

**MINDFUL OF WHAT?
AN ALTERNATIVE EXPLORATION OF MEDITATION
AND THERAPY**

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My Personal Experience of Meditation

Meditation informs the way I am in the world and consequently the way I am with clients. I am a writer, tutor and Person-Centred/Existential therapist with a background in Zen Buddhism and Adlerian Psychology. I have practised meditation for 30 years and in January 2004 I was ordained as a Zen monk in both the Soto and Rinzai traditions. Thirty years ago I practised dynamic and yogic methods of meditation, combining active expression with contemplation. At the time I thought meditation meant *stopping the mind*, interrupting the flow of thoughts and experiencing) the stream of life directly.

With hindsight I can see how naïve and even counterproductive that notion really was. I also realise the fact that it made complete sense at the time! Instead of trying to stop the mind (an impossible task at any rate) meditation has come to mean being with, attending to arising thoughts and feelings more fully without attachment. I continue to practise meditation daily, and this process is still ongoing and very much alive.

For years I continued to meditate and to work as a therapist without reflecting on how meditation might have influenced the way I was with clients. What I did notice was that if I discontinued meditation practice for a day or two, the quality of attention and empathy given to clients was affected by it: the quality of my awareness became more opaque, and the ability to be in the present moment with the client did not feel as natural.

As my meditation practice developed, it *shed its aura of specialness*. It became an *embodied* practice – awareness of the body posture as well as of thoughts, feeling and emotions. It also became *awareness of the wider field*, of what Rogers (1961) calls “organismic” experiencing (p.111).

This was an important shift, as it merged organically with my therapy training. I started to discern – vaguely at first – that the two fields of enquiry – therapy and meditation - complemented

each other, and it was exciting to see that the meeting point of these two different modes of enquiry and philosophies was *experiential*.

The significant shift consisted here for me of moving away from a search for transcendence to a more accurate awareness, hence appreciation, of phenomena.

My Current Experience as a Meditator

On reflection, there are four significant elements to my current experience of meditation:

1) Meditation is no longer associated with goals or expectations but is the *appreciation of what is*.

2) Meditation is not a search for “answers” but allowing space for *deeper questioning and enquiry*.

3) Meditation allows an *unravelling of content* (thoughts, feelings, emotions) via an *unravelling of the observer* himself: a *fluidity* of experiencing which opens me, the observer/experiencer, to a clearer insight into the *self as process* rather than a solid, self-existing entity.

4) Meditation allows me to have a deeper acceptance and *trust* in the wider process of life itself.

Is Mindfulness-Based CBT the Only Option?

There have been many attempts in recent years to incorporate meditation into psychotherapy. The best known methodology in the U.K. remains confined to what is commonly called “third-wave CBT”, i.e. the combination of a specific kind of meditative practice (Mindfulness, Kabat-Zin, 1994) with a specific therapeutic orientation (cognitive-behavioural). I have studied (and subsequently taught and facilitated) Mindfulness-based CBT programmes. I have found this methodology fascinating and fairly effective, particularly if allowed to fertilize within therapeutic approaches not exclusively and one-sidedly tainted by CBT. One particular interesting development was sketched in Gill Turner’s (2008) delightful article exploring her own creative integration of Kabat-Zin’s work with Adlerian insights. She writes:

“Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgementally... I feel I must emphasize the importance of non-judgement, a quality that is absolutely crucial to the practice. It enables us to welcome everything that we experience with kindness, open-heartedness and compassion”. (Turner, 2008:89)

CBT-Mindfulness represents merely the *beginning* of many possible connections still to be made between Eastern contemplative practices and Western psychotherapy. The variety of the approaches to meditation is as rich and varied as the number of current psychotherapeutic orientations, but, more specifically, the link between *meditation and humanistic psychotherapy* has been largely unexplored.

Literature

The comparative study of meditation and therapy ranges widely, from the integration of psychodynamic psychotherapy and Buddhism (Welwood, 1983, 2000; Epstein, 2004) to the integration of a meditation practice within the Theravada school of Buddhist meditation known as *mindfulness* (Kabat-Zin, 1994) with cognitive-behavioural therapy. There is also an established tradition of more general studies and researches presenting a “panoramic” view of the two disciplines (Mruck & Hartzell, 2006; Suzuki, 1970; Batchelor & Batchelor, 2001; Beck, 1989; Maezumi, 2001; Merzel, 2003). In the more specific field of meditation and contemporary Person-Centred Psychotherapy there is the influential work of David Brazier (1995).

A Small Scale Research Study

I have conducted small-scale *heuristic* research study, which started with my own experience of meditation and the ways in which it informs my work with clients. It has been a *collaborative enquiry* as well: I have recorded four separate interviews with four therapists who meditate on a regular basis. I have then listened to the tapes repeatedly over the course of several weeks, each time taking notes and reflecting on nuances emerging at each new listening.

For several months I *remained with the following general question* which is the key to my exploration: *How does the regular practice of meditation inform the work of a therapist?* I have kept the question alive in the background of my very being

on a daily basis, as a hum, a keynote, a diffuse ambience that kept on as I went through my work, study and daily meditation sessions. I also had several informal meetings with colleagues who are experts in the field; I participated in two one-week long meditation retreats and two weekend workshops, which directly or indirectly, dealt with the same question. I gained inspiration from meeting and discussing the topic with six people who are experts in the field, some of whom have written extensively on the integration of meditation and therapy. I also received invaluable help and monitoring from my core supervisor who has experience in the field of research methodology.

Preparing the Interviews

Before conducting the interviews with my four colleagues, I had noted the following four sub-questions to help me focus during the interviews and maintain flexible guidelines for myself:

- 1) What is the experience of meditation for you?
- 2) How does it influence your work as a therapist?
- 3) How does your experience and understanding of the Person-Centred approach inform your meditation?
- 4) How is meditation helpful or unhelpful to your work as a Person-Centred therapist?

The fourth question implies an inbuilt challenge to my own assumption that meditation is *always* beneficial to the practice of therapy.

Conversing, learning from and sharing ideas and experiences with practitioners from different orientations have been crucial factors that helped me avoid remaining inflexible within my own hypotheses.

I have found the whole process inspiring and I recognised its similarity with my experience of Zen *koan* study, where one reflects intensely, with one's very being and embodied presence to the existential dilemma posed by a particular question. As with heuristic research, *koan* study can provide unexpected openings in perception and understanding, provided I can suspend my own judgement and remain open to the experience. In a similar vein, Moustakas (1990) defines *indwelling* as the "turning inward to seek a deeper, more extended comprehension of the nature or meaning of a quality or theme of human experience" (p. 24).

Analysis

Upon repeated listening, the conversations seemed to converge on some focal points, which highlighted the way meditation informs Person-Centred practice, each of these first having been experienced in meditation and then reflected in the therapeutic relationship:

- a) Unconditional, non-judgemental *openness*.
- b) Embodied *presence*.
- c) *Staying with* – being present to both pleasurable and difficult experiences.
- d) Curiosity – the ability to stay with a question.
- e) Compassion – the self-nurturing provided by meditation overflows into natural empathy and unconditional positive regard.

As to my devil's advocate question, whether meditation could *not* be helpful for therapy, this sparked an interesting exploration. A couple of interesting points came up: one was that meditation can be used as a form of escape, as a passive response to life's challenges, particularly if it is practised to corroborate rigidly-held Buddhist beliefs. One such belief is the inevitability of suffering within the impermanent, unsatisfactory nature of life, a belief that is the very foundation on which Buddhist teachings rest. My colleagues and I found that in our own practice this can, in less inspiring moments, lead to acquiescence.

The other point raised was that meditation would make a therapist "*less ambitious, less career-orientated and also less willing to jump in and attempt to do 'spectacular work' with the client, and generally be more directive*". This was felt, however, as a blessing in disguise, i.e., as an attitude of receptiveness and respect for the inalienable autonomy of the client.

In spite of the highly subjective nature of the experience and the participants' responses, a consensus emerged that saw meditation as a conscious response and a willingness to stay with discomfort and be open to the possibility of change. It was generally suggested that the ability, fostered by meditation, to stay with the client's discomfort is invaluable to a therapist who values the ethical principle of non-directiveness. All participants concurred that the regular practice of meditation makes it less compelling for the therapist to "jump in" to try to rescue and direct when working with a client. This is how one participant expressed it:

"If a client expresses difficult feelings – I can stay there without easing the pain or do relaxation or distract.

Instead, staying with it will not destroy me or the client, and it can allow for a sense of freedom and inner strength, the same thing that I do to myself when I sit”.

A crucial difference from the Mindfulness/CBT approach emerged: *not using meditation as a technique* for clients but instead as *a tool for the therapist* to be more present, more open, and *to cultivate a way of being*.

Meditation Enhances the Quality of the Therapeutic Relationship

A crucial element that emerged clearly from the interviews is that of *relating*. Practising meditation changes the way a therapist relates to the client. Meditation is “*present*” and “*brought into the relationship*”. The therapist becomes “*the instrument of the work*”.

It was suggested that Person-Centred practice allows the therapist to value meditation more “*because of the effect it has on me, on my way of being, because the approach is about where you are and you as a person*”.

It was suggested that a meditative awareness of “*what happens*” and “*what arises*” brings about *congruence*; it brings about acceptance of my experience and that of others; it enhances empathy and the organismic valuing process; it enables one to offer unconditional positive regard. It was suggested that:

“Meditation helps clean the screen and be more in touch with the here and now, with what is happening, not just mentally ... being in touch with a wider sphere, not just with my self concept, who I think I am, or I should be”.

Interdependence

Another important element was the *interdependent* nature of the meditative experience: not something private that I do on my own. It was suggested that:

“Meditation gives a sense of becoming more aware of my own defences, of the self concept and of the configurations of self, of how I’m trying to conceptualise myself as solid, and meditation brings an awareness of ... fluidity, of self as process”.

Meditation allows a kind of melting of our seemingly solid configurations and deeply ingrained patterns of behaviour. For Adlerians, meditation might enhance the therapist's ability to counter, through genuine curiosity and Socratic questioning, the immutability of Life Style – beliefs, feelings and goals

Meditation is a practice from the heart - the practice of cultivating an open heart as well as a mind able not only to express congruence but also genuine empathy for the client, an appreciation of our humanness.

Mindfulness is Mindfulness of the Human Condition

Both meditation and therapy represent imaginative and inspired responses to the conundrum of the human condition. Buddhist meditation, as I understand it, is not rooted in belief, but in the very dilemma of being human, i.e., facing the certainty of death and the uncertainty of its occurrence.

In the 576th verse of the *Sutamippata* (a collection of around 1000 verses), the Buddha compares the human condition to that of a ripe fruit constantly on the point of falling (cited in Batchelor, 2009). Another striking image that the Buddha presents in the same collection is that of cows grazing happily in the field, blissfully unaware that each one of them is in turn being taken away to the slaughterhouse.

What followed from the enquiry is that meditation cannot be seen out of context. Mindfulness is not *per se* but must be seen in context, i.e., *mindfulness of the human condition*, awareness of the uncertainty of life, of its impermanent and unsatisfactory nature.

Mindfulness in context

- In the original meaning given by the historical Buddha, mindfulness is *recollection*. The original word in Sanskrit for mindfulness is *sati*, which is recollection, remembering, as well as *Smṛti*, remembrance. What we remember is, in this context, *impermanence*: we recollect our mortality.
- *Suchness*. In the *Satipattana Sutra* (literally “grounding of recollection and foundation of mindfulness” [(Batchelor, 2009) NO PAGE GIVEN AS THIS WAS FROM A TALK – SEE REFERENCES]), a key text on the practice of meditation and its implications for the practitioner, the Buddha invites us *to recognise feelings as feelings, mind as mind, phenomena as*

phenomena. That means not giving in to the temptation of *interpretation* and not using meditation practice (as indeed seems the case with Mindfulness-based CBT) as re-programming.

It is important to see the practice of mindfulness in context – and in a way that respects its original Buddhist roots as well as refraining from the temptation of adapting it to an existing therapeutic frame, however successful, effective or popular this might be, and even though it might enjoy state-sponsorship. This is not necessarily an objection to contemporary adaptations of mindfulness but an aspiration to maintain the originality of the Buddha’s initial powerful insights which to this day remain *countercultural*, *deeply existential*, and *thoroughgoing* in their refusal to comply with mainstream strategies of denial.

It is wonderful that Mindfulness-based CBT has opened the doors of meditation to the helping profession, even to its most sceptical segments. It would be a little unfortunate, however, if all we were to understand of meditation were to be confined to a rather precious “holy” and downright puritanical emphasis on attentiveness and one-sided concentration on daily activities, paired with a disdain for all that is excessive, ambivalent, irreducible and enigmatic in the human condition.

Meditation practice and Buddhist teachings remain to this day, as they have always been, countercultural. Meditation practice not only involves opening up to the sheer dilemma of being human, emphasising questions and conundrums rather than prescriptive answers. It also stresses the importance of staying with existential uncertainty and understanding fully the pain of our collective condition, the fundamentally unsatisfactory nature of life. A little more than “stress-reduction” I would say! Even though this might be, paradoxically, a by-product. But never before has the practitioner taken on board what the Buddha, in the enunciation of the first of the four “ennobling truths”, calls *dukkha*, normally translated as suffering, namely, the fact that by its very nature human life is unsatisfactory and transient.

As a co-facilitator of the eight-week Mindfulness Programme at the Priory Hospital of Southgate, North London and Hove, East Sussex, I have had the opportunity to experience this approach first-hand this approach and have been impressed by the ability of CBT practitioners to make meditation acceptable to sectors of the medical world which are normally sceptical of it.

I also felt puzzled in noticing that the very core of the experience, the *felt sense of the meditative experience* - that elusive, baffling and unquantifiable element that had made it worthwhile and deeply transformative at a very subjective and personal level – was missing. The focus seemed to lie instead on “normative” elements, i.e., the help meditation can provide in reframing ways of thinking and behaving which, from the outset, are deemed to be “unhelpful”.

Back to Basics

I sit in meditation: cool air coming in through my nostrils, warmer air going out. I focus on the breath, on this simple act so intimately connected with being alive. I stay with the simple reality of being alive, breathing.

But the mind gets so easily distracted. Why is it so difficult to stay with the breath? By coming back to the awareness of the breath, I renew my intention to stay present, to attend to the experience of the body. It is a *remembering* – of the task at hand, but also of the bare fact of living.

A session normally lasts between thirty and forty five minutes: I notice, as time progresses, that a more detailed awareness of the present moment is possible. And because of that, I can, paradoxically, experience my thoughts, feelings and emotions more clearly, without being carried away by them.

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It has been suggested that meditation helps a therapist become aware of the field, of the wider organismic reality, which is central in humanistic and existential therapy. Focusing on the breath, on this initial meditative awareness of such simple activity, is shared by all living things.

Awareness of the field means also awareness of what is normally deemed as “obvious”. We avert our gaze from everyday life in search of something (better, more satisfying, more rewarding, more spiritual, more psychologically sound and so on) and, in this way, miss the ordinary miracle, a “miracle” that can only be grasped, at any given moment, through the body and the senses, through the ordinary yet wondrous experience of being in the world.

As therapists, we might need a training that helps us be in touch with everyday phenomenological reality, in order to remember and recollect better, and to attend to it more fully. It was suggested that perhaps such meditation training would help the practitioner cultivate what Rogers calls *a way of being*, rather than becoming proficient in a technique, or what Adler defines as empathy: “To see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (as cited in Ansbacher & Ansbacher, 1964, p. 135).

The regular practice of meditation would assist a process of focusing and centring that can make a therapist a better instrument, more finely tune to empathic awareness and congruence, one that can better assist a person in distress, or a person exploring issues in his or her life.

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