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BOOK REVIEWS

Meditation for Psychotherapists: Targeted Techniques to Enhance Your Clinical Skills (2025) by Alexander H. Ross. Routledge. ISBN: 9781032453507 (hardback). ISBN: 9781032453514 (paperback). ISBN: 9781003382959 (Ebook)

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Meditation for Psychotherapists: Targeted Techniques to Enhance your Clinical Skills (2025) by Alexander H. Ross is designed for therapists from various psychotherapy and counselling modalities to explore how meditation can develop the mental qualities required for their specific therapeutic approach, strengthen their clinical skills, and provide a tool for self-care. The therapeutic approaches included in the book are psychoanalytic-psychodynamic, person-centred, body-centred, existential, and mentalisation-based therapy (MBT). Ross qualified as a medical doctor in 2012 and subsequently trained in psychodynamic psychotherapy at the Tavistock Institute in the United Kingdom. He draws on a broad range of psychological, physiological, and neuroscientific texts, and early Buddhist teachings, for his theoretical and practical guidance throughout the book. His lived experience of extensive meditation practice and study in Eastern traditions also provide a thorough understanding and knowledge of the subject. Readers have access to an accompanying website offering recordings of the meditations he has designed for use across the various therapeutic approaches. This book is a unique contribution to the field of counselling and psychotherapy due to the inclusion of the multiple modalities and the meditation techniques specifically designed for therapists to use with each approach.

My interest in reviewing this book was not based on any professional meditation or mindfulness-based training, nor do I make use of those interventions in my clinical practice. On the contrary, the book's title brought to mind the benefits of a meditation course I undertook several decades ago that was part of a personal development course and ultimately a springboard to my own personal therapy and training in this profession. Although I do

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not consider myself to be a committed meditator, I do continue to practise several of the relaxation and breathing exercises I learned then and I continue to find them helpful. This book, however, is primarily for therapists to delve into and explore how the meditations presented can improve their work; it also offers benefits for self-care.

The author originally trained as a medical doctor and is a psychodynamic psychotherapist based in London, United Kingdom. A long-term practitioner and student of the Buddhist tradition of Thai Forest Theravada meditation, he has been teaching courses in meditation for many years. He came upon the idea for the topic of this publication after attending a 10-day meditation retreat during his psychodynamic psychotherapy training.

Ross describes his book as an "introductory text" (Ross, 2025, p. xiv), which suggests that it is confined to providing basic information, but I soon discovered it was so much more than that. His rationale for his description was that while the text would introduce the reader to meditation, its full value would depend on clinicians' actual practice of relevant techniques "that will support a meditator to take this introduction into their clinical work" (p. xiv). Acknowledging there are other excellent publications on the topic of meditation for mental health practitioners, he says his differs from these insofar as: "I am coming from the perspective that each of the described psychotherapy models has different mindsets and therefore require [sic] specific MMs [meditation models] to engender these frames of mind" (p. 11). He acknowledges that the term to describe mental health practitioners varies across the therapeutic approaches, and offers this reason for his preference:

> Different psychotherapy traditions use a range of language to describe the therapist and the person who comes to see them. I realise that some prefer counsellor, therapist or psychotherapist and patient, client or service user—each word with its own advantages, disadvantages, historical context and perspective. To keep things as broad as possible, I will be sticking to using the nomenclature of the therapist and client. (p. xviii)

Chapter 1 provides a meditation framework. The framework draws on Ross's definition of meditation as a practice that employs a distinct type of consciousness to develop the qualities of "concentration", either open or focused, and "discernment", which can range between impartial and evaluative (p. 1). Included in the framework are three different kinds of awareness across a time sequence. In the past is "mindfulness"—thinking back on the object of meditation and holding it in mind; in the present is "alertness"—being fully aware and focused on the here and now; and in the future is "ardency"—possessing the eagerness and commitment to recognise and develop the mental qualities needed for concentration and discernment (p. 1).

The author explains how alterations in breathing techniques and the different types of awareness can be varied in meditation to develop the mental attitude required for the particular therapeutic approach in which a therapist is working. The author's website provides 10 audio recordings that are linked to each chapter of the book, the first recording being the meditation that helps therapists establish the meditation framework.

Ross then explores the various meditation practices that are now available, how the different methods have been classified into types, and the research that has been undertaken in empirical and neuroscientific studies. Of these, he suggests a classification system devised by Nash and Newberg (2023) that could be useful to therapists who prefer such systems. He adds, though, that his meditation framework differs because it "has a more practical function as opposed to the more academic nature" (p. 10) of Nash's and Newberg's system.

When discussing the differences between the spiritual practice of meditation and the secular practice of mindfulness, Ross notes the burgeoning interest in the latter. Therefore, it was interesting to read his explanation of how his use of the term *mindfulness* differs from its application in mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT):

> In MBSR and MBCT mindfulness *is* meditation. In contrast, I have presented mindfulness simply as remembering to keep an object in mind, which is a more specific, narrow definition, similar to the early Buddhist meaning of sati ... where sati was but one aspect of a description of a practice that incorporated different features, not just remembering to keep the object in mind. Therefore, by putting mindfulness into a larger stable with other mental qualities, each mental quality can be investigated and adjusted to bring about different outcomes. This means meditation techniques can be tailored to those mental qualities that a specific internal therapeutic setting may require. The contemporary mindfulness definition as a complete meditation technique would not allow for any changes with only a present moment, open, non-judgemental type of awareness utilised. (p. 18)

Noting the wide range of opinions on the compatibility and suitability of meditation as an adjunct to therapy, Ross says criticism dates back to the early 20th century, when, in *Civilization and Its Discontents*, Sigmund Freud (1930) discussed "*worldly wisdom from the East* in a sarcastic manner when discussing the issue of religion and the oceanic feeling" (p. 20). He adds that Freud considered meditative states to be a form of detachment from life and therefore contradictory to the goals of therapy, which require engagement with difficult feelings.

The perception that meditation primarily concerns detachment and requires intense absorption often leads to misconceptions about its practice, says Ross, and he argues that meditation is often challenging and requires the ability to integrate new understandings into one's life. This is apparent in the techniques he advocates, which are designed to help therapists ground themselves and strengthen their mental qualities without becoming detached.

Drawing attention to other criticisms of meditation, including secular mindfulness, he cites Ronald E. Purser's (2019) book, *McMindfulness: How Mindfulness Became the New Capitalist Spirituality*, which explores how mindfulness practices have been used in workplaces and other institutions to encourage workers to accept detrimental conditions passively. Ross notes the potential for this approach "to be extended throughout society as a kind of mindlessness" (p. 23).

Citing other research findings that document mixed outcomes of the practice of meditation, Ross acknowledges there are "potential pitfalls", noting "the high levels of mental distress" (p. 25) evident in some participants at retreats he has attended. He describes how he considered all this when designing the meditations for his book and decided they would not pose a danger to the target readership of mental health practitioners, although he does recommend seeking support if one experiences undesirable effects. In the later chapters, he provides exercises that are useful for slowly building up to the more intense meditations required for the various therapeutic models.

In the section of Chapter 1 titled "The Current Evidence Base" (p. 27), Ross notes the diversity of studies published over the past two decades that have examined the advantages of meditation for therapists and says despite the wide variety in the meditation techniques used, the results have been favourable enough to encourage meditation for therapists generally and for trainees. He then describes the mixed outcomes of some studies, which demonstrate benefits for therapists but not necessarily for clients. Overall, though, the results from the numerous studies he cites indicate the advantages for therapists, such as improved capacity for empathy, increased ability to regulate emotions and manage anxiety, and increased self-compassion, all of which would assist the therapeutic relationship. In a later chapter, Ross discusses the benefits of self-care tools designed to reduce the risk of burnout. He does stress, however, that these meditations are to be considered similarly to other professional development tools—as adjuncts for a therapist's practice—not as an alternative to clinical supervision.

In Chapter 2, "Taking a Deep Breath", Ross describes the benefits of breath-focused meditation, introduces a variety of techniques to practice this type of meditation, and discusses the practicalities of where, how, and when therapists could integrate these practices into their private daily lives and professional work. It is here that the author's medical training is also apparent as he explains the physiological and neuroscientific aspects of particular

breathing techniques that can be used to control the nervous system, one of which is a breathing exercise with which an individual can change their heart rate and level of blood pressure by adjusting their type of breathing.

Ross highlights in this chapter the value of meditation practice for developing the "common factors" (p. 47) of therapy, particularly for those therapists who work from an integrative approach, and he provides a comprehensive description of all the factors. He encourages therapists to maintain their motivation by keeping a log of meditation sessions and a reflective journal.

In the following chapter titled "The Psychoanalytic Stance: External Listening", Ross cites Michael Parsons' (2007) description of the psychoanalytic perspective as divided into two distinct forms of listening, namely, "internal" and "external" (p. 72). Internal listening is described as the therapist's ability to observe their own mental and bodily reactions, and external listening as the therapist's observation of the client's words, affect, and physical expressions. In this chapter, the author explores the concept of external listening and offers meditation techniques designed to strengthen the skills required to focus on the client's story and emotional expressions, which assist therapists to develop a clearer understanding of a client's unconscious processes. Other concepts discussed in this chapter include how to adapt meditation techniques when working from a brief psychotherapy approach in which, the author suggests, a different mindset is needed requiring a "more open awareness than evenly suspended attention" (p. 79).

The concept of internal listening is then discussed in Chapter 4. Ross highlights the necessity for therapists to pay attention to their own thoughts, emotions, and physical sensations that emerge during sessions in order to strengthen "psychic robustness" (p. 95) and increase self-awareness and thereby understand their own unconscious processes. He stresses countertransference, and developing the ability to manage it, as paramount to prevent the therapeutic relationship from being disrupted. He provides a case example in which he describes the "intersubjective processing" made possible by his own breathing awareness during a challenging session with a client (p. 114).

Since I am trained in a model of psychotherapy that draws on relational and intersubjective theories, I was pleased to find the author referring to the "intersubjective space" (p. 95) that can be formed through the joint use of a therapist's countertransference and a client's transference. However, I would have liked to see the inclusion of more contemporary references and especially of more intersubjective and relational concepts throughout the psychoanalytic section.

Body-centred psychotherapy and the role of somatic awareness in therapy is the topic of Chapter 5. This chapter explores how meditation techniques can assist therapists to cultivate recognition of their own bodily sensations, thereby deepening their somatic awareness and enabling them to understand the bodily cues of clients and work with these responses. The author

describes the early development of body-oriented therapies and states that, contemporarily, "interest in the connections between mind and body in trauma has more recently found a place in more popular psychological thinking due to the work of Bessel van der Kolk (2014)" (p. 119).

Specific guidance is offered on "body-scanning meditation" (p. 126) to assist practitioners in recognising the broad range of physical sensations that can signal a countertransference reaction during a session. Highlighting the importance of recognising "somatic countertransference" (p. 121), Ross cites Totton (2003):

> Clinically, as with other forms of countertransference, it has a particularly powerful way of cutting through in terms of providing information beyond those more apparent verbal communications from a client. As experienced through the body, it can offer a more immediate understanding, requiring fewer layers of self-interpretation to understand the communication compared to cognitive or affective forms of countertransference. (p. 121)

The core concept of "unconditional positive regard" (p. 131) receives particular attention in Chapter 6 during Ross's discussion of person-centred counselling. The author acknowledges that he has concentrated on this particular concept rather than empathy or congruence, although both are integral to this model, because a therapist's "capacity to develop unconditional positive regard is not one learned from a book or during academic seminars but rather in practical methods of self-discovery and development" (p. 135). To develop the mindset required for this therapeutic approach, he has developed a loving-kindness and compassion-focused meditation.

A comprehensive description of the philosophical underpinnings of existential psychotherapy and a detailed inclusion of the fundamental concepts of the modality are offered in Chapter 7. The author describes how adopting a phenomenological approach prioritises the need to understand how clients perceive their lived experiences and depends on the ability of therapists to "bracket" any assumptions that may arise (p. 149). He details how therapists can foster an existential orientation through the use of specific meditation techniques and reflective practices that will help develop their ability to be curious and remain present without judgement.

"Mentalisation-Based Therapy: The Mentalising Stance" is the title of Chapter 8, and, like the previous chapters, it provides an outline of the origins of this therapeutic approach and the early pioneers involved. Mentalisation refers to the capacity to distinguish between one's own and others' thoughts, feelings, and intentions. Ross says "mentalisation is also often summarised by the simpler definitions of understanding misunderstanding or thinking about thinking" (p. 154). Therapists working with this approach assist clients to develop a better understanding of their

own and others' mental states in order to be able to process experiences in interpersonal relationships, and to recognise and understand emotional triggers. The meditation exercises provided in this chapter are designed for therapists to develop an inquisitive and open attitude towards clients' internal experiences and thereby attain a deeper understanding of clients' perspectives.

In Chapter 9, "Other Complementary Techniques", a range of additional exercises are offered including guided imagery, progressive muscle relaxation, using visual and auditory senses, and breathing techniques incorporating body movement, and all are deemed to be effective when integrated with meditation. Ross says he included these exercises in recognition of the therapists who work from an integrative therapeutic approach and "may bring different modalities and mindsets to a session depending on the client and where the client might be in that particular session or moment of time" (p. 170). Here, a variety of techniques are offered that may be used before, during, and after therapy sessions. Techniques such as "box breathing" (p. 171) to relieve panic and stress and being outside in nature using "focussed noticing" (p. 183) are but two of these described in detail.

The author regards Chapter 10, "Troubleshooting", as probably the "most important" chapter (p. 196) because it covers all the reasons that people offer to avoid meditation, based on his many years of experience. These excuses range from the physical discomfort experienced while meditating to being distracted, unsettled or drowsy. He offers several strategic exercises to overcome these and also encourages becoming a member of a meditation group; in particular, he hopes that psychotherapists will be inspired to form specific groups to meet and use the techniques provided in his book. He reiterates the use of journalling (or using relevant apps) to record progress and stay motivated.

As I listened to each of the audio recordings, available on https://www.arosspsychotherapy.com/meditation, I enjoyed the tone of the author's voice and the content of the scripts for each meditation. As I read each chapter, I became increasingly aware of how richly packed with information each was and the extensive range of step-by-step meditation techniques each offered. Although readers might be tempted to skip through to the chapter discussing the therapeutic approach they use in their work, I recommend exploring them all.

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