

Feelings as feelings,
thoughts as thoughts,
therapy as therapy



The growing interest in mindfulness has opened the doors of meditation to the helping professions, but mindfulness-based CBT represents merely the beginning of many possible connections still to be made between Eastern contemplative practices and Western psychotherapy, argues *Manu Bazzano*.

Illustration by Paul Davis

There have been many attempts in recent years to incorporate meditation and psychotherapy. The best known methodology in the UK has remained confined to what is commonly known as ‘third-wave CBT’, ie the combination of a specific kind of meditative practice (mindfulness) combined 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. I feel, however, that it represents merely the beginning of many possible connections still to be made between Eastern contemplative practices and Western psychotherapy. The variety of approaches to meditation is as rich and varied as the number of current psychotherapeutic orientations. More specifically, the link between meditation and humanistic psychotherapy is largely unexplored.

My experience of meditation

Meditation informs the way I am in the world and consequently the way I am with clients. I am a person-centred/existential therapist with a background in Zen Buddhism. I have practised meditation for 30 years. A long time ago I thought meditation meant stopping the mind, interrupting the flow of thoughts and experiencing the stream

of life directly (an impossible task), as well as seeking altered states of consciousness outside the everyday.

With hindsight I can see how naïve and even counterproductive that notion was, even though it made complete sense at the time. Instead of trying to stop the mind, meditation has come to mean being with and 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 I gave to clients was affected: 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.

Meditation is nothing special

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 calls ‘organismic experiencing’.¹ I started to discern that these two fields

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of enquiry – therapy and meditation – complement each other, and it was exciting to see that the meeting point between the two is experiential. The significant shift consisted in moving away from a search for transcendence to a more accurate awareness and appreciation of phenomena.

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

- Meditation is no longer associated with goals or expectations but is the appreciation of what is
- Meditation is not a search for ‘answers’ but allows space for deeper questioning and enquiry
- Meditation allows an unravelling of content (thoughts, feelings, emotions) via an unravelling of the observer himself: a fluidity of experiencing which opens the observer/experiencer to a clearer insight into the self as process rather than a solid, self-existing entity
- Meditation allows a deeper acceptance and trust in the wider process of life itself.

The comparative study of meditation and therapy ranges widely, from the integration of psychodynamic psychotherapy and Buddhism^{2,3,4} to the integration of a meditation practice within the Theravada school of Buddhist meditation known as mindfulness with cognitive behavioural therapy (CBT).⁵ There is also an established tradition

of more general studies and research presenting a ‘panoramic’ view of the two disciplines.^{6,7,8,9,10,11,12} In the more specific field of meditation and contemporary person-centred psychotherapy, there is the influential work of David Brazier.¹³

A small-scale research study

I have conducted a 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 general question, which is the key of 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 being on a daily basis, as 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, and I participated in two 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 supervisor, who has experience in the field of research methodology.

Preparing the interviews

Before conducting my interviews, I noted the following four sub-questions to help me focus during the interviews:

- What is the experience of meditation for you?
- How does it influence your work as a therapist?
- How does your experience and understanding of the person-centred approach inform your meditation?
- How is meditation helpful or unhelpful to your work as a person-centred therapist?

The fourth question implies an inbuilt challenge to my own assumptions that meditation is always beneficial to the practice of therapy. Conversing, learning from and sharing ideas and experiences with practitioners from different orientations have helped me avoid remaining inflexible within my own hypotheses.

I have found the process inspiring and recognised its similarity with my experience of Zen *koan* study, where one reflects intensely with one’s being and

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embodied presence on the existential dilemma posed by a particular question. As with heuristic research, *koan* study can provide unexpected openings in perception and understanding, providing one can suspend one's own judgement and remain open to the experience. In a similar vein, Moustakas¹⁴ 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.'

Analysis

Some focal points highlighted the way meditation informs person-centred practice, each of these first experienced in meditation and then reflected in the therapeutic relationship:

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

As to my question whether meditation might not be helpful for therapy, this sparked an interesting exploration. A couple of things 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 which is the very foundation on which Buddhist teachings rest. We found that in our own practice this can, in less inspiring moments, lead to acquiescence.

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' when working with a client and try to rescue and direct. This is how one participant expressed it: 'If a client expresses difficult feelings, I can stay there without easing the pain... Staying with it will not destroy me or the client and it can allow for a sense of freedom and inner strength, the same things that I do to myself when I sit.'

A crucial element that emerged 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'. One interviewee suggested that person-centred practice allowed him 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'.

Meditation might be something private that I do on my own (although I prefer sitting with friends) but it makes me aware of the interdependent nature of my experience as a human being. It helps me become more aware of my own shortcomings. It is a practice from the heart – cultivating an open heart as well as a mind able to express congruence but also genuine empathy for the client, an appreciation of our humanness.

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, ie facing the certainty of death and the uncertainty of its occurrence. In the 576th verse of the *Sutamippata* (a collection of around 1,000 verses), the Buddha compares the human condition to that of a ripe fruit constantly on the point of falling.¹² Another striking image that the

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Buddha presents in the same collection is that of cows grazing happily in the field, blissfully unaware that each of them is in turn being taken away to the slaughterhouse.

Mindfulness must be seen in context – ie mindfulness of the human condition, awareness of the uncertainty of life, of its impermanent and unsatisfactory nature. Mindfulness is recollection. The original Buddhist term for mindfulness is *smṛti* in Sanskrit and *sati* in Pali, both meaning recollection, remembering. What we do remember is, in this context, impermanence: we recollect our mortality, the transient nature of life.

Of equal importance is the fact that 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 reprogramming.

Mindfulness in context

It is wonderful that mindfulness-based CBT has opened the doors of meditation to the helping professions, 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 one-sided concentration and miss its

wider applications, namely a deep inquiry into the existential dilemma of the human condition. Meditation practice remains countercultural: it emphasises questions rather than prescriptive answers; it stresses the importance of staying with uncertainty and taking fully on board the pain of our collective condition, the unsatisfactory nature of life, what the Buddha called *dukkha*.

As a co-facilitator of the eight-week mindfulness programme at the Priory Hospital North London and Hove, I have had the opportunity to experience firsthand this approach and saw its efficacy in alleviating the discomfort of those suffering from bipolar disorder. I also noticed, however, that the core of the experience, the felt sense of the meditative experience, was missing and the focus seemed to lie instead on ‘normative’ elements, ie the help meditation can provide in reframing thoughts and behaviours deemed to be ‘unhelpful’.

Appreciation of the everyday

Meditation helps a therapist become aware of the field, of the wider organismic reality,¹⁵ which is central in humanistic and existential therapy. Awareness of the field also means 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 better remember and recollect, and 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. The regular practice of meditation would assist a process of focusing and centering that can make a therapist a better instrument, more finely tuned to empathic awareness and congruence, one who can better assist a person in distress or a person exploring issues in his or her life. ■

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