, the distribution of these scores varies in interesting ways from those found in other studies using the Subject-Object Interview with primarily middle class, well-educated white adults (see Table 5-2).

**Table 5-2**

**Distribution of Developmental Levels Across the Sample**



2(3) 2/3 3/2 3(2) 3 3(4) 3/4 4/3 4(3) 4

For example, Kegan (1994) summarizes data from thirteen studies which used the SOI to assess developmental level for a total of 342 participants. [This number represents participants across twelve dissertation studies (n = 282) and one published study (n = 60; Bar-Yam, 1991). In his discussions of these studies, Kegan combines the dissertation studies to produce a composite distribution of stage scores.] As Table YY suggests, stage scores in the composite dissertation sample range from Level 2 to Level 4(5), with the largest percentage of participant scores clustering at Level 4 (34% for the dissertation composite and 42% in the Bar-Yam study) (see Table 5-3).

Table 5-3

**Percentage of Stage Represented in the Sample**

| Stage Score:    | Kegan Dissertation Composite:<br>(n = 282) | Bar-Yam Study:<br>(n = 60) | Mind/Body Program Group: (n = 16) |
|-----------------|--|----------------------------|-----------------------------------|
| 2               | 5%   | 0%                         | 0%                                |
| Between 2 and 3 | 8%   | 0%                         | 31%                               |
| 3               | 14%  | 11                         | 25%                               |
| Between 3 and 4 | 32%  | 37%                        | 37%                               |
| 4               | 34%  | 42%                        | 6 %                               |
| Between 4 and 5 | 6%   | 10%                        | 0%                                |
| 5               | 0%   | 0%                         | 0%                                |

By contrast, in the Mind/Body Program sample studied here, only one person (6%) scored at Level 4, the highest score represented in the sample. While the percentage of scores between Levels 3-4 are similar

across the three samples (32% composite, 37% Bar-Yam and 37% Program sample respectively), the Program sample shows a much higher percentage of scores falling between Level 2 and Level 3 (8%, 0% and 31% respectively). And, when the cumulative percentages of scores across the three samples are calculated, we see that *fully 56% of the Program sample demonstrate no evidence of Level 4 thinking in emergence* even as a substage, compared to only 27% and 11% of the composite and Bar-Yam samples (see Table 5-4).

TABLE 5-4

## Cumulative Percentages of Stages Scores Across 3 Samples

| Stage Score     | Kegan<br>Dissertation<br>Composite (n =<br>282) | Bar-Yam Study<br>(n = 60) | Mind/Body<br>Program Group<br>(n = 16) |
|-----------------|---|---------------------------|--|
| 2               | 5%  | 0%                        | 0%                                     |
| Between 2 and 3 | 13%   | 0%                        | 31%                                    |
| 3               | 27%   | 11%                       | 56%                                    |
| Between 3 and 4 | 59%   | 48%                       | 94%                                    |
| 4               | 93%   | 90%                       | 100%                                   |
| Between 4 and 5 | 99%   | 100%                      |  |
| 5               |   |                           |  |

Possibly, these differences could be accounted for by variations in SES across the three samples. Kegan, in fact, compares a sub-group of the dissertation studies which had a greater variation in subject SES to those with predominantly homogenous white, well-educated samples. His analysis does indicate that "the 'Full SES' composite based on three studies with more representative samples shows far fewer persons at the fourth level of consciousness or higher (21 percent, as opposed to 41 percent in the original composite)" (p. 196). Calculation of the cumulative percentage of scores in Kegan's full SES sample shows 48% of the sample at Level 3 or below (i.e., with no evidence of Level 4 thinking emergent).

While these figures do closely approximate the stage composition of my sample, for the comparison to be meaningful the lower stage participants would have to show a pattern of fewer years of education than the higher stage participants. In fact, in my sample the five participants with the lowest stage scores (all those less than Level 3) report a median of 18

years of education (mean of 17.2), whereas the median for the remainder of the sample was 16 years (mean of 15). While it was the case that the lowest score represented in the sample---2(3)---belonged to the woman in the sample with the least education (completed high school) and the highest score---4---to the woman with the most (a humanities Ph.D), the rest of the sample did not evince the anticipated pattern of a high, positive relationship between education and stage, as predicted by Kegan or other psychologists of adult development (see, for example, Commons et al., date).

What do these findings imply? While Kegan and colleagues' hypotheses concerning stress and coping are speculative, the limited data presented from the Mind/Body Program do support their suppositions. Given that my sample is not random nor necessarily even representative of the Program at large<sup>3</sup>, it is nonetheless suggestive that most participants fall well below the threshold score of Level 4 reached by a good percentage of other well-educated samples reviewed by Kegan. *The majority of participants in this study show no emergent or realized Level 4 capacity to "de-identify" with the psychic organization which evaluates experiences as stressful.* Instead, they tend as a whole to be lower in developmental level than similar populations who are not self-identified as having

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<sup>3</sup> The particular recruiting strategy (whereby the Program administrator sent and signed the recruitment letters) may, in fact, have "pulled" for a lower stage sample. If participants understood the letter to mean that participation was somehow a requirement of a post-program debrief, those who were more "rule-bound" in Kohlberg's terms may have felt a greater obligation to participate than others who might evaluate such a request as voluntary. Moral development research suggests, however, that volunteers for research studies tend to be higher in stage than non-volunteers (cite Commons), as they view participation as part of a social contract between knowledge producers and knowledge users.

difficulty managing stress. Against expectation, these levels do not seem to correlate with standard SES markers. While most correlates of stage also correlate with education, the experience of overwhelming stress does not seem to do so.

These data, while inconclusive, point to the need for future developmental studies of populations with stress-related complaints. Such studies may bear out hypotheses laid out in earlier theory-building on the developmental contributions to coping. The major task of the remaining descriptive analyses of this chapter are to illustrate ways in which participants at different developmental levels experience their stress, the program, and its curriculum in developmentally characteristic ways. As with the stage data, these analyses are provided to illustrate how a developmental approach may illuminate adult learners' experiences with behavioral medicine interventions.

### **Encountering the Mind/Body**

At the core of participants' experience of the Mind/Body General Program is their understanding of the interrelationship of mind and body. Participation in a program so titled presumes an openness to the possible continuity of mental and physical life. Making these connections conceptually clear is the goal of the program's first session. The sessions that follow aim to make these connections come alive through participants' personal experiences as well. By raising awareness of the interactions of mental and physical events, the program aims to provide participants with a means to manage symptoms over which they previously believed they had little control.

In the interviews I conducted, I asked participants to comment on their understanding of the relationship between mind and body. Specifically, I asked them to tell me what they would say to a curious friend who wanted to know what they had learned in the program about how mind and body interacted. I wanted to explore what they took away from the various lectures, discussions and readings to which they had been exposed on the topics of mind/body science and medicine. Also, their understandings of the mind/body relationship do seem to influence whether and how they approach skill practice.

### *Categorical Knowers*

The five participants in the study who scored *between* Level 2 and 3 on the SOI primarily construed mind and body as discrete entities. In keeping with developmental theory, these "categorical" knowers did not talk in terms of interrelationships or systems; instead, they consistently redrew and emphasized the boundaries between mind and body. In their developmental analyses of interviews with adult women learners, Belenkey and colleagues characterize their second order participants as "intolerant of ambiguity." Instead, they suggest these women are

literal...The ideas and ideals that these women hear in the words of others are concrete and dualistic. Things are right or wrong, true or false, good or bad, black or white. They assume there is only one right answer to each question, and that all other answers and all contrary views are automatically wrong. These characteristics were so salient in William Perry's (1970) description of this perspective that he named this outlook *dualism* (p. 37).

The categorical knowers I interviewed seemed preoccupied with making similar distinctions between mental and physical experience. In their view, the program served to clarify the categories "mind" and "body" and they subsequently aimed to cleanly divide their experience between the two. Without exception, categorical knowers reported enrolling in the

program only after they had been persistently told by physicians that their symptoms were not likely to abate solely through the use of prescription drugs or surgery. Trudy, a 64-year old administrator, recalled the rounds of tests that led to her diagnosis of Chronic Fatigue Syndrome:

I really didn't have anything medical that they could find. The chronic fatigue is a physical problem, but, you know, it's not tiredness, it's fatigue, it's different than tiredness. It's a very strange thing that happens...when you have this. It's really odd. You see, I'm not sick. But I feel sick. You know, I mean, I look fine, I don't look sick.

Trudy's refrain is common for categorical knowers in the study. They repeatedly express the view that "anxiety" is a kind of non-diagnosis, arrived at when physical sources for symptoms have been discounted. Betty, a 45 year old engineer, relates,

I had been experiencing physical problems that come from anxiety and, um, I had been, I mean I had suffered, um, those kinds of problems from beginning last January, um, I was out of work for several months because of the physical symptoms that arose. It wasn't for five or six months that it was really determined that it was anxiety and not some kind of a, um, I don't know, any kind of other physical problem that could be either treated with medication or operated on or something.

To a person, categorical knowers in the sample expressed frustration at the lack of clean distinctions in form or cause between their mental and physical experiences. Betty views her anxiety as a trickster, intent on creating confusion about the "true" source of her symptoms:

It's symptoms that are, I mean, it is not feeling well, but they're symptoms that are not brought on by a, a flu bug or something like that. They're things that, um, it's your body really, I think, playing tricks on you more, more than anything. It's your body doing these things to itself, it's not caused by an outside source. When you have the flu, you have some kind of a bug that is causing you to sneeze and cough and feel sweaty and, um, clammy and crummy. You can also feel sweaty and clammy and crummy just by being anxious,

and...so sometimes it's difficult for me to, to determine whether I feel sweaty and clammy and crummy because of the flu or because, because it's anxiety...So, it's a, there, it's a struggle. Um, I think that for people, for people who have anxiety, getting sick just throws a monkey wrench into everything because you can't judge what's really what.

Apart from expressed perplexity about the nature of their stress-related illnesses, three of these participants (Betty, Lois, Martha) also confided shame about the "mental" aspects of their conditions. While physical illnesses were viewed as natural and common, anxiety was viewed as somehow marginalizing. Lois, a 40-year old consultant, reports on how her concerns with being stigmatized because of her anxiety were allayed by the public television series on Mind/Body Medicine:

It was a wonderful series and also there was an article in the New York Times Magazine. So in that sense I think I felt very good that I had done it and probably am more open now about talking about what I did whereas in the past I think I'd probably hide it more....almost like it's *something*. Well it's like there are some people you tell you're in therapy and there are some people you would never tell. And so maybe it's on that kind of level. It may categorize you in some ways. And I think there is a lot of stigma people attach in our society to being vulnerable to those things. (*Those things being?*) Those things meaning stress or mental anxiety. And so I felt there were some people I really had to hide it from and some people who I could be more open.

When queried on how she talked about her enrollment in the Mind/Body Program with these friends, Lois replied, "I talked about it as a tool. It was just another tool that we might use to deal with the anxiety connected with my fertility problems."

When asked to talk about their understanding of "mind/body," these women consistently related stories of how what they believed to have been "real" physical problems were proved not to be; instead, their symptoms are attributed to the mind acting as a saboteur to their physical well-being. Belenkey and colleagues note that second order knowers "either

'get' an idea right away or they do not get it at all. They don't really try to *understand* the idea...They do not evaluate the idea" (p. 42). The participants I spoke with did not engage (in my presence) with the core idea of the course, in the sense of puzzling over mind/body systems, pathways, or the interrelationship of mental and physical experience in their own lives. In contrast to participants who were third or fourth order knowers, these participants expressed no curiosity about how their own experiences highlighted or contradicted the ideas presented in the earlier sessions. Neither did they symbolize these ideas through metaphor or analogy. They did not "transform the material" (Belenkey et al., p. 42), nor did they critique it.

While a conceptual understanding of mind/body interactions is generally absent in this sub-sample of categorical knowers, such understanding does not seem of itself to be a baseline for predicting participants use or disuse of skills taught in the course. To the point, in their book "The Body Speaks" psychologists James and Melissa Griffith note that their patients are rarely relieved through an intellectual understanding of the relationship between core beliefs and distressing physical symptoms:

The stories that are most malignant to the body are those that are not known as stories. They have become so much a part of the landscape of life that they are known by a patient as 'this is the way life is.'...A narrative that so constrains the body has become so familiar for a patient that he or she no longer knows it as only a narrative but also as a valid account of reality. The patient knows his or her suffering, but not the source from which it flows." (Griffith & Griffith, p. 132)

Thus, while models of mind/body interactions may be conceptually of interest to patients, the Griffiths maintain that what seems to be actually

helpful for intervention is the directed experience of engaging with and reshaping a particular, latent belief about the self's dilemma as it is expressed through the body. They describe their use of narrative therapy to collaborate with clients in explorations of a diverse range of symptoms, and, through reshaping the story or amplifying it, helping them to find a new way of living "in the story" they themselves experience as reality.

In the Mind/Body General Program, participants are not asked to relate their personal stories of stress. Instead, they are provided with a particular model of mind/body interactions which they are expected to apply to their own experience of their symptoms. What the categorical knowers seem to do with this conceptual frame, however, is to turn it on its head. The "mind" now replaces the "body" as the source of their suffering. "Mental" tools now replace pharmaceutical treatment for physical symptoms. And shame and embarrassment over the lack of a "real" problem to explain their symptoms permeate their experiences of the program.

In his discussion of the limitations of behavioral approaches to intervention for the categorical learner, Kegan suggests that "treatment programs can fail by ... insisting on an evolutionary state that does not yet exist" (1982, p. 176). For the categorical knowers in the sample, the presentation of a systems view of mind/body interrelationships seems to have gone "over their heads." These knowers instead translate the Program's conceptual frame into a prescription for splitting out mental and physical experience.

***Cross-Categorical Knowers (pre-transitional)***

If systems models, such as those which undergird mind/body medicine, are likely to be understood as dualistic by categorical knowers, how do they fare in the hands of third order cross-categorical knowers? More importantly, how do these learners make use of core concepts in a curriculum built upon a systems perspective?

The development of cross-categorical knowing, emerging out of dualism, is heralded by the "acknowledgement that in some areas truth is temporarily inaccessible because knowledge cannot always be immediately known...Uncertain beliefs are justified on the basis of what "feels" right or what one wants to believe at the moment. In other areas, knowledge is certain and authorities remain the source of knowledge" (Kitchener and King, date, p. 64). The black and white thinking which characterized the second order is replaced by a more nuanced intuitive relationship to knowing. Cross-categorical knowers still maintain that authorities are the primary source of knowledge, yet their relationship to that knowledge shifts as they discover "inner resources for knowing and valuing... A "still small voice" (Belenkey et al., p. 54) emerges, acting as arbiter of how they make use of the knowledge provided by authorities. In their work with women, Belenkey and colleagues describe this as the birth of "subjective" knowing. In the Mind/Body Program, cross-categorical knowers in the sample characteristically evince respect for the conceptual framework presented, yet they maintain a connection to the ideas primarily by translating them to their subjective experience. In general, these knowers relate stories of how they treat the core concepts of the course as a validation of their personal experiences of mind and body.

Across the sample, however, there are clear differences that emerge in

the way these personal experiences are reported that coincide with the respondent's developmental sub-stage. Typically, in research using Kegan's developmental model, cross-categorical knowers [sub-stages from 3 to 4(3)] are analyzed as an intact group. In the sample reported on here, important distinctions emerge between those cross-categorical knowers for whom 3 is the "leading" stage [stages 3, 3(4), and 3/4] and those for whom 4 is the "leading" stage [stages 4/3 and 4(3)]. To articulate these differences, I will be splitting these groups throughout the present discussion. The "pre-transitional" cross-categorical knowers (Helen, Ernestine, Margery, Bill, Marie, Cybil, and Vivian) will be presented first.

#### *Active Use of Concepts*

A primary distinction between third order knowers and their second order classmates concerns the *active use* of the ideas learned in the course. Where the categorical knowers, without exception, did not relate any further exploration of the *ideas*<sup>4</sup> presented in the course outside of the classroom, cross-categorical knowers, in response to my query on how they understand the program's core concept of mind/body interactions, consistently related making use of these ideas to understand personal experience. And, more importantly, it seems to have been these personal applications of the concepts that made them come alive for these participants. Vivian, a 37-year old businesswoman, relates,

I was busy on the phone (at work) and I really---my father was asking me some questions and I really couldn't give him my attention

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<sup>4</sup> This is not to say that the categorical knowers did not make use of the skills taught in the Program. How and when they use the skills is discussed further in the chapter.

because I was busy working with someone else. And that was probably stressful for me. I was going to finish this, and he was demanding my attention, and I could not give it to him. So, that was probably the situation. When I turned around, finally, to talk to them, I found that I was tight. And I said, Wow! I can't believe this would bring on this type of reaction. It was the first time I had seen them since I had come home, and I found myself tight. I think I was more tight, or I was tight because my father's kind of demanding: you've got to be here now -- he's deaf, too, which makes it worse. So, he'll keep talking and talking, and no matter, if I say, I'll be with you in a minute, it's talking, talking, and I'm trying to wait on a customer. And the whole thing was pretty stressful to me....I wasn't anxious, but I was very tight. And I just took a breath and I said, Wow, isn't this amazing. You probably did this for years and years...and never even recognized it.

Vivian, like other third order knowers, interprets the systems model taught in the program as a means for tracking how her physical reactions are triggered by mental experience. She makes sense of the model as a linear cause and effect relationship between the mind and body. When asked how she might relate these ideas to a friend, Vivian pauses,

OK. That's a tough question, too. I guess, the easiest way for me to explain it to someone that has no idea what I'm talking about is, to use one of the examples in the book: picture the most anxious moment of your life. OK. When I almost got hit by drunk driver, for example. OK, put yourself back there and see the speeding car coming right at you when you have nowhere to go -- I mean, getting right into whatever it was the guy was talking about, and say, How do you feel? Is your heart racing a little bit more? Are your palms sweaty? Do you feel nauseous? That's the mind-body connection. Whatever is in your mind for thoughts, the body is going to react to. If it's a pleasant thought, the body usually responds pleasantly. If it's an anxious thought, the body's going to respond anxiously by getting tight, or butterflies, or shaky, or whatever it is that happens to you when you get anxious. When you're angry, the body's going to respond by getting tight, or clenching your teeth, or making fists, or -- that's the mind-body connection.

Like Vivian, Marie and Bill learned to use the concepts of the program to trace cause and effect relationships in their experience of symptoms. For Marie, the physical symptom signals her to pay attention to her pattern of thinking:

I think, I have a headache and then I go back and [say to myself]

all right what was I thinking about? And I realize what I was thinking about was that I've got to write a letter to the superintendent of schools. And that is that! Then I start composing the letter and start thinking about all the other things I have to do in relation to writing that letter and when am I going to write that letter and I don't have time today so I have to do it tomorrow but what do I have to leave out tomorrow and so by then I've got a headache. But it isn't until I've got a headache that I realize that that's what I was doing.

Bill reports using his eczema as a gauge for how well he is coping:

I use my eczema as a measure of these things, to tell whether I'm dealing with things properly. Things build up in me because of anxiety then the eczema breaks out. If I let things out, my eczema is really much better. I try to take myself aside and say hey, 'This is just something that happened,' and not be judgmental. It's not automatic yet. I have to consciously think about not getting angry.

Cross-categorical knowers vary in how they become alerted to the "chain-reaction" (Cybil) between thoughts and physical experience. Some (Bill, Marie, Cybil, Vivian, Ernestine) tend to be first alerted to a physical experience of muscle tension or pain, while others (Margery, Helen) first note racing thoughts or negative thinking and then look to see how these thoughts are reflected in bodily symptoms.

*The Body has a Mind of its Own*

Once comfortable with the perceived cause and effect relationship between mental and physical experiences, these third order knowers express preoccupation with tracing the root causes of various physical experiences. More so, they relate frustration when they can discover no obvious causal link. As Ernestine, a 64 year-old retired secretary explains,

My life is very pleasant. You know we do just about everything we want. There are no pressures! Why am I suddenly getting stomach problems? And so I go looking in my own mind. What could be causing this? I never had stomach problems before. Is it because I'm worried about this flight that I might take? And yet...I feel that in my own mind that I've resolved my (fear of) flight problem. Has

physical explanation for her symptoms:

So, I went home and I called the doctor. At this point, I am in a panic. Someone's telling me that it is a not an allergic reaction, that I'm basically having an anxiety attack, and I'm saying, I know this is not -- I mean, I was anxious, I'll give you that, but it wasn't an anxiety attack, I didn't think. But the seed was planted that this was all anxiety. Within a week of that I stopped taking the medication. I told her I refused to take the medication any more....I said to the nurse, 'Do you think the doctor's going to want to see me?' And she said, 'If you think you need an appointment call back Monday'...So, I decided I would take the whole next week out of work, if I was that stressed and my body was doing this, I said, OK, I'll chill out for a week. And I did, and I stopped taking the medication.

Like Vivian, the pre-transitional third order knowers in this study recast the "biopsychosocial systems model" of medicine introduced by the program leader as a kind of internal barometer the body provides to keep the mind deeply connected to a person's unexpressed needs. The *body* is the source of the "still small voice," of internal authority, checking and balancing the mind's propensity to distract the knower from truth-seeking. The friendly relationship these cross-categorical knowers develop with this internal source seems to grow out of their particular frame of awareness: as the knower begins to draw on an internal source of authority through attention to intuition, the "mind/body" model comes to represent a form of communication between the rational and the inchoate.

#### **Cross-Categorical Knowers (Post-Transitional)**

The three post-transitional cross-categorical knowers---substages 4/3, 4(3)---in the sample share some of the characteristics of the pre-transitional cross-categorical knowers in that they make active use of the concepts outside of the program, and seem to welcome the body's messages. This group, however, elaborates on the use of these concepts,

my body resolved it? Or maybe this is something else entirely. Maybe I would have had, I don't know, you know?

Like Ernestine, many of the cross-categorical knowers expressed a view of the body as having a "mind of its own," (Bill) which required respect and attention. Where the categorical, second order knowers implied distrust of the body's apparent willfulness, third order knowers seemed comforted by their perception that the body had its own agenda. Marie describes her headaches as helpers, signalling for attention when her thoughts begin racing:

Then the headache triggers me to focus again. And it's very much the same process when I'm working on my relaxation response. Then actually when I'm awake and I'm doing my relaxation response for twenty minutes I do catch it before it generates a headache because I catch the extraneous thoughts, the non-focused thoughts. And I attribute it to being more awake, more aware, to what's happening...They're my signal to do a mini and to sort of do an inventory---what have I been thinking about? And I catch myself! I should carry a mirror around except I have one sort of in my head that I scrunch up my eyebrows and furrow my forehead and I can just make my face relax and then I realize what I'm thinking about and then I try to think about the birds and the bees and the trees instead of whatever it is or I realize whatever it is I'm thinking about and realize there's something I can do which would make it possible to stop worrying about it.

In keeping with the discovery of an internal, intuitive source of knowing, these third order knowers voice a friendly relationship to their symptoms (which, they suggest, is a shift from the relationship they held with their bodies prior to the program). This same friendliness extends itself to their views of their own anxiety, in marked contrast to the categorical knowers who felt stigmatized by association with the term. Vivian describes how a diagnosis of anxiety fueled her conviction to do away with multiple medications she had been taking on the advice of a variety of specialists who had failed to provide her with a satisfying

*consistently transforming* them symbolically into a metaphoric representation of their own particular experiences.

Their particular metaphors will be discussed in chapter six.

In a striking coincidence, each of these post-transitional cross-categorical knowers (Nora, Gregg, Jean) reports being engaged in Jungian analysis throughout their program experience. Their attentiveness to symbols and "archetypes" (Jean) in their narratives of program experience clearly relates to this concomittant therapeutic context. Presumably, Jungian therapy prepared them to make elaborated interpretations of their experiences with the program's skills. Witness Jean's view of her anxiety:

I was not really having physical symptoms at the time that I came into the program, although I have had those all during my life in terms of headaches, diarrhea. But at the time that I came into the program...I had a very specific thing, and that was that whenever I was under tremendous stress I would find any spot on myself and imagine that I had cancer, and I would focus on this. The anxiety was mostly the cancer phobic thing....And my job has been to find out what triggers that anxiety, what it is. And now I'm getting better at doing that. Before, I used to just live with the anxiety, and the anxiety would be terribly troublesome, and it would feel awful. Now I go back one step further to find out what triggered the anxiety to begin with. Most of the time I wasn't aware of what was triggering the anxiety. Well, the first step back is to recognize, I guess, when I take a look at the grid I go across and I put down what the presenting problem is. So, the presenting problem might be to me that I have cancer. And then I will go to the physical responses, what's going on physically. Then I would begin to go into what's going on inside me...What I'm working on in analysis right now is that I have really discovered a part of myself which I feel is poisoned. And I really do feel that I, in so many of my reactions and in my relationship with my family, that I have implanted like a poison, which I'm beginning to see is this *tumor*... because I have a father who literally fed this to me, who was a cancer specialist, by the way....He was the kind of person that there was just one ego in our family -- his. And if you didn't think, speak, act, do then you were literally annihilated. And he was always right, and he was always right in this world. And I learned that if people were with me, then they were on the right side. And if people had another opinion, then they were on the wrong side. And everything was right and wrong. And that's what I'm really dealing with now, is beginning to see how, with my children -- and I have a very bad relationship with one son, in particular -- how I enacted all of this out: this feeling that either he was in my camp, or he betrayed me. And it

feels like a pretty bad part of myself, I guess what the Jungians call really the shadow side. And you do get to a certain point in analysis where you confront the shadow. I think in all forms of analysis there is that part. But I think in confronting the shadow, it's what I just couldn't do. And so I had anxiety instead.

Like Jean, Nora and Gregg also expansively related their stories of how they connected insights gained through their program experience to parallel understandings gleaned through analysis. Consistent across their narratives are attention to the "subconscious" meanings of bodily symptoms which they formalize into a critique of their experiences. As Nora relates,

I mean, what has happened historically with me is I don't recognize how things are affecting me intellectually, you know, like on a conscious level. But subconsciously things are affecting me and then it manifests itself physically...as a symptom, chest pain or mild seizures. Um, and so, I, I, you know, I need this, sort of, you know, um, understanding how things are affecting me and realizing that things are making me angry or sad or whatever...I really felt strongly that there was some connection between what was going on in my head and what was going on in my chest... that there was, you know, like, that, that my emotions, that my body and mind were in some way, um, responding to something that was connected.

A subtle but important difference here between the post-transitional and pre-transitional third order knowers relates to the degree of formalization of these mind/body analyses. Pre-transitional knowers, as mentioned earlier, tend to work with the mind/body frame by connecting to it through their intuitive understanding of how it relates to their own experiences. Post-transitional third order knowers, by contrast, "can articulate a kind of theory of how the self is, which can be compared and contrasted with other selves which are also whole systems" (Lahey et al., 1982; p. 69). The emerging fourth order, present as a sub-stage in these knowers, prompts these participants to "take responsibility for the 3ish structure which is still present" (p. 67), and to frame that accountability

through a systematic treatment of the multiple causes they identify as formative to their experiences of anxiety. This emergent awareness of their role in the construction of their experiences is signalled by a kind of fascination they express with this unfolding understanding:

The mind/body connection is just incredibly important! I can't believe we're only just in our society starting to talk about it. I can't believe that they didn't know this for centuries like the Chinese, I mean. (Nora)

Well, what I really do see is this mind-body connection, which really fascinates me. (Jean)

I came to believing that there is a very strong connection between mind and body and that if focused, there's a lot of power there and that I could take control. And so, I just believed it. Why do you believe something? I don't know, faith. And I felt very good... and I kept saying...there must be something to this. (Gregg)

Where pre-transitional third order knowers draw out cause-and-effect chains, Nora, Jean and Gregg view the mind/body as a kind of system over which they can take some control. As Jean explains:

Well, as I've explained it to friends who have asked me about this, what I learned about myself is that I functioned in a fight-flight response all day long. Didn't know it. I didn't even breathe correctly. (How so?) I didn't know what it was like to breathe from the abdomen. I really did a lot of chest breathing. And I think everybody understands the fight-flight response. And you can give the example that they give here: If you're running in an alley or you're walking in an alley, you hear footsteps behind. What happens? Your heart rate accelerates, your blood pressure goes up, there's more adrenalin in the system. All of my friends really understand that. And what I've explained to them is that for some reason I seem to just function in a fight-flight response. It was my normal way of being. And that as you can elicit this, you can also elicit the other. And I much prefer the other. The other feels really good.

The emergent fourth order epistemology in these participants seems to allow for ownership over the mind/body connections they observe in their own experience. They express an interest in taking control over their responses to stressful experiences, as well as an awareness that taking control is possible. In contrast to the pre-transitional third order knowers, or the second order knowers, they recast neither mind nor body

as a form of authority. Instead, they move toward an integration of their own realized authority.

### **Systems Knowers**

Suzanne, the only fully fourth order knower in the sample, cannot fairly stand in as a representative of "systems" knowing. My decision to include her in the analysis highlights my deductive use of developmental theory here; clearly, my read of the data is shaped here by my familiarity with the theory, rather than being iterative. Later in the chapter, I will comment on what the experiences and reflections of these participants has to offer theories of adult development.

Suzanne, 44, came to the program after years of suffering from TMJ. When asked to reflect on the mind/body relationship, Suzanne's response would have alerted DeMello to the presence of the "Thinker," whose express interest in simply witnessing her mental experience stands out among participants:

Well, it's watching yourself. It's, one, it's your mind, one part of you sensing that physical response, like if it's anxiety, it's a negative response---we'll call it negative. I mean, anxiety is not always -- anxiety can be a positive experience. But it's usually a warning sign for me. So, I'm more aware of -- or I'm more attuned to the physical responses, because the physical responses are the same. So, instead of having a full-blown TMJ attack, or full-blown back problem, I'll try to nip it in the bud. I really haven't -- I know what it feels like. I haven't really articulated this to this extent to anybody. You're getting the first articulation. It's like you feel -- the anxiety response, the physical response is so automatic with me, and it is so part of my everyday nature. And now I'm trying to learn another way so that it doesn't escalate to a very high level...watching myself, seeing how I was reacting. It was almost, this is not an out-of-body experience, but it was as if: see yourself going through all these emotions and how upset you're getting. You don't need to do that. You can do this in a much calmer way. Take a deep breath. Relax. On a scale of one to ten how important is this? That kind of thing.

Suzanne establishes that she understands how she constructs her

interpretations of anxiety, and that she can witness these constructions almost as they develop. And, she notes that she can take responsibility for whether or not she chooses to identify with any particular construction. As Lahey and colleagues suggest of the fourth order knower, "she is aware that her feelings come from her," that she is a "feeling-generator" (p. 134). And she makes use of that awareness to modulate her anxiety.

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### **Relaxation Response**

That the Mind/Body Programs at Deaconness Hospital draw hundreds of participants annually is due largely to the popularization through Benson's books of the relaxation response. Benson's work established credibility for the practice of meditation in medical settings by drawing out its physiological benefits. The relaxation response is not a form of meditation itself but, as Benson describes it, a useful outcome of a meditation practice:

...there appear to be certain common elements in almost all cultures which enable individuals to periodically change their everyday mode of thinking. We believe this mental process is accompanied by the previously described physiologic changes of the Relaxation Response. Our usual thinking is concerned with events outside ourselves. Through our emotional attachments, our social feelings, our ideological beliefs, our sensory contacts, we are constantly diverting our thinking toward external factors. Any attempt to redirect this outwardly directed consciousness requires a different mental process. We believe that people have been describing the type of thinking which elicits the Relaxation Response throughout many cultures and religions. Until recently most observers were concerned only with the philosophic and subjective aspects of the Relaxation Response. The accompanying physiological changes were probably not of interest. If they were, they could not have been measured until modern technology was available.

The "elicitation" of the relaxation response (RR) does not in fact require meditation; Benson suggests that there are multiple avenues to the desired physiological outcomes, including prayer, imagery, breathing exercises (mini's) and yoga. Throughout the ten weeks of the General Program, the group leader introduces a variety of these approaches to bringing about the desired physiological changes. Regardless of the form of practice, daily elicitation of RR is considered fundamental to well-being:

Whatever method you choose, remember *there is no substitute for regular practice*. The very "busyness" that invades your lifestyle can become the major obstacle to eliciting the relaxation response, but the benefits of this practice depend on its being done regularly, daily...As you experiment with these new skills, you will begin to notice the positive, healing effects of eliciting the relaxation response. It becomes a self-reinforcing habit that is not only enjoyable in itself but beneficial to your health. If you practice regularly, you will begin to experience recognizable changes in how you feel, including a reduction in stress-related symptoms and a growing sense of well-being. (Benson & Stuart, pp. 59-60)

From the program's point of view, maintaining some form of regular practice of RR would be considered critical to patients' ongoing success. Participants who fail to continue to practice after the program would presumably lose any positive effects gained during program participation. Regular practice of the RR represents the baseline skill developed in the program.

Across participants in my sample, ten out of sixteen report sustaining the use of at least one of the variants of skills for eliciting the relaxation response (see Table 5-5). Of the six who did not sustain their practice, two (Lois, Betty) developed new, related forms of practice outside of the program, and four (Trudy, Margery, Bill, Cybil) reported no particular relaxation practice pursued. As a general trend, participants with higher orders of knowing report more consistent, durable use of RR skills taught

in the program. All participants with any fourth order sub-stage report continued practice.

### *Categorical Knowers*

With the exception of Carolyn, categorical knowers as a group spoke at length about their difficulties with launching or sustaining a practice which elicits the relaxation response. Trudy, who reported no ongoing post-program practice, believes that like herself most participants were probably too busy to manage a regular practice:

Well, you, it's you forget to do it, you get busy. Um, you forget what to do...And unless you're really devoted and have a lot of discipline, you know, read the book and, you know, remember it, you really don't remember it, and especially if things are going somewhat better...You really get off the track and that is what happened to me, and I will bet it happens to most of the other people. I don't want to speak for them, but that's my feeling.

For Trudy, the lack of a context of ongoing support made it difficult to pursue practice. She speculates that people would be better able to keep up their practice if the program were ongoing:

That's something wrong because you're supposed to be learning a new lifestyle. It's like going to Weight Watchers, getting the diet and having it all, you know, programmed for you and then you don't do it. You know, you lose a lot of weight and then you gain it back. And that's why they have, all these programs have ongoing meetings that you can go to. You can go, you know, go to Diet Workshop forever. (So you would have preferred an ongoing group that would help you practice the skills?) Yeah, just, just as a kind of a boost. Maybe not even every month, maybe every other month. You know, but at least, but this way it's just nothing, it's just all over with. You know, it was an expensive program and it's as though, you know, and I, I don't know how many people, you know, can keep up the discipline of doing it.

Trudy offers these comments in the spirit of feedback to the program, hoping that the hospital will provide ongoing contexts of support in the future. She regrets this lack of support because during the program she

| Name      | Level | Practice Status                                      | Practice Described                    | Supports to Practice                       | Time from Program End to Interview |
|-----------|-------|--|---------------------------------------|--|------------------------------------|
| Martha    | 2(3)  | Sustained  | 5 Minute Regulated Breathing (Mini's) | None                                       | 5 mths                             |
| Trudy     | 2(3)  | All RR Practice Stopped                              | None                                  | None                                       | 4 mths                             |
| Carolyn   | 2/3   | Intermittent RR Practice                             | Tapes                                 | None                                       | 3 mths                             |
| Lois      | 3/2   | RR Practice Stopped; New Form Developed Post-Program | Jewish Meditation                     | Jewish Meditation Group practices together | 5 mths                             |
| Betty     | 3(2)  | RR Practice Stopped; New Form Developed Post-Program | Guided Progressive Muscle Relaxation  | Behavioral-therapist guides sessions       | 7.5 mths                           |
| Margery   | 3     | All RR Practice Stopped                              | N/A                                   | N/A  | 4.5 mths                           |
| Cybil     | 3     | All RR Practice Stopped                              | N/A                                   | N/A  | 8 mths                             |
| Ernestine | 3     | RR Practice Sustained                                | Relaxation w/Tapes                    | Husband supports, provides reminders       | 8.5 mths                           |
| Bill      | 3     | All RR Practice Stopped                              | N/A                                   | N/A  | 8 mths                             |
| Helen     | 3(4)  | RR Practice Sustained                                | Mini's, yoga                          | Program volunteer                          | 3.5 mths                           |
| Vivian    | 3(4)  | RR Practice Sustained                                | Body Scan w/Tapes                     | Husband supports, provides reminders       | 4.5 mths                           |
| Marie     | 3/4   | RR Practice Sustained                                | Imagery w/Tapes                       | Therapy, daughter's support                | 1 mth                              |
| Nora      | 4/3   | RR Practice Sustained                                | Meditation w/Tapes, yoga              | Therapy, Yoga classes,                     | 3 mths                             |
| Jean      | 4/3   | RR Practice Sustained                                | Meditation w/tapes, yoga              | Therapy                                    | 3.5 mths                           |
| Gregg     | 4(3)  | RR Practice Sustained                                | Meditation w/tapes                    | Therapy                                    | 10 mths                            |
| Suzanne   | 4     | RR Practice Sustained                                | Meditation                            | None                                       | 5 mths                             |

found the practice of the relaxation response useful, particularly in the group setting:

It did help. It was nice to have the support group of people and, you know...(What especially was helpful about the group?) Just that they were there. That there were other people doing this, uh, I found that helpful. Yeah. Just the fact that the people, you know, there were people there and they all had problems, and some of them have physical problems, but, I mean, I really didn't.

Even throughout the ten weeks of the program, Trudy reports, she practiced only during the meetings when the group as a whole took instructions either from the program leader or from a tape.

Like Trudy, Betty reports discontinuing her skill practice after the program ended. "The meditation" she reports "just didn't take hold for me. I was too busy. It was hard for me to stop to do it, 'cause my life is so crowded. Although I regret that I didn't." Betty also voices frustration concerning the lack of ongoing support. She interprets the length of the program as an indication that program designers believe participants should be sufficiently "better" at the end of ten weeks, no longer requiring support:

You can't just say, well, alright, if you do the relaxation response, your worries are over, you'll be fine....You can't dabble in something and then say to the people, so now you're all happy, you know, now you can all deal with stress, you're all, you know, better now, you can all keep going, and I, I just don't think it's as simple as that.

My own observations contradict Betty's; in the group I observed, the leader and program volunteer repeatedly exhorted the group to develop and sustain a regular practice, reminding them that the skills they were learning had to become lifelong habits. Trudy and Betty either disregarded similar statements<sup>5</sup> in their own group or did not take them

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<sup>5</sup> Group leaders informed me that the content of all the General Groups are largely standardized, so that participants receive equivalent training regardless of the group they attend. Leaders may, of course, emphasize particular lessons or skills differently.

to mean that continued practice was viewed as central to participants' ongoing relief from stress.

After the program ended, Betty, discouraged with her progress, set out to find a context where her practice could be supervised. With support, she once again found the relaxation practice helpful:

There are certain areas of it that I found out later were more helpful to me than I realized. For example, the basis of the whole class is the Relaxation Response. And I understand that the technique that they use is the one developed by Dr. Benson. And Dr. Benson has one method and you close your eyes and you know, go into different areas and relax parts of your body and that's pretty much it. And then you can add things to it, imagery and what have you. And (the group leader) had gone into some of that. But there's also other methods on the same idea. I had gone afterwards to a psychologist who uses a method where people tighten and relax muscles as they go, and he had explained to me that um, your muscle is the most relaxed after it has been tensed. And that was really helpful to me and I would not have gotten that if I had not gone on to see this psychologist.

Betty continues to search out structured contexts for her practice. Lacking support, she maintains she could never sustain a practice alone. Especially motivating for her, she suggests, would be the presence of an authority figure to supervise her practice.

Um, well, how do you know that there's a doctor or somebody that you can go see who absolutely specializes in tailoring these techniques and helping you apply these techniques in your life because I really feel that that's what it is to, to do it, but who does it? They have this class, that's the best, I mean, it's great, I, um, don't mean to criticize it by any means, but it's all that there is. And last summer, I wish somebody could say to me, here's the place in the phone book, call up this doctor, you can go to see him once a week...He will help you take these therapies that they use here, that you heard about, and implement them effectively in your own, in your own life so that you can overcome this. I haven't been able to find...anybody like that. Um, and so I sort of kind of go around and try this or that. But, yeah, I'd come and do it. If it's programmed, I'd do it.

(So, you mean you would do it that night or you would...)I would do it that night...And I, I would hopefully think about it more. (Because?) I think I would because...It's structured. Structure. Structure. I think structure makes people do things that they wouldn't do ordinarily, that they want to do. Then you would, you know, the week, at least the

week, it would make people, it would make, it would make me, and I think people in general, do things. (So you probably do more practicing just knowing you were coming in?) Right. It would be on mind that I was coming in and I'd think, you know, it was a waste to come in unless I'm prepared and so forth, so I would do it. That's how I am. I, I can only speak for myself.

Lois also reports her difficulty staying with the practice once the program ended. Intermittently, she tries using the tapes without success. As a result, she like Betty found a new source of support for her practice:

I woke up in a very bad mood this week I think on Tuesday. I was just very angry and in a bad mood. And I think I said why don't you meditate. Maybe you can get rid of that. And I did and I found I just, you know the thoughts were going through my mind. And I think finally I just turned off the headphones and just got out of bed. But I probably did feel that at least I'd calmed down a little. That it had, that even though it hadn't really been successful that I hopefully calmed down a little. But that morning I did it I really realized, I think I did turn off the tape and said you know, stop this, you're not listening. But I probably had tried at that point for maybe ten, fifteen minutes so maybe I felt that was enough. I don't meditate for a long time, I would say. With the Jewish meditation group I'm doing, it is a longer meditation.

Lois expresses her regret that the practice did not seem to relieve significantly her anxiety. "Part of me thought that in some sense is this desire that there would be a miracle cure and that everything would go away. And that didn't happen." She had also hoped that the program would help her resolve some of her longstanding anger. Instead, she reports, on occasion her practice sessions seemed to exacerbate her distress:

I mean I actually had a car accident after one session. I mean it was sort of the opposite of what I had thought. It wasn't actually a car accident, it was, I parked in a parking lot in Harvard Square and really scraped my car. And was just very agitated. And it was like the opposite of how I should have been going out of the session. (You mean you after the session ended?) I left the session, I left the Deaconness Hospital, I remember having to go to Harvard Square for an errand or something and ended up parking in one of the lots

here and being so agitated and as a result scraping my car very badly. And it's the kind of thing I wouldn't have thought that I'd have done after a so-called relaxation class. (So in some way did the class tend to sometimes agitate you?) It did that day... I'm not exactly sure (how). I was aware that I was a little, maybe because it brought feelings to the surface, and that may be it actually. I think maybe that's it.

Lois' story points to the potential complications of a loosely supervised meditative practice. Psychologists who study the intersects between Buddhist contemplative practice and development have noted, for example, that there appear to be developmental prerequisites for students of meditation:

Buddhist psychology and practice...*presuppose* a more or less normal course of development and an intact or "normal" ego. For its practices, it *assumes* a level of personality organization where object relations development, especially a cohesive and integrated sense of self, is already complete. There is an obvious danger if this assumption of normal selfhood is not understood, either by students or teachers....Teachers may instruct students in techniques which are designed for a different level of personality organization and these may have adverse effects in some students. (Engler, 1986, p. 34).

While the goal of meditation and other similar techniques taught in the Mind/Body Program is, again, to "elicit the Relaxation Response," these techniques are nonetheless derived from contemplative traditions with explicit teaching lineages and presumed psychological prerequisites. In their incarnation as modern Western medical interventions, these techniques may be taught without attention to developmental concerns. Psychologists such as Horowitz raise the question of when in the developmental sequence meditation is appropriately taught. "At some point in mental development," she suggests "meditation becomes possible--- exactly when has not been determined...Persons may be at various stages in this process, and a variety of techniques may work or not work, help or harm at any phase." (1986, p. ix). The experiences of the categorical

knowers in the study raise the question of their preparedness for meditation. Several seemed stymied by the purpose of the practice. Judy captures these sentiments,

Yeah, it's hard. It's much more difficult for me to do it without the tape. I really can't do it. I don't know if I really meditate. I mean, some people really, you know, get into a state of meditation. I don't know if I really do or not. (How would you know if you did?) I don't know. These people have all these feelings and they elicited how they felt and I didn't always get it or get to it.

Apart from questioning when meditative practices become appropriate, various cognitive psychologists and educators also speculate on their correct purposes. Those with Buddhist training in mindfulness emphatically state that relaxation is an improper aim of meditation training. Redirecting contemplative practice toward relaxation training, they argue, subverts its original intent:

The word meditation in its general usage in modern America has a number of different prominent folk meanings: (1) a state of concentration in which consciousness is focused only on one object; (2) *a state of relaxation that is psychologically and medically beneficial* (3) a dissociated state in which trance phenomena can occur; and (4) a mystical state in which higher realities or religious objects are experienced. These are all altered states of consciousness; the meditator is doing something to get away from his usual mundane, unconcentrated, unrelaxed, nondissociated, lower state of reality. Buddhist mindfulness/awareness practice is intended to be just the opposite of these. Its purpose is to become mindful, to experience what one's mind is doing as it does it, to be present with one's mind." (Varela, Thompson, Rosch, 1992, p. 23; italics added)

Of the categorical knowers who report having sustained their practice at least during the program, only Carolyn mentions heightened awareness as a notable benefit of any of the techniques she used. Carolyn talks positively about her sustained (yet intermittent) practice, attributing to it a shift in her awareness. As the one categorical knower in the study

who, at Level 3(2)<sup>6</sup> is on the cusp of cross-categorical knowing, she speaks of how her use of the tapes helps her combat her "weak self" and reach out to her "stronger" self:

(Before the program I) felt like I was a really weak person -- physically and mentally and people could look at me cross-eyed and boom, I'd be upset. And now just knowing that I'm strong inside and not letting their words or their thoughts really get at me and eat me away inside is I think the best defense that I have because when it comes right down to it, they probably don't think those things -- but they're just mad at the moment and they're just saying these things out of anger or frustration or whatever because I know they might not think I'm a terrible person. So, if I can at that moment just take a deep breath and say, this person is just really mad and saying some really stupid things, that's how I can keep myself at a distance from letting that get to me....Just by doing relaxation response every day -- just taking some time out for myself and for that inner strength and just identifying it and realizing that I had it...I said, I have just as much strength as the next person and not somebody who was gypped at birth and is just doomed for the rest of my life....And just learning how to do that was key because it was like a resource that I wasn't using at all, that I wasn't putting into play and I was just kind of going on along without it and I don't know how I got through my life without knowing I had it and using it.

For Carolyn, the relaxation response provides a steadying influence that seems to help her actively resist the "embeddedness in needs, interests, wishes" (Kegan, 1982, p. 169) that characterizes categorical knowers. In her narrative, she captures the dilemma of transition and the help her practice gives her as she tries to sustain her "stronger self:"

(So, does that part of yourself that you call the weak self, does that still sort of talk to your other self?) Yeah, definitely I still have it a lot -- not half as much -- I mean, it used to pretty much rule me before. I was really emotional and I would burst into tears at the drop of a hat, before and I don't do that as much anymore. And I still definitely can feel it sometimes and sometimes it's worse than others and sometimes I don't feel it all for days or a week or so. It just really depends on what's going on in my life, I think and how much time I really take in to getting my relaxation response. If I've been kind of half into it during the week; have I been sick

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<sup>6</sup>CHECK OUT THIS SCORE AS COMPARED TO KP'S

and haven't done it, whatever. I can just feel that weak self starting to take over again and forgetting about things in the class and just identifying the piece that I know I have.

The practice of calming her turbulent emotions may support in Carolyn the emergence of her cross-categorical capacities. However, she reports that her practice (3 months post-program) was becoming irregular. Of the other categorical knowers who were more than 3 months post-program, only Martha reports continuing to use any form of relaxation practice (in her case, mini's) learned in the clinic. Martha's case will be discussed further in Chapter 6, "Teachable Moments."

As a group, categorical knowers describe their ongoing practice primarily as a form of muscular relaxation or breathing. Only Lois talks about her practice as a meditation, and that in the context of a new community of Jewish meditators she sought out after completing the program. For the program designers, such deep relaxation is only one aspect of successfully eliciting the relaxation response. As Benson and Stuart describe it, there are two "basic components ...involved in eliciting the relaxation response:

1. *A mental focusing device*, such as watching your breath; or repeating a word, phrase, prayer, sound; or using repetitive muscular activity to help you shift your mind from everyday thoughts and worries.
2. A passive attitude toward distracting thoughts, which means not worrying about how well you are doing, but gently directing your mind back to your mental or exercise focus when you notice yourself caught up in a train of thought. (1992, p. 45)

Recalling their practice, the categorical knowers do describe making use of a mental focusing device, but as a group do not reference the development of a passive attitude toward thoughts. More so, they do not reference an awareness of thoughts arising during practice. The

intentional disengagement from thoughts that meditation practice seeks to teach does not seem to be part of their practice experience. Such disengagement from mental activity may be, in fact, not only a demand for skill acquisition, but a developmental demand on participants. An awareness of the mind's activity must precede the development of a witnessing stance toward that activity.

Categorical knowers did not talk at all about trying to look at or disengage from their thoughts. Reminiscent of the second order learners Belenky and colleagues interviewed in rural Vermont, who had "no words that suggest an awareness of mental acts, consciousness or introspection" (Belenky et al, p. 25), these participants made no reference to mental activity. The struggles they encountered with RR practice related instead to their struggles with sitting and listening to the tapes, making time for the practice, and understanding what was required of them.

#### **Cross-Categorical Knowers (pre-transitional)**

Cross-categorical knowers, by contrast, do directly reference their efforts to passively witness their thoughts. Here, again, however, this group demonstrates differences dependent on sub-stage. Three of the four Level 3 knowers (Margery, Bill, Cybil) report no post-program RR practice. When queried on their reasons for discontinuing the practice, they echoed the reasons put forward by the categorical knowers, including lack of time and insufficient structure. As Margery explains,

I just never really got into the meditation. Although when I talked to other friends of mine who have either been through that program or do meditate they you know, told me I had missed the best part. A lot was just happening in the fall, and the fall was a busy time. I don't know, it just passed me by somehow. I did the meditations in the classroom and I really um, I really found those helpful...being

forced to meditate. Being asked by someone other than myself to sit there and meditate for twenty minutes was helpful. I found it relaxing. Although I've never done it again.

Like the categorical knowers, these participants experienced relief from the relaxation itself, but found the effort required to sustain the practice post-program daunting. They do not, however, report that the meditations themselves seemed difficult; only that they were unable to commit to pursuing them.

Pre-transitional cross-categorical knowers who managed to sustain their practice list a variety of skills they continue to use. Ernestine listens to a variety of tapes provided by the program, primarily as a means to relax. Helen keeps up a yoga practice and does short breathing exercises. Marie prefers imagery and uses the tapes which guide participants through an imaginary voyage. Vivian, who experiences joint and back pain from fibromyalgia, prefers the tapes which guide her through a "full body scan." Each of these participants describe the goal of their practice as a deep sense of relaxation.

#### *Social Support*

Notably, the pre-transitional knowers who sustained their practice all remark on the importance of some form of social support as a kind of booster to their practice. Helen signed on as a Mind/Body General Program volunteer in order to have an ongoing context for practice. Marie reports being in therapy; she also tells several stories about her daughter's role in prompting her to practice the skills she has learned. Ernestine and Vivian report that their husbands remind them to use the tapes and give them time and space to practice. Vivian recounts how she had to work with her husband to shift his expectations of her usual

availability to him while she practiced:

My husband's been very good, although initially he was -- during relaxations, he thought they were kind of silly. He's a pretty well-grounded person. But he's always said, If it's good for you, then it's good for you. Anything that I do. I'd say, 'Joe I can't get up and get your ice-cream right now because I'm doing this.' And there was a little bit of conflict there but we used a lot of humor to get around it. I made a clicker, a TV clicker for him, because he'd always sit in his recliner, and say, 'While you're up, get me...' So, I built him a clicker out of cardboard, and I just put - because he has four clickers for everything, and I just put: Vivian's clicker. And I had: 'Do the dishes, let out the dog, do the laundry, get me some ice-cream, bring back some soda, somebody's at the front door' -- with all the different things, and I just gave it to him one night and said, Joe, listen, here's my clicker, when you need something, just click me on and off.' And the humor in that, he realized after a couple of weeks. He thought it was funny initially. But when he said, 'While you're up get me an ice-cream.' I said, 'Click.' And it worked.

The unprompted mention of social support distinguishes these learners from those cross-categorical knowers who abandoned their practice. Cybil and Margery, for example, mentioned that their spouses often interrupted their practice or dismissed their efforts. Program leaders urge participants to develop forms of support, creating the "buddy system" during the program as a means to begin building ongoing supportive contexts. Those participants who did in fact sustain support in some form also managed to keep up their practice.

#### *Personalized Routines*

In interviews, categorical knowers focused primarily on their regrets and frustrations concerning RR practice. None except Carolyn described their practice to me, even when prompted. By contrast, the pre-transitional cross-categorical knowers who sustained their practice talked at length about the form their practice took. They especially seemed to enjoy relating the specifics of practice, detailing the ceremonies of where they sat, how they began, which tapes they liked, and the host of

particulars which personalize their practice:

I sit in, actually on the divan. You know just sit up straight. (Which tape do you use?) Well let's see. It's affirming and the mindfulness. I have two of them really. I ordered another one but I didn't find that one quite as reflective. That was a combination of I think yoga and breathing. And I didn't, I used that a little bit but this is the one that I use for the most part. I used to do it every morning because that was a good time...And I always get up earlier than my husband does, so I would do it while he was sleeping. I just didn't feel I wanted to do it with someone looking at me. ...I get very relaxed. My head falls to my chin, you know? And I don't mean it to, you know I just start out, I do exactly what she says, you know sit up straight, have your feet on the floor, hands together, close your eyes. And listening to her I could almost, I feel I could almost do it without it and yet I prefer the tape. I like this woman's voice. (There's another woman on a a tape I subsequently got who does it whose voice just I think kind of grates on me.) You become used to that other voice---it's very nice voice. And first thing I know, I am sitting there with my hands on my lap and I'm listening and I find my chin is going down. So I know I must be relaxing if I do this. I mean this is just involuntary. That's how I know I'm fully relaxed. (Ernestine)

No, I don't sit. I can't sit because my headaches start in my neck and shoulders, with tension there and if I sit they just stay tense. I lie down on the floor and put my feet and lower legs up on a sofa so I'm sort of in a sitting down but lying down position. Which is comfortable for my back and put earphones on. My partner in the group suggested the earphones because it makes it a more complete surrounding of the sound...Otherwise you can hear the horns outside or the telephone ring or any of that other stuff. Earphones do better. And I close my eyes, I have to have my eyes closed and I focus on whichever image depending on the tape and I usually alternate the tapes. And then I think about the tension that I'm holding in my body. And I start with the top of my head and work my way down to my eyes and face and my neck and before I do that I do stretching. I do about five stretching exercises that I always do. The cat pose, the child pose, and a few back stretching exercises. Then I lie down and put my feet up, earphones on, focus on whatever the image is. And the extraneous thoughts flash through for a while but then eventually the relaxation response will kick in and then the tape is just the right length. When the tape stops it's usually been about twenty minutes. (Marie)

Participants are provided with intentionally uniform instructions for practice, yet encouraged to develop their own preferred routines. The pre-transitional cross-categorical knowers consistently provided me with

elaborate descriptions of these routines, focusing on the form the routines take and on their pleasure in the relaxation.

Each of these participants also reports experiencing interruptive thoughts during their practice. Helen, Marie and Ernestine report that they view practice sessions characterized by excessive thinking as failed sessions. Their focus for the session is on experiencing a sensation of deep relaxation. If they find that that sensation is not readily evoked, they tend to postpone or cancel their practice session.

### **Post-Transitional**

*Post-transitional* cross-categorical knowers, in marked contrast to other participants, tend to describe their practice sessions as periods of meditation rather than as relaxation sessions. Like pre-transitional knowers, they also experience interruptive thoughts during these sessions, yet these thoughts do not inevitably stall their practice.

Gregg, Nora, and Jean all report having created idiosyncratic ways of managing these interruptive thoughts. Nora patiently ignores the thoughts and returns her focus to her "third eye." Jean draws on vivid imagery of a peaceful place where she escapes her distracting thoughts. Gregg views these thoughts as transitory visitors, whom he acknowledges but then sends on their way. In the following exchange, he demonstrates how he relates to multiple parts of himself during his meditation practice. I excerpt it at length from his transcript to illustrate how his growing capacity to intentionally disengage from his thoughts supports his ongoing practice:

It's interesting, I was sitting this morning and I was listening to the

garden of your mind tape and I was thinking to myself -- and my mind is racing around.

*(What actually happens when your mind is racing around?)*

I sit down to meditate and I start to breathing and all of a sudden my mind starts thinking, oh, you're going to be driving to Boston in 30 minutes and is the noise in the bedroom bothering you. Because I went in and I said to (my partner) 'Look, I'm going to be meditating in the living room. Are you planning on getting up in the next 20 minutes?' So I'm sitting there thinking, no, she's not going to get up. I'm still thinking about a whole bunch of things and trying to then go back to my breath and to my mantra.

*(And how do you do that?)*

I talk to myself -- I say to myself -- I do it a couple of different ways. Sometimes I talk specifically to those thoughts and I say, O.K., thanks very much for coming by right now.

*(That's great. So, it's like a visitor?)*

I say, it's very nice of you to come visit. I've got this other work to do right now, so I'll think about you a little bit later.

*(And then what happens to that thought?)*

It usually goes away.

*(So who is it talking to the thought if the thought is passing through?)*

It's just another part of me. It's just this other -- it's like -- it's strange because it sounds schizophrenic -- like I've got all these different little personalities inside of me, but it's just these other voices inside of me -- and it's got its own little agenda.

*(The other voice saying thanks for coming?)*

The voice that's talking because it wants my attention, it wants me to pay attention. It says, 'Why don't you think about whether (my partner's) going to get up and come into the living room?' or 'Why don't you think about going to Boston?' And I'm like, no, no, go away.

*(And then when it goes away, what's there?)*

My breath, my relaxation, peace, just a really good clean kind of a feeling. And that's another way how I quiet my mind. I sort of -- I say to myself, if you're thinking about all these different things, let's just see if you can concentrate on your breath for five breaths. Let's see if you can listen to your breath for five breaths and see

what happens. Let's see what happens if you do that. And it can be a challenge on some days because some days I've got so much going on in my mind, that it's really hard for me to concentrate on five breaths -- really concentrate on what it feels like going in -- really concentrate on what it feels like going out.

*(And on the days when it's hard and you don't make it to five?)*

Then I say, well, this is just today. We'll try tomorrow or we'll try later. I don't beat up on myself about it. Sometimes I do, but it's not a lashing. And sometimes I start trying to concentrate on four or five breaths and I lose count. And then sometimes my mind is thinking, 'Was that four or five breaths or was that six breaths?' and I'm like, "Shut-up, it doesn't matter.'

*(So, when you say if you do manage and the thoughts -- you sort of say, 'O.K., I see you're coming through, thanks for dropping in, take off' and they do and you say you get to that peace ....Can you describe that a little more?)*

Well, I feel very present. I try in my meditations to be very present, and that's another way that I talk to that noisy voice. Whenever -- if I hear that noisy voice say to me, 'You're going to have to drive to Boston in a half an hour and the traffic may be awful,' etc. If I start hearing that voice, I say to that voice, 'Yeah, but that's a half hour. The only thing that matters now is what's in this room, right now, right here. If I start worrying about what's going to happen a half hour from now or next week or next month or next year or twenty years from now, you're going to go out of your mind. Just worry about -- the only thing you have to worry about right now -- the only thing you have to do right now is be here.' So, what the meditation does for me is make me feel really grounded and really present and I focus on that breath going in and I focus on it going out and I love it because it allows me to be right where I am and so I'm sort of floating because it's a euphoric kind of experience just to sort of be -- that's how it feels.

Gregg's description of how he engages with his thoughts during his practice exemplifies how an emergent fourth order capacity experiences and supports a meditation practice. Gregg reports an ongoing relationship to his own mental activity, characterized by the recognition of sometimes competing internal voices and the system which supports them. MORE HERE

Benson and Stuart suggest that Gregg's emerging capacity to relate to his mental activity is possible for all participants:

In the process of meditation, you are aware that your mind is active, but you practice several essential methods to reduce reactivity to your thoughts. You take the position of "observer" or witness as thoughts, feelings, or sensations arise and pass. When you become distracted, you choose to bring your mind back to your focus word or phrase or to your breath. You develop an attitude of acceptance toward whatever happens during the relaxation response process. Gradually you will develop a conscious, intentional approach to your mind's activity in which you choose your thinking process. You will learn to witness your own thoughts (date, p. 47).

A developmental frame, by definition, suggests that adults can develop the capacity to actively reflect on internal experience. Yet, in this sample, only Gregg, Nora, Jean and Suzanne demonstrate that capacity either emerging or realized. If, as Kegan suggests, these emergent capacities take years to develop<sup>7</sup>, the learner who enters the ten week program with a second or third order capacity may indeed have difficulty relating to the skills taught. As suggested, they may welcome the relaxation experienced through meditation, but may be confused by the suggestion that they will concurrently experience a disengaged stance toward their own mental activity.

This is not to say that some forms of meditative practice cannot be introduced to adults at different developmental levels who enroll in a stress management program. Engler, one of the few psychologists actively researching the relationships between developmental level and meditative practice, relates an interesting story of a Burmese meditation teacher who helped him understand the distinctions between different forms of practice and their applications for different presenting complaints. As he recalls,

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<sup>7</sup> More specifically, from their review of longitudinal data from a nine year study of adult growth, Kegan and colleagues note that "without exception, if a person's order of consciousness changes from one year to the next it changes only very gradually (never more than two discriminations, that is 'fifths' of the way from one order of consciousness to the next). (p. 188)

The meditation teacher was visiting the U.S. for the first time and was very interested in Western approaches (to treatment). (A psychologist) was describing a very difficult case of an anorectic woman who was proving refractory to treatment...He said a woman had come to the meditation center in Burma where he was teaching with the same presenting problems. In addition she was suffering from chronic insomnia. She wanted to learn to meditate, presumably believing that might bring some relief. I asked him if he taught her. To my surprise, he said 'No.' For six weeks he merely let her come each day and pour out her complaints against her husband, her children, her parents and the injustices of life in general...He also encouraged her to sleep. Within a short time she began to sleep (well)...at which point she came to him and said, 'I have slept enough. I came here to learn to meditate.'...I (asked) him if he taught her Vipassana, the type of insight meditation practice in his...lineage. 'No,' he said to my surprise again, 'no Vipassana. Too much suffering.' What she needed was to experience some joy, some tranquility and relief from so much mental agitation first, before she would be able to tolerate the deeper insight that all of her psychophysical states were characterized by change and were associated with suffering, not simply the obvious vicissitudes in her personal life history. Since concentration forms of meditation lead to...serenity and bliss, he instructed her in a simple concentration exercise of following the breath instead." (1986, p. 25)

For participants such as Lois who report experiences of heightened distress following meditation, Engler's story suggests the need for clearer criteria for matching forms of practice with types of practitioners. In the sample presented here, only those practitioners who evince some fourth order thinking appear to gain insight into their patterns of mental activity through their meditative practice. Prior to the development of fourth order knowing, practitioners who sustain their practice do so through adequate social support and because of the experience of 'serenity and bliss' potentially associated with relaxation exercises.

### **Cognitive Restructuring**

Over the ten weeks of the program, cognitive restructuring as a topic and skill set received the greatest proportion of dedicated classroom time.

While participants did practice at least one form of eliciting the relaxation response in most weeks, group leaders provided little direct

instruction on these skills. (Instead, they made available a selection of audiotapes for participants' home use, and briefly answered questions arising from practice.) By comparison, group leaders dedicated three sessions either fully or partially to cognitive skills, sponsoring multiple classroom demonstrations of how they could be used to combat particular difficulties with stress which participants experienced.

Given the proportionate emphasis on cognitive skills in combination with the staff's strong endorsement of these techniques as supports to coping, I anticipated participants would reference these skills repeatedly in their interviews. In fact, the cleanest distinctions among participants at different developmental levels arise in connection to how and how much participants reference their use of these skills post-program. As with the relaxation response, a clear trend emerges: the higher participants' developmental level, the more robustly they report their use of cognitive restructuring post-program (see Table 5-6).

Table 5-6

| Name      | Level | Cognitive Restructuring Practice Status | Practice Described                 | Supports to Practice                 |
|-----------|-------|---|------------------------------------|--------------------------------------|
| Martha    | 2(3)  | Stopped                                 | N/A                                | N/A                                  |
| Trudy     | 2(3)  | Stopped                                 | N/A                                | N/A                                  |
| Carolyn   | 2/3   | Sustained                               |                                    | None                                 |
| Lois      | 3/2   | Stopped                                 |                                    |                                      |
| Betty     | 3(2)  | Stopped                                 | N/A                                | N/A                                  |
| Margery   | 3     | Stopped                                 | N/A                                | N/A                                  |
| Cybil     | 3     | Stopped                                 | N/A                                | N/A                                  |
| Ernestine | 3     | Sustained                               | Cognitive Distortions (awfulizing) | Husband supports, provides reminders |
| Bill      | 3     | Stopped                                 | N/A                                | N/A                                  |

|         |      |           |   |                                |
|---------|------|-----------|---|--------------------------------|
| Helen   | 3(4) | Sustained | fill in   | Program volunteer              |
| Vivian  | 3(4) | Sustained | fill in   | None                           |
| Marie   | 3/4  | Sustained | Chain of Thinking;<br>Cognitive distortions                           | Therapy,<br>daughter's support |
| Nora    | 4/3  | Sustained | Chain of Thinking,<br>Integrated with<br>Meditation                   | Therapy                        |
| Jean    | 4/3  | Sustained | Matrices,<br>Chain of Thinking,<br>Integrated with<br>Meditation      | Therapy                        |
| Gregg   | 4(3) | Sustained | Affirmations,<br>Cognitive Distortions,<br>Integrated with Meditation | Therapy                        |
| Suzanne | 4    | Sustained | Chain of Thinking,<br>Integrated with<br>Meditation                   | None                           |

Of second order participants, only Carolyn reports ongoing use of these skills post-program. Other second order knowers do comment on particular understandings they gained *during the program* from exercises the program leader supervised, and report that these insights have remained important to them (see below).

For third order participants, the presence of level 4 as a sub-stage coincides with sustained use. In other words, of participants at Level 3 (meaning, specifically at stage 3 with no sub-stage) three out of four (Margery, Cybil and Bill) report no longer using the cognitive skills learned in the program. The remaining participants report ongoing use.

One further distinction among participants will be noted here, and drawn out more fully in Chapter 6. All of the post-transitional third order knowers (again, Nora, Gregg, Jean) as well as Marie (at Level 3/4) and Suzanne (at Level 4) also make special note of the ways in which they learned to integrate their practice of RR with the insights derived from cognitive restructuring (CR). The combined use of these skills led them to experience what each recalled as a transformative learning experience FIX. The nature of those experiences will be fleshed out through case studies in the following chapter. Here, I will further define the differences among participants in their understanding and use of these cognitive skills.

### **Categorical Knowers**

Throughout my observations of the program, I noted that several participants expressed confusion or frustration with the cognitive skills

presented in the sessions (see Chapter 4). In interviews, I again heard stories from a sub-group of participants about their difficulty making use of these skills. Betty, a second order knower who did not sustain any practice of these skills, recalls,

Uh, a lot of it you could read and understand and proceed with, but there were some things, techniques or, or whatever that people had questions about and they would go home and sort of have the questions and really not be able to do what they were supposed to do unless they had spoken to (the group leader) to get some kind of clarification about it during the week. Um, well, I guess, I, I, overall, I think that 10 weeks is a long time to come to something. I mean, you only, go, I think, 14 weeks if you're in a graduate class. Um, it's a long time to come and I think that the time, to use the time wisely, you need to key in on what techniques, what things are you going to teach somebody that's really going to help them...With cognitive restructuring, like, if, you know, if somebody could go in therapy for years working on that, perhaps they did what they could with it, um, but there were, I mean, they tried to vary it.

Betty reports no further use of these skills post-program, but relates two important insights she gained during the program from two sessions on cognitive restructuring, the first a practice exercise on explanatory styles and the second a lecture on cognitive distortions. In the former, she recalls being drawn to the idea of different types of people: positive thinkers and negative thinkers. The program leader had reported to the group on Seligman's work, and asked them to characterize some of their own recurrent patterns of thought. Betty took this to heart, interpreting for the first time her characteristic way of framing situations as being overtly negative:

I didn't realize, I think, I always thought I was a very positive person. Uh, but I didn't realize that I am, that I am negative. I think that was one thing that I learned in the class, that I'm far more negative than I thought I was. Um, I always looked at it as being prepared for things. I would, most of the time, look at what the worst outcome would be and plan for that, and say, well...Not necessarily saying this is, this, you know, this is, the worst is always going to happen, but I would sort of try to say...that, um, um, get your, the air checked in your tires, and I'm always worried

about my car being broken down all the time. There's never been anything wrong with my car. Maybe something didn't smell quite right, or the tire might have looked like it was off, or something was this way or that way, and, um, spent a lot of time negatively thinking about the tires on my car...Whereas most people don't give the tires on their car a second thought. They figure, as my husband would do, if it gets a flat, he worries about it then. He doesn't go around trying to smell if something smells funny in the car, or maybe that will mean it's going to overheat, or maybe it will, you know, this is going to happen or that's going to happen, or, or whatever. So I think that, that maybe is an example of of, of, sort of, negative daily thinking, something that I never realized was negative. I just looked at that as being cautious...I look at it as preventative as opposed to negative.

When asked how she incorporated this insight into her daily life, Betty replied, "I recognize it more and I don't pay attention to my car." Characteristic of categorical knowers, Betty hears the distinction between pessimism and optimism explained in the session and determines she must define herself in terms of "one or the other but not both" (Belenkey et al., p. 46). She uses her new found awareness of her negative thinking not as an opportunity to reconsider how she relates to it, but, as she puts it quite concretely, to ignore her troublesome car.

The second insight Betty gained related to the type of cognitive distortion the group leader described as "mind reading." This, one of 20 non-productive thought patterns introduced to the group from the work of therapist David Burns, is defined in both participant materials and *The Wellness Book* in the following way:

You assume that someone is reacting negatively to you, but you don't bother to check it out. For example, you leave a message on a friend's answering machine but she doesn't immediately call you back; you automatically assume she doesn't want to talk to you. (p. 198)

Betty recognized this pattern in her own thinking, matching it to her experience of herself in relationship to her husband, who she worries will

not enjoy some of her favored activities. As she tells it,

I think I picked up quite a bit from going to the class. Like not being a Fortune Teller. You have to ask people what they think before you say--- Oh! I know one thing. I would be afraid my husband wouldn't have a good time when we went somewhere. That's not only negative, it's deciding what somebody else thinks. So those things pointed out to me, you know, as we went through the different topics in the class of things---now, I'm sure I don't get them all---but it is helpful to know that. And so I will correct myself and say, 'Gee, I shouldn't assume that he won't like it, why don't I just ask him if he would like to go?' And that relieves anxiety because if you're always, one of the things that I always do is that I always worry about what other people are going to be thinking and doing and going and whatever. He won't like it, he won't be happy, and, you know, we won't have a, he won't have a good time, I won't have a good time, they won't have a good time. Instead of just letting people make up their own minds and say, well, decide what you want to do, and then if they're happy or not it was their decision, not yours and you don't need to feel like that. All of that contributes to anxiety if that's the way you feel.

Here, Betty captures the dilemmas and strengths of her developmental position, relating it to her learning from the course. At 2/3, Betty is in the midst of transition between a way of knowing with which she once fully identified and one in emergence. Lahey et al. capture the essence of this move, suggesting that "the 2/3 position demonstrates a capacity to hold the other's perspective...not only to see how the other might be taking a point of view on me, but to derive my thinking or feeling as a consequence of my seeing that point of view...(holding the other's) wishes based on (his) feelings as he imagines them to be" (p. 120-121). For Betty, the express dilemma of this transition resides in her being newly able to identify the other's point of view. Perhaps, because of the tenuousness of a developing capacity, she *overly relies* on her emergent ability to imagine the other's point of view, thereby "fortune telling" when her anxiety rises concerning the maintenance of her relationship.

Trudy, who, like Betty, reports no post-program practice with CR

skills, responded with enthusiasm when I asked for her evaluation of the CR section of the program. "Yeah, that was useful, that was interesting. That was sort of like psychology 101, you know?" Yet, she could recall no particular understanding gained from the material during the course and reports no use of the skills since the course. Lois, who also did not sustain practice of any of the CR skills, viewed what she called "behavioral thinking" as "the thing that I probably need the most from it and still haven't yet incorporated." She attributes her lack of commitment to the newness of the ideas:

You know maybe all the other ideas I knew before, so it was easier to incorporate them or to think more about them. I would say the behavioral thinking is new and I haven't really had much introduction to it and that it takes a lot of introductions to things before you finally begin to be either more willing to accept something or you're able to grasp it more. And I would say that was true with the meditation... (*So it was true that it was tougher to incorporate because it was new?*) Yeah, and I needed more time with it or more, just maybe more time.

While Lois wanted more time to take in these new skills, she did feel she understood them as they had been presented. "Every once in a while I think about it," she reports, "specifically sort of the 'stop reflect' thing. I forget what the next steps are? I mean I understand what I'm supposed to do. Sometimes I think 'Oh well, and that's a case when I should have stopped and reflected and chosen another path.'" In her recounting, however, Lois suggests that she uses the suggested reframe only retrospectively, and not in the midst of a potentially stressful situation.

Of the second order knowers, only Carolyn reports making use of the CR skills on an ongoing basis. And, it must be noted, she does not *directly* recount the practice of these skills. During the Program Interview, when asked if she made use of CR, she reported that she tried

to regularly "examine her thinking" as the program had taught her. Yet, she did not reference any particular skill or period of practice. Instead, during the SOI, the second interview, Carolyn demonstrated how she makes use of these skills in interpersonal conflicts. She recounts a typical argument at home with her mother and sister, who expressed their anger when Carolyn neglected to pick up her sister at work:

You know, I felt like I always get the blame in the family because I'm the youngest and I just say, forget it, I'm not going to take it. So, I went back downstairs and really calmly I just said, 'Julie, you know I tried called you three times today and left messages and never heard back from you and so I felt that I didn't have to pick you up -- I didn't know -- you could have tried calling me during the day. You can't just assume I can read your mind. And I don't appreciate you two talking about me behind my back.' And I just went upstairs. And I was really angry, but I got it out and they both realized they were not as understanding as they could have been and they didn't stop first to think that maybe I had tried to get in touch with Terry or whatever. That just really made me upset and just made me feel like I was just really being misunderstood, like I feel like I am, a lot.

What is telling about Carolyn's example here is that she made use of the skills in the course to suggest *her sister* had fallen into the "mind reading" trap she

recalls from a CR session. Carolyn, slightly further along in her transition to Level 3 than Betty, pinpoints what she views as a cognitive distortion on the part of another. The capacity to make sense of and care about another's perspective, while experienced as empowering when relating to her sister, causes Carolyn strife more generally. As she moves toward the third order, Carolyn finds herself encountering full force the pull away from the "single-point-of-view mode" and toward "the mutuality mode" (Lahey et al., p. 128-9):

I don't like people to think things about me that I feel aren't true, that really bothers me. I think that's the biggest thing that I have.

I worry too much about what others think about me. I shouldn't care as much because if I'm away, they don't know it. I should think of it as, it's their loss. They should take the time to get to know me and what I'm really like instead of jumping to conclusions, but I've always been that way. I've definitely been working on it since I've taken a class, but -- (*Working on what?*) On not getting so caught up in what people think about me, not worrying so much about what people are thinking about me or my actions or my likes and dislikes.

Having been prompted by course materials to consider her burgeoning concern with others' viewpoints an "irrational belief,"<sup>8</sup> Carolyn finds herself in a developmental bind. Her growth requires a deeper commitment to the perspectives and concerns of significant others. These same commitments create stress in her life, as she experiences them in transition as still somewhat intrusive to her old way of knowing. Her response, bolstered by the program, is to struggle against these commitments. She recounts her strategy, "Well, definitely just by trying to not be so weak as far as letting them get inside me -- and start bothering that inner peace I was telling you about before, because before I didn't even really think I had that."

Carolyn also tells me that she has become more tolerant of others since the program; in this case, she believed she learned to take the perspective of others, broadening her capacity to endure others' objectionable behavior.

It takes awhile to get myself to that stage where I'm thinking of the person, putting them in perspective and thinking about them in that way -- but through taking the class, it's definitely helped me in feeling like I've developed that skill. One of the exercises was,

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<sup>8</sup> The Wellness Book summarizes Albert Ellis' work on Rational-Emotive Therapy, listing ten "irrational ideas, assumptions, and beliefs" that leave us prey to stress. One of these, in particular, resonates for Carolyn. It reads, "It is an absolute necessity for an adult to have love and approval from peers, family and friends." (p. 195).

think about something you just can't stand and try to look at them and think about them in a really loving way. And I was like, at first, what! I never want to do that. And then when I tried it, I really felt so much better. Not liking somebody and just hating them and getting really frustrated -- you take a lot of that on yourself. You're not wishing ill on them. You really end up doing it to yourself because it's all inside you and half the time, they don't know you feel that way. It's all inside. All that negative feeling is inside you and it's not good, it eats away at you. It definitely did that to me. It ate away at me whenever I saw the person. I'd tense up and get mad and angry and get in a bad mood and just be nasty. And now, I just try and think about where they're coming from -- think about maybe why they are the way they are -- why they're unhappy and being a jerk. If I really can't understand, I just try and take a deep breath. There's nothing I can do about it--- people are going to be that way and definitely that doesn't come easily.

Like others in her developmental position, Carolyn is struggling with the move from "concrete, egocentric, rigid, undifferentiated conceptualizations to more mature conceptualizations characterized by flexibility, reversibility...and perspective-taking." (Levitt & Selman, cited in Barr, 1993). Encountering the program when she does, she can employ the cognitive skills learned either in support of maintaining her current way of knowing or in service of her development.

Categorical knowers, overall, do not make robust use of the CR skills taught in the course. They do carry over particular insights gleaned during the sessions to their lives after the course. They do not, however, seem to put these skills into play more generally for themselves in new situations. Some even express bafflement as to the import and usefulness of the skills.

#### **Cross-Categorical Knowers (pre-transitional)**

As the most robust users of the CR skills post-program, cross-categorical participants once again demonstrate consistent differences depending on developmental position. Ernestine, Helen, Vivian and Marie,

all pre-transitional third order participants, all report continued use of the CR skills. The active engagement with thoughts required for the practice of CR skills comes through in these interviews as an "emphasis on beginning to hear themselves think, while gathering observations through watching and listening" (Belenkey et al., p. 85).

In their stories, these third order learners communicate a quality of tentative confidence in relation to using these skills to manage their anxiety. Ernestine tells me, "I think I've learned a few coping skills you know. Like when I do go off to awfulize to the worst possible scenario, just stopping and saying you know wait a minute. You know what you're doing!" Ernestine applies her CR skills to her fear of flying, drawing on the program leader's advice for intervening in anxiety-producing thoughts:

(I asked myself) 'What is the worst that can possibly happen to me on this flight?' The plane will crash and I will die. My husband is next to me. He will die too. We're, I'm 66 years old. We've had a wonderful life. We've had four children, they're on their own and married. So if that's the worst that can happen, is it that very bad? Everyone else on the plane will perish. You know, it's just fate then. There's nothing I can do about it. I can't drive that plane, fly that plane. You know and bring it to its conclusion. That's the very worst that can happen.

Knowing that she now has tools to work with her anxiety has given Ernestine a measure of freedom from a longstanding reliance on her husband for consolation in the face of daily worries. She reports with pride,

I can just, I handle it a lot better than I would. You know, I went to bed last night. This, I've had pain over here, you know. And the doctor says it could be from the problem that I have in my stomach... And he was telling me what foods to avoid and I'm taking medication. I've been on this medication for three weeks. So I feel that my symptoms should be disappearing...(but) at the time I went to bed I was really uncomfortable. ...Got to bed and I started feeling this pain. Ordinarily that would have sent me downstairs to

my husband saying, 'You know I've got this pain and I don't understand it.' And I just sat at the side of the bed and thought okay, I think it's time to take a few deep breaths. And you know how long are they going to last? You know it probably won't last that long. And you know ...I didn't panic and didn't go downstairs to talk about it. I feel my husband has heard too many of these symptoms that I have, although I listen to his too.

For Ernestine, the CR skills tend to be used as prompts, reminding her to check for the underlying assumptions which feed her anxiety. Her narrative also suggests that just knowing that she has this capacity to check on herself is in itself reassuring. She now feels comfortable enough with her own skills to share them with others.

I swim with this man who was, we exercise, and he has to fly to South Carolina soon to a wedding of his son. And he's a wreck and he said "how do you fly?" And I can't believe that I'm telling him how I fly when I've always had a problem... So I feel that in my own mind that I've resolved my flight problem.

Ernestine reports a clear application of skills in multiple situations. Vivian also makes consistent use of the skills, noting like Ernestine that they help her depend more on herself (versus primarily on her husband) when worries arise. She is aware that, for her, these skills require concentrated practice, noting "I'm not as good at the cognitive restructuring as I am in the relaxation. But I'm getting better. Like everything else in this program, it doesn't just all come at once." Like Ernestine, Vivian also recognized herself in the discussion on "awfulizers," seeing her tendency to expect the worst in most situations. As with the third order knowers Belenkey studied, she reports a growing interest in "actively analyz(ing) her past and current interactions with others" (p. 86). She recalls how she became newly intrigued with observing her family and co-workers through the lens of her new understanding:

I was always such a great awfulizer. I'm probably one of the best.

Consequently, my help at work is such an anxious bunch, and I didn't really recognize this until I was halfway through the program. And I came into the program one day and I said, I'm scared to death at work. This girl, I look at, and it's like looking in the mirror at myself, just watching this woman. And she's just running around, bing, bong, three phones at a time, getting upset because this guy's bothering her, something's wrong with that customer. And I said, God, that was me! And I tried to restructure her now, which doesn't really work all that often. Although it's happening a little. Because I can't stay in that environment anymore. I find myself having to breathe just watching these people....It was scary for me to see the mirror image of myself. But it's also helpful because it's a constant reminder that I don't want to do that.

Belenkey and colleagues suggest that third order knowers observe others as a way of "learning about the self without revealing the self" (p. 85). Vivian notices in others the kinds of stress reactions she resists for herself through the CR skills. As mirrors of her outmoded reactions, her colleagues provide Vivian with the experiential reminder she requires to maintain consistency and derive benefit from her practice.

Marie's comments suggest that she, too, prefers to draw from interpersonal relationships to scaffold her learning. She bemoans the lack of opportunity to share her perspectives and to hear from others throughout the program. For her, group sharing would have made a critical difference to her learning:

One of the things that I found not useful -- and it was not clear to me whether it was O.K. -- let me put it this way -- it was my sense that because of time, that they were there to teach as opposed to us having an opportunity to share our stuff. And I thought about ACOA meetings where it is so useful. In 12-step programs, you get a chance to talk your stuff, to just let it out and there wasn't room for that in this. You could do it a little bit, but I didn't feel that this was the place to release things, but more to learn how to release things and go release it somewhere else.

Helen uses CR skills intermittently, and primarily as a means for staying connected to how her thoughts and physical reactions are related. "One of the best things it did for me that I had not learned anywhere else

before or that I remembered learning was looking at my -- when an incident happened that was stressful -- checking what was going on with my body or checking my thoughts to see how they made my body tighten up or react in some way." Lacking a connection to others' experiences, she finds the skills begin to lose immediacy.

Marie, at the 3/4 shift, makes use of the CR training in service of her transition to the "reflective and critical thought" characteristic of fourth order positions (p. 85). She recounts examples of how she pulled from these skills to step back from common disagreements with her spouse, adopting a critical stance toward her typical reactions toward him (and his toward her):

Well, I was finding that conversations (this is a good example) conversations about the election were getting very tense in our family and because I was getting optimistic about the possibility that maybe a new president could make things better and different. But my husband was saying they're all politicians, and they all say things but they don't do anything really different. And part of me agrees with him they are all politicians, but part of me really wanted to be optimistic about it but---well, actually let me back up. The part of me that was giving me the headache was just *anticipating* this conversation. *It always went the same way.* I tried to be optimistic and he would find fault. And I couldn't get past it because he was right about the fault. It's true, they *do* make promises they don't keep. And they all look the same (that way) but there is something about Clinton and Gore that makes me optimistic. There isn't anything I can pin it on because it hasn't happened yet.

So I started writing down the process:

I bring up the campaign in hopes of convincing him that there is something to be optimistic about--->He comes up with an answer why it's not reasonable to be optimistic---> We end up being annoyed with each other.

So that made me think, what are the choices? Either you don't talk about it at all, or you agree on certain parts of it you won't talk about, or you figure it out. It wasn't until I'd written it down that what I wanted to do was just try to be optimistic for awhile. What have we got to lose? And that if he couldn't do that, then I didn't

want to talk about it because I wasn't going to convince him and he wasn't going to convince me. But I didn't get to the last part until I started to write it down.

Having access to a systematic, structured approach helped Marie note a repeating pattern in the way she and her spouse relate. As she suggests, she especially benefitted from mapping out the interactions between them:

What was interesting to me in writing things down was it was like having a conversation. Something about actually putting it into words either to another person or on a piece of paper allows you to take further steps that you can't or I can't without verbalizing it.

Marie's use of the CR skills captures the central task of the 3/4 transition. By stepping back and tracing the pattern weaving through her interactions with her husband, Marie is in the process of "creating a *relationship to the relationship*" (Kegan, 1994, p. 92). She is constructing a systematic understanding of what she may have earlier characterized as discrete or disjunct experiences. Her analytic stance toward the problem itself conveys a different take on relationships than that espoused by, say, Ernestine or Vivian. As a knower, she builds understanding by critiquing her interactions with others. Instead of using her husband as a mirror for her self-development, she frames the developing relationship in the looking glass of her (developing) critical perspective.

At this point, it might be useful to step out of this extended discussion of how participants make use of the program's ideas and practices to remind the reader briefly that the split that keeps reappearing between pre-transitional and post-transitional knowers is demarcated to accommodate the data. Constructive-developmental treatments of adult meaning-making

ill-suited or unstimulating, it is perhaps significant that a sizable subgroup of the older third order knowers report no ongoing practice of program skills. Margery, Cybil and Bill (all Level 3 knowers) have received little attention here so far because they do not continue to practice any of the skills taught in the program. Apart from this similarity, other consistencies emerge in their stories. More than any other participants in the study, these three learners poignantly capture in their stories what it means to live lives characterized by "quiet desperation," the quality noted by Thoreau with which I opened this writing. Margery, a 51-year old social worker, bitterly describes a life lived for others. Her longstanding preoccupation concerns how others think of her. Margery tells a story that captures her embeddedness in the third order. Awaiting a biopsy to determine whether or not she had breast cancer, Margery worried over how she would be able to host her daughter's Bat-Mitzvah,

Well, the reason I really couldn't make a commitment to seeing you was because I was going to have a breast biopsy last week and so I was pretty anxious about that. In the end, I didn't have to have it because they decided it wasn't what they thought it was, but I had to spend three weeks living with that anxiety. So that's my first experience in my whole life of really thinking that I might have any kind of serious problem, which I didn't and don't. ...And I realized when I thought about it intellectually, that probably it was nothing and that even if it was something a lot of people deal with that just fine. But when I let my imagination run away with me, I was sure that I was not going to be able to deal with it and somehow wouldn't be able to do the things I needed to do in my job or for my child's bats-mitzvah -- that I would be totally overwhelmed. I was terrified some of the time. (*So the things that stood out for you were around* --) Getting stuff down that I had to do...I have a daughter who's having something with 200 people in three weeks, so this isn't a good time. That's next summer, some other time -- not now. But I realize, that if it did happen that I would somehow deal with it -- that I would deal with it and get everything done and somebody else would do it. But it would get done. But it was anxiety provoking. Those are things that require

do not typically make so much of the differences between learners in the early and later sub-stages of the third order. In part, these distinctions stand out here because stage scores across sample are not as broadly distributed as others---only one Level 4 learner exists in the study. However, it would not have made sense (although it might have been tempting) to collapse in analyses these pre- and post-transitional learners even if there had been greater representation across the fourth order. Clear differences in the ways in which they relate to and make use of skills and ideas spring up repeatedly.

Without wandering too far from the analysis at hand, I put forth a tentative hypothesis as we leave behind these pre-transitional third order knowers: most of the pre-transitional third order knowers (average age 51) presented here are considerably older than the post-transitional cross-categorical knowers (average age 38). If nothing else, this suggests that the pre-transitional participants may have been making meaning of their experiences longer in the third order.<sup>9</sup> Possibly, their views became somewhat resistant to change. Belenkey and colleagues do make note of this phenomenon in their sample, remarking, "Certainly a few of the women impressed us as entrenched in their (way of knowing). They were stubbornly committed to their view of things and unwilling to expose themselves to alternate conceptions....In the classroom as in life, they warded off others' words and influences." (p. 84). While in every educational effort there will be learners for whom the curriculum seems

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<sup>9</sup> It could, of course, also mean that this group had been living longer in the second order, recently transitioning to the third order. If so, I would have probably heard more reflections on how participants' meaning-making had changed over the previous few years. Instead, these participants tended to relate longstanding points of view.

an unusual amount of commitment and concentration right now. But, that's what I did focus in on, that if I did have a problem, somehow I would fall apart -- that I wouldn't be able to cope. (*And what would be the worst thing for you about falling apart in the face of this difficult situation?*) Well, that somehow I wouldn't be able to hold up my end of things....First of all, I want them to go well for her [the daughter]. She's worked very hard for this and I would feel that she'd had gotten short shrift somehow. You know, that it somehow hadn't turned out well for her. Well, she's very nervous about this. I wanted to be able to help her with her anxiety. I didn't want to be dealing with something horrible of my own. I wanted to be able to focus my energy on helping her with her anxiety. I didn't want to have something on my mind that would focus the family's energies more on me than on her. And secondly, of course I don't want other people to feel that I don't do a good job on this. I wouldn't want people to feel I hadn't done it well. I mean, this is everybody you've ever known in your life coming to this. I can *do* things like this.

Margery feared that her relationship to her family, her co-workers and her social network would change if she were to be diagnosed with cancer.

As a social worker, Margery's career is directed toward helping people with disabilities.

While she complained to me about her clients, she nonetheless expressed a great deal of satisfaction at having extended compassion to them over the years. She expressed concern that, if she had cancer, she would no longer be the giver in her relationships:

I wouldn't want to be the focus of sympathy and that was a big fear I had during the whole thing -- that somehow if I did have cancer, I would be an object of sympathy. I realize, I want to be the person giving the sympathy. So, I realized a lot of things about myself during that three weeks.

Margery appeared overcommitted to the particular role with which she had chosen to identify throughout her network of relationships. Even in the face of life-threatening illness, Margery preferred to be known as she always had, to be viewed as competent, giving and invulnerable. Reframing her role, or revisiting her anxiety in a larger way may have

proved too threatening to Margery's entrenched, encompassing sense of self.

Cybil (61, a retired librarian) recalls years spent struggling to smooth relationships between a mean-spirited brother-in-law and her grown sons, who lost the family business to their uncle through the untimely death of their father. Of late, Cybil finds herself reconsidering her view of life, having very nearly died from bone marrow poisoning brought on by drug treatment for an unrelated condition:

Each day is a gift, I'm not crazy, I can't go around like a fool. I can't go around saying it's wonderful when it's not, but I've learned from the illness, I've learned well... When I saw maybe I won't live long, how precious it is---how am I going to do anything when I'm so frantic? So now things have reached a level where I can enjoy it. I was victimized, I was traumatized, I can either become this bitter old woman, or I can gain wisdom, I try to set an example for the children, too.

Cybil was referred to the program by her physician, who felt she might benefit from a holistic approach to improving her overall well-being. She reports never taking the skills too seriously, having arrived at a new perspective in her life that fully served her purposes. Bill, a 53 year old computer technician, reports being trapped in indecision. Having worked for years in a job for which he had no passion, Bill longed to become a motorcycle mechanic. He voiced concern for the viability of a mid-life career change, and feared his chronic back problems would cause him trouble:

My problem is I don't know what direction to go, the computer industry is changing rapidly in many directions. It used to be these big monstrous computer machines, work at a terminal. Now people have small machines and they tie into a network, pc's that tie into a mainframe. All this stuff is changing so fast. Staying at the hospital in my computer job would be fine---those people know me; I don't have to worry about layoffs--but what I'm doing now is

pretty much dead end---I could learn more about pc's, programming or go toward networking. But motorcycle mechanics is what I'd *like* to do but it's scariest to make that change...

Bill does report having discovered through the program that his eczema (which flares in response, he feels, to unexpressed emotions) is a kind of signal to him that he needs to resolve this crisis of indecision. Yet, barring his deeper awareness of his symptoms, he does not view the skills he learned in the program as particularly relevant to helping him resolve his dilemma.

None of these third order knowers negatively critiqued the program, suggesting that they felt it had at least been worth their investment. But I did sense a lingering disappointment in their recollections, as though they had wanted something more but were unclear what it might have been. As a final note on these three third order knowers, I have wondered since why they opted to participate in this study. Unlike other participants, they neither relayed disappointment with the program or expressed their gratitude for the teachings received. Instead, they remained neutral (or perhaps ambivalent) about the program. I sense, however, that each of them seemed to be tying up a perceived loose end concerning their prior participation in the group. My intuition suggests that they felt an obligation to future groups, to share their point of view so that others would benefit. Each provided thoughtful suggestions for program improvement. Each also seemed to be looking for a different order of connection.

#### **Post-transitional Knowers**

Marie's use of the CR skills foreshadows that of her post-transitional third order classmates, all of whom report continued skill use. Jean,

Nora, Gregg (and also Suzanne, the systems knower) enthusiastically engage with the CR skills on a regular basis. Also, as mentioned earlier, they are the only participants to consistently point out to me the powerful insights gained when they combine their use of CR with RR. They note a natural synergy that emerges from balancing an intentional disengagement from thoughts with an active engagement in their patterns of thinking. They relate insights gained from the CR, and inform me that they present them to their respective therapists, with whom they work to deepen understanding gained through the program exercises.

In brief, they seem to *connect* to the core ideas of the course in ways that make them stand out among participants. They seem, in fact, to be the students for whom the course was designed, in the sense that they best fulfill the expectations of the group leaders that they will "experience the world differently," (p. 460) as a result of their attention and effort throughout the program. *Why* they meet that implicit challenge (and how they integrate the two forms of practice) will be explored in Chapter 6. Here, once again, I will highlight their characteristic understandings, linking them to a developmental perspective.

One of only three men in the study<sup>10</sup>, Gregg seemed to relish the opportunity to share with me his insights from the program, gained in particular from the active role he reports taking in reframing his thinking. Prior to coming to the program, Gregg had struggled for most of his adult life with debilitating panic attacks which interfered directly with his work as a journalist. In his meditation sessions, Gregg worked

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<sup>10</sup> This count includes the pilot interview with the program volunteer, who helped me focus my interests on the RR and CR skills.

at passively witnessing distracting internal voices. In part, he recounts, he was able to deepen his meditations because of his dedication outside of those sessions to working with overtly negative thinking. The same voice he aimed to lightly dismiss during his daily meditations he took on directly when it threatened his equilibrium. He explains,

Well, I test it out. I ask that voice questions about what it's telling me. For instance, I was told I was going to be laid off and I went home and I cried. I said to myself, 'If you're going to get through this, then you really have to open to all of your feelings and all of your emotions and if that means you have to cry every single day, then you're just going to cry every single day.' But in my meditation and in my yoga, I try to really focus on being here --- being present and trying to use experience as a positive rather than a negative. And a lot of things -- all my worst fears, all my hooks could have come out on this one: 'You're going to wind up homeless, you're going to be without food, you're going to be without shelter; everyone is going to run away from you; no one's going to love you anymore' -- All these negative things were coming out, but I refused to allow these negative voices to control what was going on. I stopped myself and I said to myself -- you know, if I was meditating and that little voice came into my head and said, you know you're going to lose your job in four weeks and you're not going to have a job and you're going to be homeless, I would just stop and I would check that out. I'd say, 'Is that real? No... [he lists reasons]...And so, that's a distortion -- Gregg, that is a distortion, so just get that out of your head. And number two, it's just going to help you to worry about that. Because it's a distortion, it only serves to disrupt.' So, I checked these little things out. I mean, there were a lot of really positive things. I said, maybe this is really the push you needed. Maybe you really needed to get out of (this position) and maybe this is it. So, use it as a real positive experience. But something inside of me said, 'You're worth-while and loveable and you do not deserve anything less.'

Here, Gregg demonstrates an awareness of the role he plays in creating and perpetuating a stance toward situations that fails to serve his interests.

On the cusp of fourth order thinking, Gregg, at Level 4(3), actively resists the "still (degrading!) voice" that has, in effect, held him hostage. Yet it is his lingering doubt about his capacity to fend off that voice that signals his developmental position. Gregg both "expresses a kind of

respect for...how he is" and voices a kind of "tenuousness" that prevents him from claiming his more positive, self-affirming views "as emphatically as he likes." (Lahey et al., pp. 69-70).

Gregg takes seriously the teachings from the program, citing them frequently and demonstrating a comfortable familiarity with a range of CR skills. He reports having stayed in contact with the program leader, calling on her when he needed help working through a particularly difficult period of transition at work. He travelled some distance for our interviews because he enjoys talking about the skills he has learned. Gregg regularly writes affirmations on 3 X 5 cards and keeps them on the dashboard of his car. He has consistently made use of each of the CR skills learned through the program, and cites multiple examples of how he finds new applications for his skills.

Characteristic of the post-transitional third order knowers, Gregg generalizes his skill use and continues, ten months after the program, to experiment with new ways of working with his thinking. He has fully taken in the program's teachings and stands by them as skills essential to his well-being. He expresses none of the perplexity of the second order knowers or the tentative skepticism of some of the pre-transitional third order knowers concerning the ongoing usefulness of the tools learned. Everything in his words and actions suggests that he experienced a good fit between his learning needs and the program's curriculum.

For Nora, too, the CR skills remain important, while not as integrated into her daily experience. On reflection, she suggests that the skills pushed her to "have a more active dialog with myself about situations and

try to ask myself more questions, like, how do you feel, you know, and if I feel a certain way, *why* do I feel that way? That often comes out when I sit down and start to write in my journal especially...and that's where a lot of stuff is coming out, and a lot of awareness." Nora does express concern that she will not continue to work as hard at these skills as she had during the program. "I need to, to spend more time writing," she offers, " 'cause lately, I mean, I've been doing it about once a week, that's, that, or even less." She still makes use of a chart provided to participants, where she lists her "symptoms, automatic thoughts, and, you know, the rational response. That, that sort of exercise was really helpful for me and I, I feel like I still need to do that to, um, to get to a place where I'm using it more regularly."

Early in her practice of these skills, Nora reports a gain in critical awareness of her own mental life that motivated her to stay with the program at a period when she was considering dropping out. (The full story of this discovery is presented in Chapter 6.) She describes that insight as her first glimpse of how she herself constructs her responses to a situation:

In the early stages of (the program) you have these incredible discoveries...And I don't feel like I've had any of those since. You know, of how I'm responding to a situation or feeling in a situation and realizing that, oh, my God, it's just my thoughts, it's not really anything that somebody did!

At 4/3, Nora straddles the two worlds of the third and fourth order. With the fourth order "leading" she is able for the first time to take stock of her own responsibility for her attributions. "However powerful the determining hold of internalized views may still be (the 3ish

structure)...she is also able to look at herself as the source of (her) feelings." (Lahey et al., p. 66). That she reports the dawning of this capacity during the program suggests that the skills she learned supported the development of her fourth order insight.

### **Implications of Learner's Experiences for Program Curriculum**

Educators of children have long maintained that learners at different developmental levels experience the same classroom differently, processing the same sets of information in often strikingly incompatible ways (Piaget, dates; Duckworth, dates; Perkins, date). The need for a developmental perspective on schooling of the young is readily accepted (so much so now that it seems cliché.) Yet where adults are concerned, few educators maintain even an awareness that learners have different developmental needs much less that they may make sense of their experiences in predictably discrete ways. Kegan articulates an argument for a developmental take on adult education in his 1994 book. Perry (1968) laid the groundwork for such a critique, laying out how students at different developmental levels understand the sources and verification of knowledge. Belenkey and colleagues (date) built on these earlier works to articulate how women at different stages of growth might best be addressed in higher education. In their recent book, *Learning and Change in the Adult Years*, Tennant and Pogson (1995) summarize these critiques, noting that

(L)earners at different stages of ...development have different assumptions (and therefore expectations) about the purpose and potential of education, different capacities to frame educational goals,

and different interpretations of the meaning of educational experiences. Thus teachers need to understand how...stage influences the learners' responses to educational intervention. This understanding can be used partly to understand the learner's perspectives, partly to accommodate those perspectives, and partly to challenge and promote the further development of those perspectives toward the (higher) stages (p. 125).

Drawing from Weathersby (1981), Tennant and Pogson trace a set of fundamental assumptions expressed by adult learners at different developmental levels concerning the purposes and outcomes of educative interventions (see Table 5-7<sup>11</sup>).

Table 5-7

| Level of Development | Perspective on Education   |
|----------------------|--|
| Second Order         | Education is viewed as a <i>thing</i> that you get in school and then have. Positive remarks are undifferentiated. There are also expressions of distaste for education, or of not getting along in school.  |
| Third Order          | Education is generally interpreted as school attendance, which has practical usefulness; one can get a better job with it than without it. An uncritical, idealized view of education is expressed, in which the (traditional plan for) schooling is considered necessary for everyone.  |
| Fourth Order         | Education is viewed as an experience that affects a person's inner life. It is no longer merely... prescribed... Its importance lies in intellectual stimulation and enrichment. It influences a person's whole life, making it more worthwhile and enjoyable. Education is an opportunity that should be available to everyone. It is seen as being a significant force in improving society, though the educational system may be seen as needing improvement as well. |

Participants in the Mind/Body Program, when viewed as learners, echo the sentiments of their developmental cohorts in Weathersby's work when asked to reflect on their program experiences. Second order knowers express an instrumental relationship to the ideas and skills taught in the

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<sup>11</sup> In Weathersby's study, he made use of Loevinger's sentence completion test to measure student's level of development. He thus names the stages as she does, which I have adapted here for consistency with the terminology used throughout this writing.

program, taking them as presented and using them sparingly. Third order (pre-transitional) knowers connect to these same ideas and skills uncritically, drawing on them selectively when their utility is clear cut. Post-transitional (more forth order) knowers express an excitement about the ideas and their relationship to the knower's own realized inner life. The skills are maintained because they bring about core changes in these learner's experiences of stress.

Taken collectively, the experiences of participants across different developmental levels do not readily cohere. Learners who are second order knowers recount a fairly different experience of the program than do their more fourth order classmates. It could, of course, be argued that there are indeed a host of similarities among their experiences cutting across developmental levels (among these an appreciation for the warmth and respect shown them by the faculty and staff) that have not been touched on here. Without dismissing plausible similarities among participants, it is nonetheless fair to say that clear patterns do emerge when participants are grouped by developmental cohort. These patterns suggest that a developmental analysis may indeed prove useful for the program designers themselves, who have as yet not provided satisfactory explanations of why some students fare so much better than others across consistent program experiences.

For program designers interested in mapping the influence of development more discretely, I mimic Weathersby here and summarize the salient patterns across developmental levels (see Table 5-8). This summary takes into account participant data whether or not it was explicitly cited earlier in the chapter.

TABLE 5-8

**Learner's Experiences of the Mind/Body General Program by Developmental Level**

|           | Mind/Body  | Relaxation Response  | Cognitive Restructuring  |
|-----------|--|--|--|
| 2nd Order | <p><i>Key Learnings:</i></p> <p>The mind sometimes creates symptoms that resemble those expressed by the body, but are not treatable with standard medical approaches</p> <p><i>Key Challenges:</i></p> <p>Reframing perceived stigma of anxiety</p> | <p><i>Key Learnings:</i></p> <p>Relaxing the muscles and breathing deeply can decrease occurrence of unpleasant symptoms</p> <p><i>Key Challenges:</i></p> <p>Maintaining skill practice without ongoing supervised sessions</p> | <p><i>Key Learnings:</i></p> <p>Participants' experiences matched to specific cognitive distortions</p> <p>"Positive" and "negative" are categories representing discrete styles of thinking</p> <p><i>Key Challenges:</i></p> <p>Making use of skills outside of specific applications learned during program</p> |

|                                     |   |  |   |
|-------------------------------------|---|--|---|
| <p>3rd Order (Pre-transitional)</p> | <p><i>Key Learnings:</i></p> <p>Particular thoughts or emotions cause, in a linear chain, symptom expression in body</p> <p>Symptoms can be signals the body sends to keep the person connected to unexpressed internal experience</p> <p><i>Key Challenges:</i></p> <p>Overcoming frustration when symptoms are not readily traced to single mental causes</p> | <p><i>Key Learnings:</i></p> <p>Deep states of relaxation can be achieved through adherence to regular program of RR</p> <p>Individualized routines create commitment and continuity to a program dedicated to well-being</p> <p><i>Key Challenges:</i></p> <p>Overcoming tendency to abbreviate practice because of interruptive thoughts</p> <p>Practice difficult to sustain lacking social support</p> | <p><i>Key Learnings:</i></p> <p>People can prompt themselves to retrace the thoughts that contributed to anxiety</p> <p>Mental states that produce anxiety in self also produce similar outcomes in others</p> <p><i>Key Challenges:</i></p> <p>Viewing skill proficiency as a progressive process that requires ongoing practice</p> <p>Practice difficult to sustain lacking social support</p> |
|-------------------------------------|---|--|---|

|                                      |   |  |   |
|--------------------------------------|---|--|---|
| <p>3rd Order (Post-transitional)</p> | <p><i>Key Learnings:</i></p> <p>Mental and physical experience are interrelated in systematic, symbolic ways</p> <p>Awareness of the interconnections leads to greater control over responses to stress</p> <p><i>Key Challenges:</i></p> <p>Moving past abstract understanding to an active use of ideas in daily life</p> | <p><i>Key Learnings:</i></p> <p>Thoughts arise continuously in the mind. The experiencer has control over the extent to which he/she allows these thoughts to interrupt tranquil states of mind</p> <p><i>Key Challenges:</i></p> <p>Observing the process of mental activity as it occurs, witnessing thought/emotion arise and pass away</p> | <p><i>Key Learnings:</i></p> <p>People construct the meaning of their experiences, and can take control over their constructions</p> <p>CR skills can be used to help achieve and sustain deep states of relaxation</p> <p><i>Key Challenges:</i></p> <p>Maintaining skill use even when transformative insights are not continuously forthcoming</p> |
|--------------------------------------|---|--|---|

Developmental educators suggest that programs that fail to consider the perspectives of participants at different points in their evolution as knowers will be ultimately ineffectual. Neither the comprehensiveness of the teaching nor the passion behind its delivery will be sufficient without attention to the developmental demands of the curriculum being offered. For adult education to be effective, the learner's frame of reference must be acknowledged and considered.

Developmental analyses of adult education raise the question of whether and how mixed groups can equally benefit from a common curriculum. Participants I interviewed did report benefitting from exposure to various elements of the program, many not discussed in this writing (including, e.g., nutrition, exercise, humor, etc). Other elements, including those

reviewed here, seem to pull for a particular level of development. Participants also made clear that they needed different forms of support to their learning, including, for example, more opportunities to talk with one another during the groups, more in-depth coverage of some topics, and an ongoing supportive community once the general program ended. The implications of these findings for program design will be taken up again in Chapter 7.

## CHAPTER 6

### **Teachable Moments: The Coincidence of Developmental Era and the Experience of the Knowing Event**

"There is no ripeness which is not, so to speak, something ultimate in itself, and not merely a perfected means to a higher end. In order to be ripe it must serve a transcendent use. The ripeness of a leaf, being perfected, leaves the tree at that point and never returns to it. It has nothing to do with any other fruit which the tree may bear, and only the genius of the poet can pluck it." (Thoreau, cited in Miller, 1957, p. xi.)

### **Education for Transformation**

As a construct, transformational learning emerges from the intersection of theory and praxis in adult development and adult education. Transformation connotes a change of form, an expansion to a new perspective. Developmental psychology, as the study of organized processes of change, necessarily encompasses transformational experience. Education, as a method for building on and reaching beyond existing understanding, sometimes arches over the prosaic to touch on the poetics of transformation. Developmental educators commonly distinguish between informational and transformational learning, the former relating to the assimilation of novel information to an existing perspective; the latter suggesting events of understanding which remake the perspective itself. Kegan (1994), for example, evokes contrasting images of a vessel being filled (informational learning) and the vessel itself taking on new contours (transformational learning). Educators, generally, recognize the genuine struggle that ensues when they aim to provide substance; sculpting the vessel itself requires participation on the part of the learner.

In this chapter, I identify four participants in the program who describe aspects of their learning as transformative. For three of these participants (Nora, Gregg, Jean), I sketch across their narratives a five

point process surrounding their recollection of an epiphany they experienced during the program which, they report, changed their relationship to their symptoms. I identify a common historical and developmental context which sets them apart from other participants in the program. I suggest that their developmental positions at the point of participation in the program contributes to their transformational experience, placing them in a particularly ripe "teachable moment." For the fourth participant, Martha, I demonstrate a qualitatively different form of transformative learning, compare hers to the other three cases, and speculate on how variations in the learning process might play out across participants at differing levels of development.

#### **A Grammar of the "Knowing Event"**

The idea of transformational learning is often prescriptive. Developmental educators advocate for transformation as the preferred goal of learning, or at least the one most consonant with growth. One of the most elegant of these proclamations for transformation comes from Silva and colleague's reflections on the aim of adult education:

Education should be made up of a process allowing an individual in community to observe critically his or her own reality, working toward its transformation...education should be an ongoing attitude and activity...affecting the individual's entire life...finally, education should engage all of the faculties and potentialities of human beings in an ongoing process of creating themselves and their social being, as masters of their own development and destiny...(1975, p. 33; cited in and translated by Maciuka, 1990).

I began this writing by calling up developmentalists like Silva who claim that transformation is indeed the aim of education and whose prescriptions I imported to the stress management clinic. I suggested, in effect, that

the discipline of developmental psychology might provide tools for enlarging our understanding of what learners experience in the stress management clinic, echoing Prawat's idea that "disciplines do continually turn up better ways of construing reality---better not because they correspond more closely to reality, but because they enlarge our field of vision, equipping us with tools for doing things 'which could not even have been envisaged before these tools were available' (date, p. 12). And, I surmised, it might be the personal experience of enlarged awareness, not the skills which induce it, that is the source of empowerment and healing for participants in these programs. Rather than the routinization of new habits or mindsets, it may be shifts in perception (or the growth of imagination, as Johnson suggests) which contribute to deep and wholesome change.

If this were true, then in the interviews with participants who recall an experience of transformative learning, we should be able to trace a narrative of emergent awareness, or what Loder (1981) has described as a "grammar of the knowing event" (cited in Mezirow, 1991, p. 163), where the participant recounts a particular moment of heightened understanding that helped to resolve an epistemological dilemma. Loder calls such illucidating moments "convictional experiences," and demonstrates that they contain a "transformational logic" that sets them apart from other more prosaic narratives of human events. This identified logic appeals to me as an analytic heuristic for the case studies to follow because it describes the structure of transformation from the *perspective of the experiencer*, who remains my concern here. Developmental psychologists

do articulate parallel models of the logics of transition<sup>1</sup>, yet these concentrate primarily on deep structures versus on lived experience. Loder's model draws heavily from neo-Piagetian theory and has the added advantage for the topic here of being constructed from his ongoing study of the integration of transcendent experiences into existing knowledge schemes.<sup>2</sup>

Loder names five points in the genesis and resolution of the "knowing event," his name for the discrete experience of transformational learning. First, he suggests, "*conflict* initiates the knowing response," by creating an internal experience of disequilibrium which cannot be reconciled through the learner's existent framework. (And, he notes, the greater the investment in resolving the conflict, the more potentially powerful the resultant "knowing event.")

Second, an "*interlude for scanning*" occurs, where the experiencer searches for "possible solutions, taking apart errors, keeping parts, and discarding others." The most fertile ground for such a search is laid, advises Loder, when attention is "diverted from the problem as such." Creative solutions emerge more readily in the absence of repetitive examination of the problem.

Third, a "*constructive act of imagination* takes place," through which "an insight, intuition, or vision appears on the border between the conscious and the unconscious, usually with convincing force, and conveys in a form readily available to consciousness, the essence of the

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<sup>1</sup> (see for example, Piaget on reflective abstractions (dates); Basseches on the dialectics of adult cognition; Commons on ...)

<sup>2</sup> Put in description of Loder's background, analysis

resolution." Like the recombination of imaginative structures that Johnson tracks in Hans Seyle's discovery of the GAS, the learner who breaks through conflict to the "knowing event" finds "two habitually incompatible frames of reference converging, usually with surprising suddenness, to compose a meaningful unity." This discovery we refer to colloquially as the "aha" experience, marked by exclamation at the sheer pleasure of the visceral experience of knowing. Rendered as a journey, Loder's scheme might show this moment as the achievement of the mountain's summit, as it "constitutes the turning point of the knowing event" (See Figure 6A). "By this central act," (the flowering of insight) "the elements of the ruptured situation are *transformed*, and a new perception, perspective, or world view is bestowed on the knower." And, as with alchemy generally, the transformation brings with it the release of and access to new forms of energy.

**Insert Figure 6A About Here**

Loder's fourth step is thus marked by "*release* of the energy bound up in sustaining the conflict and...by an opening of the knower to him- or herself and the contextual situation." Such an opening is likened to development, in that "the opening of the knower to his or her context is the response of consciousness to being freed *from* an engrossing conflict and *for* a measure of self-transcendence." Loder's reference to consciousness is not incidental here; with the developmentalists he allows, "we might say consciousness is expanded by, and to the measure of, the resolution." Thus, Loder makes the claim that a particularly transformative knowing event, or insight, opens the learner to a new level of awareness. The act of imagination is an integrative act as well as a creative one; it creates a new structure for knowing as well as a particular content of knowing.

The remaining step is *interpretation*, which the learner accomplishes through a review of the transformational learning experience, casting back over how it resolves the original conflict and casting forward to discover how the new knowledge will shape future understanding. The knowing event must be integrated into the learner's larger epistemological framework. Thus, Loder's five step model describes an experience of knowing that fundamentally shifts the learner's worldview. Following such a shift, the knower reconstitutes his or her way of approaching the search for understanding.

In particular educational contexts such as the Mind/Body General Program, each of Loder's steps takes on the character of the learning experience adults are collectively undergoing. For participants in this study, Loder's model elegantly captures the phases they retrospectively

describe when they relate having experienced the program as a transformational learning experience. Working through their narratives, I note strong similarities between Loder's model and the phases they describe leading up to and ensuing from a "knowing event" or epiphany. (See Table 6-1; I include notes from each case for particular points of comparison.)

Table 6(1)

Steps in the Process of Transformative Learning in the Mind/Body General Program

|                                   | Conflict   | Interlude for Scanning  | Constructive Act of Imagination   | Release and Openness  | Interpretation  |
|-----------------------------------|--|---|---|---|---|
| Parallel in the Mind/Body Program | Stress-Inducing Experience                                       | Integration of RR & CR  | Aha Experience, symbolized through metaphor   | Relief of Symptom Expression<br><br>Curiosity about internal experience   | Enhanced view of self as agent, constructor of experience   |
| Case:<br>Nice Nora                | Conflicts with significant others over the range of her autonomy | Deep experience of relaxation sustained<br><br>FILL IN  | Discovery of anger in the process of its emergence, symbolized through the Metaphor of the Erupting Volcano | Reduced seizure activity<br><br>Deepened exploration of anger in therapy  | Reports throwing off the "Nice Nora" she had been in the past, and establishing deeper communication with her husband |
| Case:<br>Damocles                 | Longstanding unresolved dispute with eldest son                  | Visualization of "place on earth where son cannot go (escape from problem)<br><br>working with CR to deepen therapy | Discovery of her role in conflict with son<br><br>Metaphor of Sword of Damocles                             | Relief from obsessive concern with cancer<br><br>Exploration of her recapitulating father's control in her parenting of son |   |

For example, the key conflict Loder describes as initiating the "knowing event" is paralleled in participants' narratives by the

experience of a particularly upsetting stress-inducing event. In recounting their stories, participants typically identify a difficult interpersonal relationship as a source of great stress and recall a kind of 'triggering event' in that relationship that preceded their epiphany. For Gregg, a contentious relationship with a colleague sparked an understanding of how he tends to allow others to undermine his work. For Jean, a painful estrangement from her adult son led to an evaluation of how she recreates her father's controlling style of parenting in her relationship to her children. For Nora, her struggles with authority play out in her interactions with the program leader and with her supervisor at work, leading to a first glimpse of how her own interpretations of experience result in strong feelings of anger.

Loder's second step, "interlude for scanning," when alternative frames for the problem are considered, is characterized by a period of reflection on the problem that succeeds especially in generating novel solutions when "*one's attention...at least for a moment is diverted from the problem as such*" (ibid, p. 32). This particular combination of casting for solutions with a stance of detachment describes, in the program, an integrated use of the skills of RR and CR. The intentional disengagement characteristic of meditation creates a distancing from the conflict. Having witnessed his or her own reactions to the conflict in a detached manner (RR), the learner can progress to assessing the problem and its possible resolutions from multiple perspectives (CR). Nora describes using her meditation practice as a means for stabilizing her volatile emotions so that she can more directly assess her relationships. Gregg makes use of CR skills in the midst of his meditations, as a means for redirecting his

attentions away from the stream of negative thoughts that commonly characterize his mental life. Jean uses visualizations to create an interior landscape where her problems do not exist, to loosen herself from the entrenched patterns of thinking that make her conflicts with her son intrusive to her well-being.

The third point in Loder's model, the constructive act of imagination, is described by each of these learners, in their words, as an "aha experience." Each recounts a discrete moment in the program when they experienced a key insight that changed their way of viewing the core conflict. Each suggests that these insights contributed in critical ways to the development of an enhanced capacity to cope with stressful experiences. More so, they describe this insight as *the sudden realization of their role as active constructors of the meaning of their experiences*. Nora discovered her anger erupts in response to interpretations she makes of other's actions. Gregg recognized that his negative internal dialogue exacerbates his antagonistic relationship to a colleague. Jean acknowledges how she holds her son accountable for her distress over their relationship.

As Loder suggests, each of these participants symbolizes the constructive act of imagination with a metaphor. Nora describes herself as a volcano, erupting with anger. Jean compares her fear of cancer to the sword of Damocles, precariously hung above her head. Gregg describes his negative self-talk as a visitor which he can choose to respectfully welcome but send on its way. It is interesting to note that (with Marie) these participants also are the only narrators to reference a metaphor *of their own creation*. Other participants borrowed from

metaphors suggested by the group leaders, using them as structures to support their understanding of particular skills. In generating their own metaphors, Nora, Jean, Gregg (and Marie) capture the movement of their development. "A metaphor is interpretive," Kegan reminds us, and by bringing them to life, "(we are) engaged in shaping the very way (we) know" (p. 260).

Loder's fourth step, release and openness, appears in the experiences of these learners as the relief of symptom expression and a new openness and curiosity concerning their own mental life. Each of these participants notes a significant reduction in symptom expression. Gregg's panic attacks have almost completely subsided since the program ended. Jean reports being no longer preoccupied with cancer; she now puts her energies into repairing her relationship with her son. Nora reports a new, less fearful relationship to her seizures, which she believes makes them milder and easier to manage.

Loder's final step, interpretation, is manifested through these participants' explorations of themselves as constructors of their own responses to stressful experience. Each reports ongoing, enthusiastic interpretation and integration of their epiphanies through therapy, where analyses of their responses to ongoing events or relationships build on the understanding they gained in the program. Each tells stories of how they have used the insights gained during the course to change their responses to events and people after the course's conclusion. Gregg made a new demand on his partner to commit to him or to break off the relationship. Nora ventured into new arenas of communication with her husband. Jean let go of her vested interest in determining the terms of

her relationship with her son, and demanded more help from her husband in managing family conflict. These stories are told in the spirit of ongoing commitment to a process of taking accountability for difficulties encountered in their relationships on many levels.

To further illustrate how the process of transformative learning unfolds for these participants, I present Nora's experience as a representative case, structuring it with reference to Loder's model. In particular, I aim here to explain how Nora's developmental position prepares her for the "knowing event" she experiences, and how this event opens her to a new form of awareness consonant with her growing edge.

#### **Nice Nora in the Volcano**

##### *Conflict: The Stress-Inducing Experience*

Nora, thirty-one, works as a fundraiser for a national outdoor club. At the start of the program, her symptoms of seizures and chest pain gravely reduced the quality of her life. As she explains,

Before I went into the program my symptoms were really, really bad. I was just having something like almost every day and feeling completely handicapped, like I couldn't live a normal life. I couldn't get in a car and drive where I wanted to go for a hike or, you know, I just felt like completely incapacitated. I did not want to go on living this way, and damn it I was going to either do something about it or not continue living. It was just a quality of life issue for me. I was just sort of at the end of, you know, end of a beginning in some way.

Nora entered the program determined to change her life in fundamental ways. Apart from working to relieve the discomfort and distraction of her symptoms, she also expressed determination to shed

outmoded ways of being in relationship. She purposefully decided that she would not take care of others in the group, as had been her style, but rather that she would look out for herself:

And so I went, I went to the group hoping to be, you know, put on a path that, that could help me...work through all the issues. Um, and so I was there for very selfish reasons and I, I really didn't care about building trust in a group or making friends with people in the group or whatever. I mean, 'cause I knew that whole 'nice Nora' routine wasn't going to get me to where I needed to go to heal myself. (*What's the 'nice Nora' routine?*) The, you know, the Nora being, uh, seeking approval, and being nice and smily all the time. I mean, it's been my whole, you know, face for all my life. Being the oldest child, being, doing, you know, everything everybody always wanted you to do...

Working against the 'nice Nora' routine entailed resisting a way of knowing herself and her relationships that was, by her report, longstanding. In their analyses of women in a similar developmental position, Belenkey and colleagues note that "there were almost no women in this group who were not actively and obsessively preoccupied with a choice between self and other, acting on behalf of self as opposed to denying the self and living for and through others" (p. 77). Nora declares her choice to stand for herself in the group, and through this choice she experiences a conflict which precipitates the first of two knowing events.

At the time (around the third session) Nora had doubts about the program's usefulness. She opted to skip the third class which focused on introducing the basics of yoga. As a past student of yoga, she felt the session offered no new learning. On return, the group leader inquired about her absence, suggesting she should remember her commitment to the group. As Nora tells it,

Well, there's something that was disturbing that happened, but I

think in some way it was helpful, like, I grew out of it. I was just a little taken aback by it. There was a point, like the third or fourth session, I really had big questions in my mind over whether I should continue. 'Cause I didn't feel, at that point, that I was really getting what I needed from it. I had missed a class that was going to focus...on yoga... And I felt like, you know, I already have been studying and, yeah, I'd learn, you know, they'd probably go through some of the same poses. And so I think it was the fourth class I came back and, um, was talking to (the group leader)...during the break I guess, and she had asked me if I was okay. And I said, 'Yeah, I just decided, you know, not to come last week 'cause, uh, you know, it was something I already felt I knew.' And, I mean, how I understood, I mean, what she said to me or how I heard what she said was that I needed to come no matter what because *building trust* in the group was key...You know, there was no encouragement, it was just like, 'You should do this 'cause people aren't going to trust you in the group.' And I was just, you know, and I think before I said that I had indicated that I was really questioning whether it was useful for me, and then she said that, and I was like, I just was really *put off* and I got really angry 'cause I didn't feel like it was addressing what might and might not be helpful *for me*. And I walked into the class, I was just, I was really pissed off...

Unwittingly, the group leader had walked right into Nora's reigning conflict. Having made a decisive statement to herself that she would actively resist being the 'nice Nora' who takes care of others, Nora found herself infuriated by the group leader's response. For Nora, who believed her unexpressed anger aggravated her symptoms, the encounter emblemized the conflict she experienced between between two parts of herself, one emergent and one receding. Primed by the interchange, she returned to the session:

And I was really glad one of the first things we did was meditation 'cause I just sort of thought, you know, there's probably a lot of people questioning whether they want to continue and she just wasn't able to deal with it in as helpful a way as I would had hoped. And so I just, you know, sort of just let it go. And it, I think that was the first, I mean, it was just amazing, like in the meditation, to be able to just let go of it. You know, and just say, it's alright, don't worry about it. You know, you do what, I'll do, I'll make the decision I need to make when it comes. I think it was good in that sense 'cause I was, *it was like the first time I saw anger and just could, could let go of it, you know?...* Yeah, and I really felt like the whole,

that there was a bend coming in the road, that would be on a track where I would actually start to really learn from the program.

Nora's predictions proved true. Shortly after this experience of revisiting her core conflict, and finding some relief from it through the meditation, she had the "aha" experience that shifted her knowing.

### *Interlude for Scanning: Integration of RR & CR*

Having connected again to the program, Nora took to the cognitive restructuring. She found it powerful, reporting that "it just revealed a whole lot to me. That was really good. It was really helpful and I just had some realizations that were just very powerful." She especially found it useful in combination with the relaxation response, which she saw as providing a quietness of mind conducive to the cognitive work she was doing. The relaxation response "was sort of laying the groundwork for that presence, that, you know, presence you need in the moment to do the cognitive restructuring...I'm sure it was the meditation and restructuring combined, you know, (allowing) just that presence of mind, and then knowing how to intervene in that way when you're feeling a certain way." Following her encounter with the group leader, Nora worked to chart the kinds of events that led her to experience anger. Through the CR tools, she found she had a "more active dialog with myself...about situations and trying to ask myself more questions, like, how do you feel, you know, and if I feel a certain way, why do I feel that way?" This charting, in combination with her regular meditations, seemed in retrospect to prepare her for the next, powerful realization, defined here as the critical knowing event that shifted her relationship to a core conflict.

*Act of Constructive Imagination (Aha experience, symbolized through metaphor)*

Eventually, Nora's presence of mind and her growing understanding of the patterns of her anger led her to "an incredible discovery" which she summarizes as understanding

That it was the way I *thought about* a situation rather than, you know, I, I didn't know for sure, um, about a situation that was really in my thoughts that led me to a place of incredible anger...You know, of how I'm responding to a situation or feeling in a situation and realizing that, oh, my God, *it's just my thoughts*, it's not really anything that somebody did!

In this epiphany, Nora captures the essence of the move from predominantly third to predominantly fourth order consciousness. When fourth order consciousness emerges, Lahey and colleagues suggest, "we stop making others responsible for our own feelings, and experience it as a kind of violation when others make us responsible for theirs." In this new order, we recognize that we *generate* our feelings through the interpretations of our experiences. In Nora's second story, she observes her feelings arise in response to her construction of experience:

I was at work and I'd been busting my butt all day, we had three proposals do that day and, you know, just going crazy and getting them out. Like four o'clock, four-thirty, I sat down and I decided to crack open this (journal) which is a really important thing for me to read for my work. My boss walked in and we talked a little bit about something..I can't remember what it was, um, she went back to her office, and, like, two minutes later called me and said, 'You know, I think it's really important that the next thing you work on is, you know, getting out this letter to so-and-so, and (when she left) I just started burning.' I was, like, she sees me reading something, you know, after busting my butt for, you know, a whole week getting these

differ across levels might help the program designer identify key supports to participants at each level of development. A sample framework for how these conflicts play out is presented in Table 7(1).

Table 7(1)  
Developmental Forms of Conflict and Resolution in the Stress Reduction Clinic

|                                 | Potential Core Conflict   | Prompt to Attention   | Resolution  |
|---------------------------------|---|---|---|
| Second Order                    | Duelling loyalties between self-interest and the appeal of relationship | Direct challenge to self-interest through the requirements of relationship<br><br>Feeling shame | Awareness of the limits of self-interest, risks of disconnection          |
| Third Order (pre-transitional)  | Duelling loyalties among connections to different relationships         | Direct confrontation over loyalty to the relationship<br><br>Feeling wounded                    | Awareness of the knower's position outside the relationship               |
| Third Order (post-transitional) | Duelling loyalties between contrasting beliefs or values                | Demand for loyalty to an outworn belief system<br><br>Feeling angry                             | Awareness of the knower's role in choosing to align with a set of beliefs |
| Fourth Order                    | Overcommitment to a belief system                                       | Direct challenge to the preferred belief system<br><br>Feeling outraged                         | Awareness of the constructed nature of the belief system                  |

This frame takes into account the ways in which learners are differently identified with their values, beliefs and relationships. The form of identification suggests the types of challenges that will be experienced as particularly stressful. Second order knowers, identified with their own intentions and desires, experience as stressful the demands of relationships to people or ideas that ask something in return. Third

these were the second order knowers' splitting of the categories of mind and body, pre-transitional third order knowers' use of externals supports for ongoing practice, and post-transitional third order knowers' systematic analyses of the relationships between mental experience and symptom expression. The kinds of differences which emerged from this analysis recollect the experiences of learners in more traditional contexts, whose views of the purposes of education vary in keeping with their developmental position. More than identifying these differences, a developmental analysis of learners' experiences frames both the possibilities and constraints intrinsic to an educational experience for a learner at a particular level (Gardner, 1994). For example, second order knowers are, in any context, unlikely to make use of a systems model in the organization of their experience. Third order knowers are likely to require interpersonal contexts of support for learning, and to languish when those are inadequate. Emergent fourth order knowers may resist the application of others' analyses to their own experiences. Rather than being fundamentally problematic, these situations may be viewed as indicative of the learner's larger hopes for and concerns about the educational endeavor. And they may suggest forms of intervention that are particularly well-suited to the particular "emergencies of the self" (Kegan, 1982) that accompany transition from one level to the next. As Daloz writes in the context of considering how to mentor the adult student,

To the degree that as teachers we are aware of the shifting pattern of questions stirring the...test tubes of our students' minds, we are in a better position to drop in just the right catalyst at the propitious moment to bring about the transformation we seek. (1986. p. 21)

developmentally toward a more inclusive, differentiated, permeable, and integrated perspective" (p. 155). The changes in the mental life of the more fourth order knowers would be well captured with these descriptors. Martha's experience, by contrast, does not suggest movement in the developmental sense, although it certainly encompasses core changes.

If we accept Kegan's argument that certain educational contexts will be more welcoming and fruitful for participants who are moving to the fourth order, then we might mistakenly make the corollary assumption that these environments will be helpful only to those learners. Martha's experience suggests that the Mind/Body General Program offers important lessons for learners at different levels. If it is the case that the program *in its entirety* more fully serves adults approaching the fourth order, it is also true that elements of the curriculum are experienced as very helpful to participants at multiple developmental positions.

Yet, as Martha's case also suggests, the (non-fourth order) learners who make appropriate ongoing use of the skills taught in the classroom may be those who are especially committed to change and who, post-program, have an ongoing context of support. For these learners, it may be the quality of their intention versus their level of awareness which prompts a core change in experience. As Loder writes, "what establishes continuity (in the learning experience) is the knower's built-in intention to complete the knowing act" (p. 35). Martha expressed a clear intention to make the program work for her. And so it did.

with herself as extraordinarily "empowering." Apart from deeper understanding of her feelings and motivations, Nora experienced an enhanced capacity to act:

The dialogues were more empowering. Because before it was like...in a vein that wasn't leading to anywhere. You know, it was just like you'd have the dialogue and you, it just wouldn't go anywhere. (But now) you can make a decision, you know, at the end of that dialogue, you know, that, okay, am I going to *decide* to do this or *decide* to do that. I mean, you can make either...I mean, for me, making the choice is empowering.

For Nora, her participation in the program coincided with a teachable moment in her development. Having felt defeated by her symptoms, having then committed to shifting her way of relating to self and others, Nora encountered two sets of teachings that propelled her epiphanies. Through her meditative practice, Nora experienced a quieting of the mind that permitted a clear gaze on her anger. That sighting led to a novel analysis, a *reconstruction*, of her experience. More than the particular outcome of either situation, she became invested in the process of how she interpreted her experience. And the understanding that she could carry out these meaning-making dialogues with herself (with support) over time led to an enhanced sense of her own agency. Loder argues that "all transformational narratives are mediated by the narrative equivalent of the intuition or insight" (p. 132). For Nora, the insights at the core of her narrative were so powerful as to constitute a transformative experience. Afterwards, she continued to work consolidating and integrating her understanding. The recollection of the knowing event energized her further self-exploration, and provided considerable motivation for continued practice.

proposals out, she can't even stand the idea that I'm sitting in here relaxing for a half an hour after a hellish week, and I just, just the thoughts kept going, automatic thoughts, and I was just, this anger was just like, just rising in me, it was so powerful, I was getting really, really pissed off and...I decided, okay, just sit, you know, and to just sit there 'cause it was getting overwhelming.

Nora's choice to sit with the anger rather than to respond to her supervisor led her to a series of observations about the quality of her anger:

I just first, just sat there and watched the anger and just, you know, felt it rising from my stomach and burning. It was just so hot, you know? Like a fire, you know, like a fire getting hotter and hotter, and rising in my body.

Being mindful of the emotion, passively observing it, is a skill Nora cultivated through her meditation practice. Having summoned the presence of mind she felt she required, Nora then turned to interpreting how the anger had come about.

And then, you know, I started to try to deconstruct the situation a little bit. Okay, what, what were my thoughts based on? Um, and it was the fact that *I thought* she made the connection between my sitting there reading the newspaper and me not working, and trying to get me to work. And I, I basically figured, I mean, I started realizing that, that was *my* thought, that was *my* assumption that that was why she called me. Um, and if I wanted to check my assumptions, I could go to her and ask her, Cara, did you call me because you saw me reading the newspaper? (I realized) it may have been, it could have been that she was just responding to something she saw on her desk when she got back that she forgot to tell me about.

With this reframing of the situation, Nora observed her anger residing.

The anger was still there, uh, but it started to move down and become smaller and eventually after like an hour or so dissipated. And it was just amazing, you know? It was just, first of all just sitting there with the anger and looking at it, what it was, you know, this incredible burning in my stomach that was just rising. And (then) my whole body just felt like it changed. And realizing it, I was just blown away.

Nora adds one more layer to the story, sharing with me a metaphor

program:

You know, it was very hard for me to do the picture at the end because I felt like I was in such a transitional state that it would have just been like a mass of scribbles. So what I ended up doing was how I *want* to be. Where I want to be. You know it was funny, the first one I did in colored pencil, and so it was like a very realistic portrait. And then the last one I did was just in gray pencil and it was more whimsical, you know, *lighter*. Lighter pencil strokes and, you know, nothing really colored in or anything like that. Um, and it was just, you know, me like wearing flowers around my head and Birkenstocks on my feet and, um, twirling like this, you know, and it was just, sort of, like I want to be, um, I don't know, more, you know, more in harmony with myself and my environment and more carefree and spontaneous and, you know? (*Flowers growing out of the volcanic ash?*) Yeah, *definitely*.

Nora's insights during the program opened her to the possibility of envisioning herself as more playful and receptive to her experience. Her growing interest in understanding how she shapes her experience led her after the program to deeper work with her therapist, as well. As key turning points, her two epiphanies led her to revisit her anger more openly:

I've worked with my Jungian analyst since then on these portraits 'cause they're pretty telling. And, uh, in, in working with my analyst one of the things that, um, we've been talking about is just how much unexpressed anger there, that I hold inside of my body.

And it just makes perfect sense when you look at that drawing, that volcanos are really angry, just forceful eruptions of hot mass. And there was some connection there in my mind when I drew that picture that, you know, subconsciously, I know what's going on, but, you know, it took...

A lot of sessions with my analyst to realize that it was, you know, this, the incredible anger from past history and, um, so the mind/body connection is just incredibly important.

Nora's growing awareness of her anger and the role it plays in shaping her relationships coincides with a decrease in the frequency and severity of her seizures. She experiences few chest pains, and reports an overall enhancement in the quality of her life. For Nora, the volcanoes

are now "dormant---Or, or they're quieter than they were."

*Interpretation (New View of Self as Agentic Constructor of Experience)*

For Loder, the primary contribution the knowing event makes to the growth of the experiencer is in its "integrating function...the new competence releases energy for coping with greater environmental complexities as the "aha" in creativity expresses a similar psychophysical reaction. In human development, actual performance demonstrates the validity of the new structures of competence" (p. 131). For participants of the Mind/Body General Program, performance would necessarily include a demonstration of a greater sense of control over stressful experiences. From the perspective of developmental theory, the support of fourth order consciousness would at the very least contribute to participants' capacity to experience themselves as in control of their reactions to experience. For Nora, moments of awareness of her own agency constituted the defining experiences of the program.

When I came out of the program I was, like, God, this is the best thing I've ever done. I think 'cause the cognitive restructuring was just such a, um, it was just such an opening for me that, you know, you could really, you could develop the presence of mind to understand, you know, how things were affecting you, and just dissecting things in a way that was really constructive and I, you know, had never been given those tools before. You know, I think it was a real start for me in terms of even beginning to get in touch with my emotions, too. You know, it was just, it was just this new doorway that was opened and, you know, just that whole dialogue that can take place. You know, it doesn't have to be in that format, but just that you can have a dialogue about how you're feeling and asking yourself questions, I mean, I'd never done that before. (*You never had a dialogue before or a dialogue about your thinking?*) A dialogue about my thinking.

Nora describes the discovery of her capacity to hold a conversation

through which she symbolizes her anger. At the beginning of the program, the group leader requested that participants create self-portraits. Nora, struggling with both chest pains and recurrent seizures, sketched a picture that captured the physical forcefulness of chest pain as well as the unpredictability of her seizures:

I really felt strongly that there was some connection between what was going on in my head and what was going on in my chest. That there was, you know, like, that, that my emotions, that my body and mind were in some way, um, responding to something that was connected. ...The first (self-portrait) was, you know, I drew myself standing there, it was my full body, but I had a *volcano* coming out of my chest that was erupting and a volcano coming out of my head that was erupting, and it was just sort of like these valves in my body, that that's where I was releasing whatever was being held inside that they were manifesting themselves physically through the chest pains or the mild seizures.

For Nora, whose avocation was mountain-climbing, the volcanos represented the best and worst of her relationship to herself. As containers of her fiery feelings, the volcanos hold out the promise of regaining their quiet majesty. Though she drew the picture prior to experiencing her epiphany, Nora's metaphor integrated her feelings of anger with the expression of her symptoms. The "metaphor makes room for the transformation under way" (Kegan, 1994, p. 264), as Nora makes room for an emerging fourth order knower.

***Release and Opening (Symptom Relief; Engagement with Internal Experience)***

In the final session, the group leader once again asked Nora's group to create self-portraits. Nora's second picture renders elegantly her transitional state, and the transformation she had undergone through the

All of these participants were unequivocal about their intentions coming into the program. Nora remembers thinking, "I have to do something, I can't continue living this way with these symptoms, and so I wanted to try everything and anything." Jean expressed fear that her life would never again be enjoyable: "And I had, in the Fall, really run up against a wall. And rather than move through it, I developed all kinds of anxiety symptoms and thought I was dying." Gregg, "already deep in my depression" from daily panic attacks, came to the program because he "wanted to know how to live."

**d) A concurrent therapeutic context**

As related earlier in this writing, Nora, Jean and Gregg all reported being in psychotherapy during the program. Each also remarked on the impact of the program on their progress in therapy.

**e) Sustained use of skills post-program**

As reviewed in Chapter 5, each of these participants makes ongoing, flexible use of the skills months after having concluded the program.

**f) A developmental position where Level 4 is the leading sub-stage**

Finally, each of these participants' SOI scores places them in a particular era of development. Gregg and Jean both were scored at 4(3), with Nora one sub-stage below at 4/3. The transformative learning experienced by these three participants may be due, in part, to a particularly good "fit" between the demands of the program's curriculum and the developmental capacities of the students.

At the cusp of fourth order consciousness, these three learners were prepared to gain awareness of their own meaning-making capacities. In

### **Commonalities across learner's experiences**

Like Nora, Jean and Gregg shared with me narratives of how a key insight gained through the program transformed their understanding of their own agency, especially as it relates to how they make meaning of stressful experiences. Further, an analysis of their narratives suggests that a set of common experiences may have to a great extent prepared these learners for their transformational experiences in the program. These commonalities include,

**a) Longstanding, unrelieved experience of debilitating symptoms**

Each of these transformational learners reports experiencing years of stress-related symptoms that interfered with their private and professional lives. Nora, for example, reported eight years of unremitting chest pains and seizures, for which she takes anti-epileptics. Gregg had experienced severe panic attacks since his early twenties. Jean reported a continuous preoccupation with developing cancer, despite the absence of any medical symptoms.

**b) A history of experimentation with contemplative practices, including different forms of meditation and yoga**

The longstanding nature of their symptoms had led each of these participants to other forms of treatment, some traditional and some experimental. Gregg had tried bio-feedback in college which led him to study different forms of meditation on his own, which he had practiced intermittently since. Nora learned TM (Transcendental Meditation) from an uncle. Both Nora and Jean had a yoga practice prior to the program.

**c) A stated and demonstrated commitment to making the program work**

effect, their developmental position may represent a "teachable moment" potentiating their experience of a critical "knowing event." In their review of existent models of supports to coping, Kegan and colleagues (1991) suggest that "supports that adults experience are constructed at different levels of complexity, such that adults who have adequate supports may be effectively coping with complex tasks even when their own level of complexity is not yet adequate for meeting the demands they face" (p. 41). In the case of the Mind/Body Program, the (limited) data presented here suggests that learners who are moving into fourth order consciousness make the most integrative and consistent use of the contemplative skills taught in the program and report the most dramatic learning throughout the program. **PUT IN ABOUT THE PROGRAM BEING DEMANDING OF FOURTH ORDER CONSCIOUSNESS** Further study with similar groups could potentially confirm these findings.

By focusing on the era of emergent fourth order consciousness as a teachable moment, I have looked primarily at the stories of Nora, Gregg and Jean. Yet Martha also reports her experiences in the clinic as transformative, and it would be unreasonable to exclude her from the discussion because her developmental position [2(3)] differs considerably from those of the other three learners. Also, it would be unreasonable to suggest more generally that *only* participants who are at a particular era in development can benefit greatly from the program. That they are *more likely* to, because of the fit between their developmental level and the demands of the program, is the argument developed here.

In fact, Martha's story is in many ways similar to those of Nora, Gregg and Jean. Four of the six characteristics which characterize their

experiences also describes Martha's. By exploring Martha's story, I will highlight how participants with a variety of profiles make powerful use of skills learned in the program. Also, I will be better able to show what Nora, Jean and Gregg accomplish through the program by contrasting them to a learner whose experiences are transformative in a qualitatively different way.

### *Breathing Lessons*

Martha, 48, works in the medical records department of a local hospital. A chronic agoraphobic, Martha has struggled with severe anxiety all of her adult life. As she says, "I'm forty-eight and I've been like this since I was fifteen. There were days I was so afraid of death, I never thought I would see tomorrow. So it's been a good many years." Like those of Nora, Jean and Gregg, Martha's symptoms have been longstanding, unrelieved, and considerably debilitating.

Martha's first challenge involved building the courage to attend the program and to stay with it. She recalls,

It was panic. Panic all the way. I used to be panicking on my way here. I panicked while I was in the room. I just sat there. And then, when it started to work for me, I didn't mind coming in.

In part, perhaps, because the stakes were so high for Martha to even venture out of her home to get to the Deaconness, she had demanding expectations for the program:

When I first joined Mind and Body I expected a miracle. What's happening to you is you're panicking all the time. You're reaching for straws. The first session was going to do it for me, mind and body, and it didn't, and I was kind of disappointed. So I figured with the miracle I expected in the first session and the talk that we had and reading the first chapter that I really believed it was going to help me. And it

did. But it didn't help me as fast as I wanted it to, but it *did* help.

Like the other transformational learners, Martha had a clear intent to succeed when she entered the program. Absent a miracle, she stayed with the program because of her conviction that the skills would work for her. She tells me,

*(When did you first start noticing a difference?)* Maybe after the sixth week. After the sixth week. *(So what made you stick with it until the sixth week?)* Because I really thought it was going to help. I was determined. I just felt that if I didn't give it the right amount of time, I didn't give it my all. I really didn't give it my all and when I finally did give it my all, it helped me.

Martha's second challenge entailed practicing the core exercises even when they seemed at first to exacerbate her fears. She recalls, "Some of the exercises that we did scared me but I kept doing them." Most difficult for her at first were the basic breathing exercises:

*(Some of the parts of the program were scary at first?)* Yeah. Breathing. Because I hyperventilated. I was so used to shallow breathing that to relax myself to breathe it was scary to me. Because my body felt relaxed and that scared me because you're so used to panic all the time. The quietness scares you. I got used to it and that's what does it.

Once she became accustomed to them, the breathing lessons became for her the most salient and helpful element of the program. When asked to name the most important skill she learned, Martha replies,

Breathing. I didn't know how to breathe through my diaphragm. At Mind and Body I learned that to stop the shallow breathing, put your hands together on your forehead and breathe normal. I recommend it to everybody I talk to... And I guess that they try to teach you to focus on one thing and my main thing is that I hyperventilated all the time and so I focus on my breathing.

Like the other transformative learners, Martha also reports regular

practice.

I put aside some time everyday...(Now I) practice more often, listening to the headphones. I don't care if my husband was in the house. I look like a fool, I put on the headphones, I lay down and and I (do it.)

While she receives no support from her husband concerning her practice, Martha does belong to a community health program, where she attends weekly group meetings for her agoraphobia. There, she receives support and encouragement for her new skills. "They said I have come so far," she relates, mentioning that she shares her skills with other members of the group, "recommend(ing) it to everybody I talk to." Like the others, then, Martha can be said to be part of an ongoing therapeutic context.

Martha differs from the other transformational learners in terms of her history and development in that she does *not* a) report any prior experience of meditation or yoga b) demonstrate an emerging fourth order capacity and c) structure the story of her program experience around a key epiphany. What constitutes transformation in her story is the magnitude of change in the occurrence of her panic attacks, rather than the process of how that change came about. Martha experiences great relief from her agoraphobia, she attributes that relief directly to her participation in the program, and she maintains her practice in order to sustain these results.

For Martha, the program brought about significant change. She contrasts her experience before the program to that after:

I couldn't believe it. I used to be dizzy; I used to be so bad I used to carry a facecloth because I was afraid I would pass out. I stopped driving my car for two years. Why I don't know, but I did. I'm back to driving and that was one of my goals; I'm doing that. I don't go too far, but I'm at least doing it. I drive back and forth to Boston every third week for five days. And I'm doing real good.

I used to have an awful time getting to sleep at night and I was taking a sleeping pill and it just wasn't helping me. I used to feel like I was dying. I don't have a problem now. If I have a problem now I help myself.

Yeah, I became more open after Mind and Body. It's like amazing. If you'd known me before and you know me now. (At work) I get along with everybody over there. When I first started, I didn't. There were quite a few that I didn't get along with. Now I get along with everybody. I was out last week and they sent me a card and a teddy bear. I was out in January with the flu and they sent me a card that said 'Martha, we miss you and hurry back.' If you like me, you like me. If you don't, you don't. I'll smile and I'll say hi to you. If you want to return it, you do. If you don't, you don't. It's not going to bother me. Whereas before, I thought if they didn't respond to my 'hi', well jeeze what did I do? I'm not such a bad person, but I thought I did something wrong. If they didn't respond to me by saying 'hi' and now I don't care. If you want to say hi to me, say hi to me and if you don't, you don't.

Across many dimensions, Martha experiences a profound change in the quality of her life. She also demonstrates a greater sense of control over her reactions to stressful experiences, and exercises her skills in response to difficult situations. She depends on her breathing exercises for her well-being. For Martha, the program brought new possibilities and helped resolve existing conflicts.

Yet Martha does not reflect on her program experience in the ways that Nora, Gregg and Jean do. The control she experiences is not related to a new understanding of herself as the interpreter of her stressful experiences. She instead has made good use of a single, important skill which she appropriately exercises. Where the other three learners emphasize their ongoing curiosity about how they make meaning of experience, Martha demonstrates no interest in her internal life. She reports no new changes in her life since the program ended.

Mezirow (1981) suggests that transformational learning "lead(s)

## Chapter 7

### The Field as Teacher

## Conclusions

### Nature and Destiny

With a little more deliberation in the choice of their pursuits, all men would perhaps become essentially students and observers, for certainly their nature and destiny are interesting to all alike. (Thoreau, Annotated Walden, p. 231)

Developmental psychologists of late have suggested that "true" learning, where new forms of understanding are shaped and supported, is a rare event (Gardner, 1991; Perkins, date). Such a view of learning is actually friendly to the student because it recognizes that learning is an accomplishment and that the students themselves cannot be blamed for the difficulty of the process. Yet the developmental viewpoint is perhaps overly ambitious, if a requirement for transformation is attributed to every learning experience. Not all educational experiences will fundamentally transform the adult learner, nor must they.

Yet there are learning contexts in which transformation of the knower's fundamental worldview is the implicit, if unrecognized goal, of the experience. Kegan (1994) points out that these kinds of efforts usually carry with them the demand for the learner's self-direction, either as an activity (the learner shapes the process) or as an outcome (the learner becomes more self-directing). Such demands, he argues, require a particular order of mind:

After all, what is this demand for 'self-directed learning'? Does it consist of trainable skills or does it, yet again, reflect something more like a qualitative order of mental complexity that would in turn permit such skills? The goal of 'self-directed learning' may represent a far greater convergence, a culturewide curriculum calling across every frequented arena of adult life for the fourth order of mental complexity. If the goal of 'self-direction' is reconceived as the goal of fostering the order of consciousness that *enables* self-direction, then adult educators

may not only gain a greater measure of patience and greater sense of possibility in their work, they may also find a way around the forced choice, between a 'practical' and a 'mind-liberating' curriculum for those adults who want to cope better with the demands of real life (p. 274).

In programs designed for stress reduction, learners encounter a variant of this demand, requiring them "to retain control over the way (they) act and think about stress" (Benson & Stuart, p. 184). Like the demand for self-direction, the expectation that participants will be able to master the forms of reflection on their mental processes that lead to such an experience of control may put many learners "in over their heads" (Kegan, 1994) before the program has even begun. In an ironic twist, the curriculum for stress reduction may itself cause a particular form of stress, which might be designated *intervention-induced distress*. Like the treatment-induced symptoms that physicians label "iatrogenic"<sup>1</sup> (Ornstein & Sobel, 1987), stress can be itself brought about through educational expectations that are developmentally too demanding for learners. (These excessive demands might be signalled by pervasive non-compliance, in the form of a lapse, post-program, in practice of skills learned during the program.)

Throughout this writing, I aimed to bring a developmental perspective to bear on the experiences of learners in the Mind/Body General Program. Broad in scope, developmental theory historically has had much to say to and about educators in both traditional and non-traditional contexts. Here, I narrowed this focus considerably, suggesting that there were four contributions a developmental perspective might bring to the Program

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<sup>1</sup> meaning "physician-generated"

under study. These include, in varying levels of theory and importance:

a) An assessment of the philosophical, psychological and epistemic underpinnings to the program and a consequent analysis of the commitments these require from teachers and learners.

b) An assessment of the implicit demands of the program and a critique of their appropriateness for the range of participants who come for help.

c) An exploration of how learners at different levels of development experience the program's teachings and

d) An analysis of the "teachable moment," whereby learners whose developmental position is a good fit for the demands of the program recount substantive transformations of their understanding and describe the process through which these occurred.

Taking each of these in turn, I will summarize some of the basic findings described throughout, assessing the extent to which a developmental perspective accomplishes its potential contributions to understanding learners' experiences in the Mind/Body General Program. With this assessment in hand, I will then expand my scope slightly to consider a useful design for a stress management program which makes the best use of these contributions. Finally, I will return to the issue of how curricula based in differing traditions of education might be integrated so as to best serve the adult learner.

### **Summary of Findings**

a) *Concerning the philosophical, psychological and epistemic underpinnings to the program and a consequent analysis of the*

*commitments these require from teachers and learners.*

As a flagship Behavioral Medicine department, the Mind/Body Unit at Deaconness Hospital set the standard for programs developed across the country. Based on the tenets of behavioral psychology, behavioral medicine interventions view education primarily as dedicated to skill transfer. Within this tradition, behavioral medicine interventions focus largely on teaching skills to help patients better cope with the symptoms and sequelae of stress-related illness. In this context, the learner is construed as the recipient of expert knowledge. More recent developments, especially those in cognitive behavioral psychology, allow for attention to the learner's interpretations of experience as key contributors to their outcomes. As these are still behaviors, they can be brought into alignment with mental models that are more adequate for coping with stress. The attention to interpretation does not therefore imply or require an assessment of the structures of knowing. Instead, behavioral treatments focus on the content of mental experience, aiming to reshape it.

For the learner, these demands would play out in a high degree of attention to skill training and a lesser emphasis on the process by which meaning is made. (In the Program, learners repeatedly remark on the heavy focus on skill training to the exclusion of group meaning-making.) Also, these demands might take the form of an expectation that learners who practiced the skills repeatedly during the program would come to understand their usefulness and begin applying them to stress-inducing experiences in their personal and professional lives. (In fact, the group leader I observed did express such an expectation, even if many learners

in this study claimed never to have understood the applications of CR, nor did they apply it beyond the particular situations to which they were introduced in the program). Finally, these expectations might take the form of a relatively brief intervention, dedicated to the short-term introduction of multiple skills rather than to a long-term focus on transformation of understanding. (In fact, the program is brief and skill-focused). In keeping with Kohlberg and Mayer's (1972, 1978) analysis, the Mind/Body Program is organized primarily through a cultural/transmissive framework, and its concomitant choices for curricular design flow from that central ideological commitment.

b) *Concerning an assessment of the implicit demands of the program and a critique of their appropriateness for the range of participants who come for help.*

Regardless of the program designers' ideological commitments, their program places developmental demands on its learners. Through its choices of lessons, materials, forms of instruction and criteria for evaluation, the program *when taken as a whole* lays out an implicit demand for fourth order consciousness. Granted, many of the elements of the program do not require critically reflective thought, nor are they taught in a manner that would place such demands on the learner (consider, for example, the nutrition, exercise and humor components). For the practice of CR, however, learners benefit greatly from the emergent capacity for fourth order thinking (although second order knowers match their styles of thinking, and third order knowers map their cognitive distortions). And, certain forms of RR also pull for this order of mind, especially when its practice calls for a passive observance

of mental processes. For the integration of these practices to occur, fourth order consciousness must be present as at least a sub-stage.

If, however, as with this sample, few of the participants who seek out the program are even approaching the fourth order, the question of how the curriculum might more appropriately address students' developmental needs can be fruitfully raised. And, this question may differ in kind from the more typical query assigned the traditional adult educator faced with a cohort of students moving from largely from the third to fourth order of consciousness<sup>2</sup>. In this sample, only a small percentage of learners evince any emergent fourth order consciousness. It may be the more typical requirement of the stress educator to shape and support the transition to or through *third* order consciousness. These considerations will be taken up further in the chapter.

c) *Concerning an exploration of how learners at different levels of the program experience its teachings*

Common to developmental approaches is an interest in how learners at different levels of development make meaning of educational experience. Such an analysis can benefit the teacher, especially, who may not distinguish explicitly among learners because of their underlying epistemological capacities but who may make mistaken attributions instead about their motivations and intentions. (In fact, in the program, group leaders speak of participants' "readiness" for the experience.) In the sample presented here, developmental level coincided with discrete and consistent differences across participants' experiences. Salient among

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<sup>2</sup> For a discussion of how this is typical, see Kegan, 1994, pp. 293-296.

Coming to recognize the common organizations of mind underlying particular expressions of participants' experiences in the Mind/Body Program would allow program leaders greater flexibility in their responses to learners' difficulties and successes. That recognition also shape the ways in which leaders introduce or emphasize particular skills and ideas. And, it might provide a framework for evaluation that incorporates the learner's perspective among the more typical objectives measures of program outcomes.

d) *Concerning an analysis of the "teachable moment," whereby learners whose developmental position is a good fit for the demands of the program recount substantive transformations of their understanding and describe the process through which these occurred.*

To my mind, little in human experience is as compelling as the protagonist's storytelling of the moment when new awareness dawned. In stories told to me by Nora, Gregg, Jean and Martha, the sheer energy of the narratives suggested a different quality of learning than I had encountered with other program participants. Beyond their dramatic appeal, these stories also contain a glimpse of the power of possibility embedded within a curriculum that meets a learner's genuine need.

The "teachable moment" is a construct located at the intersection of developmental psychology and education. With schoolchildren, teachers make a practice of attending to students' developmental rhythms, noting the subtle shifts in attention that suggest a new (or renewed) capacity for learning. With adults, these moments are perhaps not so readily identified, and in contexts where education is viewed primarily as

informative, not likely to be pursued. Yet for every well-considered educational effort, there are likely to be students who are especially poised for the teachings offered. Given that the data presented here are limited, the coincidence of an emergent fourth order capacity and the experience of a "knowing event" suggest some synchrony between the demands of the program and the quests for understanding undertaken by Nora, Gregg and Jean.

#### **A Progressive/Developmental Design for the Stress Reduction Clinic**

Across four arenas, the potential contributions of a developmental framework for broadening our understanding of participants' experiences in the stress reduction clinic seem promising. As an analytic tool, the theory opens up an exploration of aspects of participants' experience that other frameworks such as the cultural/transmissive might underplay or obscure. These aspects include, at least, an attention to the process of how participants' make sense of program experience, an awareness of the different possible forms the program can take on for learners at different developmental levels, and an assessment of curricula from the point of view of the timely needs of the learner. Yet these are all post-hoc contributions to *evaluation*. To bring the developmentalists' fullest contribution to the program would require the integration of progressive principles into the program's *design*. And, if a developmental perspective on design is to be meaningful, there need also be a preliminary reconsideration of the educational nature of the program. Is it, in fact, best construed as *intentionally* informational or *potentially* transformational? As Mezirow points out,

The learning process and educational interventions---needs assessment and setting of objectives, determination of readiness for learning, program or curriculum development, instruction, and evaluation---are inherently different depending on whether the intent of the learner involves [informational] or [transformational] learning. Although both domains of learning play a part in most learning experiences, emphasis on one or the other calls for interventions appropriate to that domain. Educational approaches appropriate for [informational] learning often have been misapplied to [transformational] learning. (ibid, p. 226)<sup>3</sup>

Mezirow's formulation anticipates that the *learner's intent* will determine the form of the educational experience. Yet the learner may not him or herself know whether the desired outcomes from the experience are best accomplished through an acquisition of skills or through the expansion of awareness. As Kegan comments, "Only a fraction of the adults entering school programs do so with the hope or intention of personally growing from being in school. Most have what they (or we?) would consider far more *practical* goals...(1994, p. 293). Yet these practical ends, he points out, are sometimes only accomplished through transformational means; growth can be inordinately pragmatic in that it may allow for ready access to skills that previously escaped our best efforts.

One way to take on the issue of how a stress reduction curriculum ought to be construed a priori (as dedicated either to skill acquisition or to the expansion of awareness) is to look at the nature of a common *task* participants expect to accomplish by the program's completion. In general, that task might be defined as *the accomplishment of a more*

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<sup>3</sup> Mezirow uses the terms "instrumental" and "communicative" learning to refer to what I have called throughout informational and transformational learning. For the purpose of continuity, I substitute these terms into his text.

*wholesome relationship to stressful experiences, such that the learner is no longer debilitated in the face of his or her core conflict.* If we can agree that the purpose of the intervention is to relieve suffering in the face of an entrenched conflict, then we have a frame for decision-making--we assess which framework (cultural transmissive or progressive/developmental) is more centrally concerned with the learner's engagement in and resolution of conflict.

It will be by now no surprise if I suggest that the progressive/developmental framework responds more adequately to this formulation of the learner's task. In their essay, Kohlberg and Mayer identify the core activity of the progressive educational experience as "the presentation of resolvable but genuine problems or conflicts." While recognizing that "both the cultural transmission and the progressive views emphasize 'knowledge,'" the authors hold that "only the latter sees the acquisition of 'knowledge' as an *active change in patterns of thinking* brought about by experiential problem-solving situations." To the case in point, the developmentalist expects that the learner will best resolve stress-inducing cognitive conflict through a process which may first *amplify* its effects rather than reducing them. The stress reduction clinic may indeed be stressful. As Kabat-Zinn writes,

[I]f you hope to mobilize your inner capacities for growth and for healing and to take charge of your life on a new level, a certain kind of effort and energy on your part will be required. The way we put it is that *it can be stressful to take the Stress Reduction Program.* (1990; p. 2; italics added)

Kabat-Zinn, whose intervention model is implicitly developmental, describes the process the learner undergoes in the terms of his own original field of training, biology:

Disregulation follows as a consequence of a disruption or disconnection of essential feedback loops. A disregulated system loses its dynamic stability...its inner balance. It tends to become less rhythmic and more *disordered* and is then less able to use whatever feedback loops are still intact to restore itself...Conversely, and very importantly from the point of view of healing, the process can work in the other direction as well. *Attention leads to connection; connection to regulation; regulation to order; and order to ease (as opposed to dis-ease), or more colloquially, to health.* (ibid, p. 228).

In this view of stress reduction, gaining awareness of the disordered state (or, in my analysis, the core conflict) is the prerequisite first step to its eventual reorganization. Raising that awareness may initially invoke a heightened sense of conflict in the learner, who may have invested considerable effort in keeping the conflict out of awareness (witness Nora's anger at the group leader who suggested she might be more considerate of the group's needs). The developmentalist welcomes this disordered state as the portent of changes underway that open the learner to a potential reorganization of the conflict itself. Yet, the developmentalist is also prepared for the concomitant distress that may surround attention to the conflict, counselling the learner that, through simply making note of the conflict in its various forms, she makes room for its eventual resolution. As Kabat-Zinn suggests,

[I]f you are facing the stress of your life mindfully, you cannot fail in your responses to it. Just being aware of it is a powerful response, one that changes everything and opens new options for growth and for doing. But sometimes those options don't manifest right away. It may be clear what you don't want to do but not clear yet what you do want to do. These are not times of failure....They are creative moments, moments of not knowing, moments to be patient, centered in *not knowing*. Even confusion and despair and agitation can be creative. We can work with them if we are willing to be in the present from moment to moment in awareness (ibid, p. 442).

In this, the progressive/developmental view departs from the cultural/transmissive which would be more likely to introduce at this moment in the learner's journey a means for *dampening* versus heightening the experience of disregulation. The tradition of stress management as introduced by Seyle suggests that our experiences of excessive tension are remnants of an earlier era in our development as a species and not markers in moments of our development as individuals. Out of this tradition comes the recommendation to reduce that tension through the practice of relaxation. The risk of such an approach from the developmental standpoint is that the peremptory reduction of tension may not be what the learner requires. Loder, for example, suggests that the connection between tension and intention is more than etymological. The intentional learner, he suggests, experiences himself as "being in *tension* and stretching toward completion [of the knowing act] through the *tenses* of time, from past through the present, toward the future...[I]ntention here cuts across the boundary between conscious and unconscious, driving toward a continuity of the event for the whole person." (ibid, p. 35).

Kabat-Zinn concurs, suggesting that the learner in the stress reduction clinic needs to be made aware that the experience of tension is potentially a sign of growing awareness, and not as might be construed a failure on the learner's part to become "better" at managing stress. Lacking that understanding, the learner may despair that she has failed to absorb the central lessons of the program. He suggests,

There is no way to fail in this work if you pursue it with sincerity and constancy. Meditation is not relaxation spelled differently. If you do a relaxation exercise and you aren't

relaxed at the end, then you have failed. But if you are practicing mindfulness, then the only thing that is really important is whether you are willing to look and to be with things as they are in any moment, including discomfort and tension and your ideas about success and failure. If you are, then there is no failure. (ibid, p. 442)

In the Mind/Body Program, group leaders do not frame the outcome of RR in terms of success or failure. Like Kabat-Zinn, they too introduce mindfulness as a tool for broadening awareness. Yet, several learners in the study do report their frustrations with practice sessions that fail to engender feelings of peacefulness and recount that they tend to cut those sessions short. As a skill, they anticipate that practice of the Relaxation Response will result in the experience of relaxation. Corollary experiences of tension resulting from the practice itself thus leave them confused and seem to reduce their motivation to practice.

If the resolution of core conflicts as a means of transforming stressful experience is a reasonable view of the task of the learner in the stress reduction clinic, then what would a developmental curriculum attentive to that task recommend? Such a curriculum must necessarily be suitable to learners at different levels of development. As such, it should be attentive to the different forms through which conflict is likely to be manifested. Knowing what conflicts are likely to be about from a developmental standpoint may prepare program staff for the various ways in which learners construct them.

For example, developmental theory suggests that there exist signature conflicts that adults experience at different points in their growth. While these can play out in a number of ways, in their structure they represent the reigning points of discontinuity between a receding form of knowing and an emergent one. Attention paid to these conflicts and how they

order knowers, identified with the "shared reality" (Kegan, 1982) of relationship, can experience as stressful threats to their alliances. Fourth order knowers, identified with their belief systems, can experience as stressful challenges to the validity or universality of those core epistemic commitments. These commitments do not *summarize* the identifications held by knowers at each level, but they serve to distinguish the sources of stress most likely to play key roles in any learner's narrative of their program experience.

Given these differences among learners, the kinds of educational experiences appropriate for initiating or sustaining transformational learning in the stress reduction clinic must be multifaceted. Kegan (1982) suggests that contexts of intervention must simultaneously confirm and contradict the learner's existing meaning system as well as providing support for continued evolution. The learner requires a quality of attention from the program during each era of development which is specific to the way he or she is constructing stress at the time. Neither the extensiveness of the program's curriculum nor the quality of its delivery will be adequate without attention to the structural quality of the educational experience being offered.<sup>4</sup>

Drawing from the experiences of learners in this study, it is likely that second order knowers, for example, are especially hopeful that the program will provide them with answers to the problems that have plagued them for so long. (Witness both Betty and Martha's expectation of a "miracle.") They will not find welcoming or useful the injunction to

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<sup>4</sup> The ideas and some of the text in this paragraph are drawn from Broderick, 1990.

find their own answers, as helpful as that idea, in theory, appears to be. They will likely make good use of skills provided, if those skills are not dependent on their simultaneous management of a larger theory about mind/body systems. They will remember long after key understandings gained during the program, but are not likely to elaborate on those skills or to find creative ways to put them to use post-program. Second order knowers will benefit from and hope for an ongoing context for supervision of their practice. They will enjoy and request direct instruction, and resist independent exploration of the ideas behind the teachings. They may be resistant to elements of the program that do not make immediate good sense. Those in transition to the third order may or may not enjoy their relationship to the group, depending on how collective support is structured.

Third order knowers (pre-transitional) will be interested in exploring how they might personally connect to the program's teachings. They will rely on the group leader for guidance and overall direction, but derive satisfaction from exploring variations on individual use of the skills. They will likely expect that the group itself will be used as a context of ongoing support, and draw from the connections they build with classmates. These knowers will request also an ongoing context of support, but here the concern is not primarily supervision of the practice but the establishment of a community.

These learners will likely make use of the mind/body systems model to explore the source of particular symptoms, and prefer support for these interpretations.

Post-transitional third order knowers will likely engage with the

skills provided they are freely able to make use of the program according to their developing vision of their own preferences for learning. They may benefit from access to a dialogue about their learning as it unfolds, and particularly as it relates to their internal experience. They may experience periods of difficulty with the program itself, if they view it as contesting their capacities as knowers. Possibly, they will experience key moments of new understanding that will require ongoing integration. They may seek out ongoing contexts for support, but not necessarily expect the program to provide them. They may benefit from the use and exploration of metaphoric representations of their core conflicts. They will make sense of the program's basic teachings in ways consonant with the program's objectives.

Fourth order knowers, who might be infrequently represented, may find powerful the idea of the witnessing mind. Learning to observe mental experience as it unfolds may be a novel and welcome experience. Combining the RR and CR in creative ways might strengthen their perceptions of themselves as able to control their responses to stressful experiences. Fourth order knowers may find fault with teachings that contradict their basic assumptions about education or healing.

In these sketches of developmental considerations for program curriculum, there emerge no insurmountable incompatibilities for learners in mixed groups. It is likely, however, that different forms of program experience might be both more appealing and powerful for participants at different developmental levels. In another context, Diana Dill & Gil Noam (citation) note that patients in a psychiatric hospital request different forms of intervention upon intake that vary in predictable ways according

to their levels of ego development. Second order patients typically request drug treatments, often refusing therapeutic encounters and strongly resisting insight-oriented therapies. Third order patients preference group work and therapy oriented to problem-solving. Fourth order patients *request* insight-oriented therapy.<sup>5</sup> Presumably in this context it would be counter-productive to ignore patients' perspectives on what will be most helpful for them in their distress. Even if the hospital staff were to disagree with a patient's perspectives on the appropriate form of treatment, it would be unwise to diverge completely from the patient's request.

Typically in behavioral medicine, patients have frequently tried multiple other treatment options for their stress-related conditions before contacting or being referred to an intervention like the Mind/Body Program. As such, they may have little to say on what they expect from the program or know too little about the intervention itself to frame their expectations. Yet their experiences as adult learners in the program will likely parallel their preferences or capacities for learning in any setting.

The participants in this study, having expressed their preferences and demonstrated their capacities, point the way for learners like themselves who encounter the program in ways consonant with the frame of reference structured by their order of knowing. By recognizing these differences, program designers can respectfully attend to the educational effort the learner lays out, while making the best use of a broad field of

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<sup>5</sup> J, B, M: I've misplaced this article and need to locate it to confirm that these are actually the splits they found. Michael--have you got it from the upcoming book?

intervention knowledge and experience.

### **Problem Frames and Possibility Frames in Stress Intervention**

Any theory is bounded and therefore directs our attention to particular sets of phenomenon. Developmental theories put our attention on problem-solving as the means for initiating or sustaining a process of change. In this sense, they are not that different from social/transmissive approaches, which similarly focus on the resolution of the learner's problems through the acquisition of "strategic knowledge" (Prawat, date).

*MORE TO COME HERE! SORRY FOR THE ABRUPT FINISH*



## Bibliography

VITA

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