

Mindfulness and Psychotherapy

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CHAPTER 2

Buddhist and

Western Psychology

Seeking Common Ground

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Mindfulness has been practiced deliberately for over 2,500 years, primarily in the form of mindfulness meditation, to alleviate human suffering. While it has been subjected to scientific scrutiny only recently, millions of anecdotal reports from Asian cultures over the centuries attest to its usefulness. Western psychotherapy is quite new by comparison, and originated in a very different time and place.

Can we expect to find parallels between an ancient Asian practice of mind training and modern Western systems of psychological treatment? Are the problems of ancient India and the modern West so different that comparing their systems of healing is misguided? Or is there some universality to human psychology and suffering that both traditions address? How does each tradition understand suffering and its treatment? Only recently have mental health professionals given serious consideration to the healing potential of mindfulness practice. This chapter takes a preliminary look at how these ancient and modern traditions relate to one another.

In approaching the topic, at least two distinct relationships between

mindfulness and psychotherapy present themselves. First, mindfulness meditation, a deliberate practice designed to alleviate psychological suffering, can be compared and contrasted with Western psychotherapy. Second, mindfulness itself—awareness of present experience with acceptance—may be seen as a common factor contributing to the efficacy of both Western psychotherapy and formal mindfulness meditation practice.

Of course, many varieties of psychotherapy have developed in its relatively brief history, and many variants of mindfulness meditation have been practiced over the centuries. It would be impossible to review all of these here. Instead, we go back to beginnings, and explore core similarities and differences between mindfulness meditation in its early form, practiced as part of *vipassana* or insight meditation, and the psychodynamic and behavioral traditions out of which most modern psychotherapy has developed. These two psychotherapeutic traditions are chosen with the open-eyed understanding that there are many more forms of treatment. Even the psychodynamic and behavioral psychology traditions are diverse. However, we emphasize these two schools of therapy due to their pervasive influence on our field, and because each has interesting qualities in common with mindfulness practice.

ALLEVIATING PSYCHOLOGICAL SUFFERING

Like Western psychotherapy, mindfulness meditation developed in response to suffering that was understood to have a psychological cause. Also, like psychotherapy, the domain of mindfulness meditation includes thoughts, feelings, perception, intentions, and behavior.

Given this focus, Buddhist psychology naturally shares with its Western counterpart a basic framework for understanding psychological disorders. Both systems (1) identify symptoms, (2) describe their etiology, (3) suggest a prognosis, and (4) prescribe treatment. This formulation is found in the Four Noble Truths, reported to be the Buddha's first formal teaching (see also Appendix B).

Before looking at looking both traditions within this framework, let us consider a clinical example that we use to illustrate subsequent points:

Richard, a young man of 23, living in New York, had been socially insecure in high school, did not excel at sports, and was often intimidated by other guys. He had several girlfriends throughout high school and college, but until recently had felt uncertain of his attractiveness. He regularly smoked marijuana and experimented with hallucinogens.

During his last year at college, Richard became involved with an unusually attractive and sensual young woman, Jessica, who was a year behind him at school. They began a torrid sexual relationship. It was complicated, however, by the background presence of her previous boyfriend, who had moved away to California.

Jessica was at a crossroads in her life. She invited Richard to live with her. This made him anxious, and he told her that he did not feel ready. After many painful conversations, she announced that she, too, had decided to go to California.

Richard was devastated. His mind alternated between intense longing and wild jealousy as he imagined Jessica passionately making love with her ex-boyfriend. He had trouble sleeping at night and could not concentrate at work. He started smoking marijuana daily and tripping frequently on LSD in an effort to loosen his attachment to Jessica. He could not bear to watch other couples together. Every time he passed someone who looked at all like Jessica, he was overwhelmed with sadness and anger.

Richard found his weekly psychotherapy to be supportive, but he remained miserable. Desperate to do *something*, he signed up for a 2-week intensive mindfulness meditation retreat.

Few psychotherapy patients are like Richard, choosing to try intensive retreat practice when in an emotional crisis. Nonetheless, his experience helps us to compare and contrast how psychotherapy and meditation traditions can address a typical psychological problem. By amplifying the effects of mindfulness, Richard's intensive retreat experience will offer a window into the workings of the practice.

Symptoms

The symptoms that are the focus of Western psychotherapy include both unpleasant subjective states such as anxiety and depression, and patterns of maladaptive behavior such as phobic avoidance and compulsions. Richard's difficulty concentrating, repetitive intrusive thoughts and feelings, sleep disruption, and dependence on illegal drugs are not atypical.

The "symptom" addressed by mindfulness meditation is simply the suffering that is inescapable to all who exist. No state, however pleasant, can be held indefinitely, nor can unpleasant experiences be avoided. However, we are so conditioned to avoid discomfort and seek pleasure that our lives are colored by a sense of "unsatisfactoriness," of something missing. Such suffering may or may not rise to the level of a formal psychiatric diagnosis. Rather, it arises from deep misunderstanding about the nature of our lives and our minds. In this sense, suffering is seen not as a symptom of a medical disorder but as a result of the nature

of our relationship to the existential realities of life. As we see throughout this book, clinicians are now attempting to use mindfulness meditation in the treatment of a wide variety of psychiatric disorders. Nonetheless, the practice was originally intended to address more universal, nonclinical, aspects of human suffering.

Interestingly, many of the "symptoms" that mindfulness meditation addresses do not become apparent to an individual until he or she begins mindfulness practice. For example, meditators notice that it is very difficult to sit still and follow the breath; they find that their minds are constantly leaping forward into fantasies of the future or reviewing memories of the past. They begin to notice, in fact, that they are rarely fully present to life experience. They often also notice an array of anxieties and other affects that may not have been apparent before they attempted to be mindful. The realization that we habitually omit so much from ordinary awareness can be quite unsettling.

This unsettled feeling is not unlike what patients entering psychodynamic psychotherapy experience as they begin to feel that they are more neurotic than they had originally thought. They begin to notice themselves defending against all sorts of thoughts and feelings, and engaging neurotic patterns based on past experiences.

There are parallels to this phenomenon in many behavioral treatments also. Procedures such as self-monitoring or completing behavioral inventories can make clients suddenly aware of just how pervasive their symptoms are. Being asked to approach feared activities in the name of treatment can also amplify symptoms dramatically.

Richard's gross symptoms—his depression and obsessive thoughts of his girlfriend—were initially quite obvious to him and others. When he started meditating intensively on retreat, however, he also noticed that he was frequently awash in intense fears whose object he could not identify. In addition, his mind began to be filled with violent images in which he dismembered Jessica and her ex-boyfriend.

(We return to these images shortly.)

Etiology

Modern mental health clinicians see the complex etiology of psychological disorders as involving biological, psychological, and sociological factors. Nature verses nurture arguments have given way to recognition that both genetics and environment interact in shaping human experience and behavior.

Both psychodynamic and behavioral traditions have concluded that much human suffering is caused by distortions in thoughts, feelings, and behavior. Here, they find common ground with mindfulness meditation traditions, however much they differ on the causes of these distortions.

Psychodynamic psychotherapists generally presume that distortions in thought and feeling, born usually of childhood experience, have created psychological scars that distort our responses to present circumstances. The defenses we develop selectively to avoid some experiences prevent us from seeing current reality clearly, and restrict our range of affect and behavior. For example, in his therapy, it was apparent that intimacy and commitment were highly conflicted for Richard. These difficulties arose from an inflated self-image ("Why should I *settle* on one woman?") that compensated for his feelings of inadequacy ("I'm not really much of a man"). Both of these ideas had roots in his childhood relationships.

Behaviorism, with its focus on maladaptive external behavior, did not initially address subjective experience. It viewed the mind as a "black box" that did not require investigation. Psychological difficulties were understood as the result of maladaptive reinforcement contingencies (Skinner, 1974).

Nonetheless, behaviorists eventually developed an interest in subjective experience (Beck, 1976; Ellis, 1962). They came to see that the thoughts, feelings, and images associated with maladaptive behaviors were important links in the causal chain leading up to those behaviors. Cognitive-behavioral therapy (CBT) emerged as a technique for capturing or noticing thoughts, feelings, and images as they pass through consciousness, particularly identifying "irrational" thoughts as a cause of suffering. For Richard, the most obvious cognitive distortions involved catastrophizing—thoughts such as "I'll never find another woman like Jessica" and "I'll never enjoy life again."

Mindfulness meditation shares the observation that holding a variety of distorted core beliefs leads to suffering. As we will see, Buddhist psychology identifies false beliefs about who we are to be the most pernicious distortion.

At their roots, behavioral psychology, psychodynamic psychology, and Buddhist mindfulness all rest on the idea of conditioning, though the issue of conditioning is addressed differently by each. Psychodynamic psychology is interested in understanding an individual's unique conditioning and how it informs the present, through the misapplication of early adaptive strategies, and how early experience shapes the sense of the individual makes of him- or herself and the world. Behavioral psychology, like mindfulness practice, is less interested in the way an individual constructs meaning than in helping that individual to see the role

conditioning plays in present-day life, thereby empowering him or her to modify current conditions to pave the way for more satisfactory outcomes.

What all three traditions share, then, is a recognition that suffering is not random, not a consequence of divine retribution for sin, nor a test for entrance into a future paradise, not a result of moral weakness, but a natural consequence of conditions. This recognition offers hope for relief, because suffering arises from causes that can be understood and often modified. Human suffering is rendered as part of a lawful order.

Prognosis

The prognosis for treatment in psychodynamic and behavioral traditions, of course, varies with the disorder being treated, and the same may be said of mindfulness meditation. While the apparent emphasis on suffering and impermanence in Buddhist psychology may seem excessively gloomy, it is actually remarkably optimistic. Given the pervasiveness of "symptoms" of repeated striving, frequent disappointment, and difficulty being fully present that we initially observe during meditation practice, it can be hard at first to imagine that this method can actually alleviate suffering!

In fact, the prognosis, as described in the Buddhist literature, is radically optimistic. It states that while no one is immune from suffering, there is the potential for its complete alleviation, though this level of freedom is afforded only to fully enlightened beings. However, even in its more modest application, mindfulness offers a surprisingly good prognosis; if we can learn to embrace life as it is, we will not suffer as much. In the case of Richard, he realized at the beginning of his retreat how he was continually absorbed in his thoughts and fantasies. He saw the possibility of grounding himself in the immediate reality of moment-to-moment sensory experience. This realization brought the first ray of hope he had had since Jessica announced she was leaving.

Treatment

All three of the traditions we have discussed involve a combination of introspection and prescribed behavioral changes in their efforts to alleviate suffering. A brief overview reveals several parallels.

Introspection

Psychodynamic psychotherapy, with its historical emphasis on free association, begins by exploring the contents of the mind. Patients are en-

couraged to say whatever comes into awareness, and this material is examined for patterns that reveal underlying thoughts and feelings. It is through gaining insight into these contents, correcting distortions based on early experience, and healing psychic wounds that reduction of suffering becomes possible.

In CBT, the emphasis has traditionally been on identifying and changing irrational patterns of thought that lead to maladaptive behaviors. Irrational thoughts are labeled, challenged, and replaced with more rational thoughts, leading to more adaptive, satisfying behavior. This approach has been broadened recently with the development of mindfulness-based CBT that borrows from ancient mindfulness practice the idea that learning to *accept* painful experiences, rather than seek to be rid of them, can be transformative.

Mindfulness meditation involves repeatedly observing the mind, moment-by-moment. It differs from the introspection practiced in psychodynamic therapy in the nature of the objects chosen for attention, and in the sort of attention brought to them. This repeated observation eventually leads to insight into the workings of the mind, which, as we will see, brings relief from suffering. It also allows the mindfulness practitioner to increasingly and wholeheartedly embrace the full range of human experience.

Behavior Change

In recent years, many psychoanalysts have recognized the limits of insight, and even "working through," to effect visible change, and have come to value deliberate efforts at behavioral change. Obviously, in behaviorally oriented treatment, deliberate, practiced action assumes a central role.

The mindfulness meditation tradition also includes prescriptions for behavior change. At first glance, these appear to depart radically from Western psychotherapeutic traditions in their emphasis on morality. Both psychoanalysis and behaviorism differentiate themselves from Western religions and other cultural institutions in their relative neutrality around moral issues. By remaining nonjudgmental, therapists seek to allow patients to explore their true feelings, whether or not the feelings are ethical or socially acceptable. In most settings, therapists take a similarly nonjudgmental stance toward their patients' behavior, despite being legally mandated to report certain conduct to outside agencies.

"Treatment" in the Buddhist tradition is described in a group of principles known as the Eightfold Path (see Appendix B). Three of these eight principles—Right Effort, Right Mindfulness, and Right Concentration—describe mental practices, while another three refer explicitly to

moral conduct—Right Speech, Right Action, and Right Livelihood. While these ethical guidelines include many of the prohibitions found in Western religions, they are presented somewhat differently in the Buddhist tradition. Practitioners are invited to watch their minds carefully to see the effects that following or not following these guidelines have on the quality of consciousness. The guidelines are thus recommended as a foundation for mindfulness meditation practice, based on the observation that an individual engaged in unethical activities will find peace and tranquility elusive. Conducting oneself in a moral fashion is therefore seen as a practical—even therapeutic—matter. This approach actually parallels what might occur in dynamic or cognitive-behavioral psychotherapy, in which the patient is invited to observe the consequences of his or her behavior in order to make better informed choices.

INSIGHT AND THE DISCOVERY OF TRUTH

Increased awareness is presumed to lead to greater psychological and emotional freedom in *both* the psychodynamic and mindfulness traditions. Neither tradition deliberately seeks to cultivate a particular feeling state, but rather sees deeper states of well-being as a consequence of the freedom won by replacing mental distortions with clear understanding. Insight is both the vehicle and the goal of both practices. While each tradition speaks differently about what constitutes "truth," it is only by moving toward such truth—and not by the cultivation of comforting illusion—that freedom becomes possible.

Insight has both similar and differing meanings across these traditions. In psychodynamic psychotherapy, *insight* refers to recognition of what was formerly hidden, unconscious, distorted, or otherwise defended against. In the meditation tradition, insight is often described as the direct perception of the characteristics of existence, notably, the changing nature of all phenomena, the absence of an essential, enduring nature to things, and the suffering that arises from not seeing all this clearly. Insight into these characteristics is transforming; with direct insight into how suffering arises from our mistaken clinging, we begin a natural and automatic process of letting go, much as one reflexively lets go of a burning object.

In both traditions, insight involves stepping back and seeing the way one has mistakenly come to believe that thoughts and perceptions are more real than they are. This is often described as loosening our "identification" with our thoughts and emotions. With insight, we come to see how what was once taken as a natural and inevitable reflection of our world is actually a construction, and how our adherence to that con-

struction gives rise to suffering. Insight is a process of loosening our grip on rigid beliefs. Experientially, it may be more accurate to say that beliefs loosen their grip on us.

One way that insight leads to diminished suffering is by the light it sheds on the nature of suffering itself. We begin to see the difference between the arising of raw experience and our responses to it. In ordinary, nonmindful awareness, these two dimensions are indistinguishable, and our experience of events is an undifferentiated confounding of event and reaction. With close, mindful attention, we can distinguish the event from the quality of our relationship to it, and in the process see how suffering is in the reaction, not inherent in the raw experience itself. Insight into this source of suffering opens new avenues for freeing ourselves of harmful mental reactions. Chapter 9 illustrates this potential in the realm of physical pain.

Adherence to fixed, mistaken, and unhelpful thoughts is identified as a source of distress in CBT as well. Various techniques used in CBT seek to loosen a patient's identification with a distorted or rigid thought, or to replace a maladaptive idea with one that permits greater flexibility. Insight per se is less the focus of CBT, though it shares with insight meditation and psychodynamic therapy the purpose of loosening the grip of unreflectively held ideas.

Points of Departure: Insight, Thought, and Language

Despite these similarities, the role and importance of thinking differ in CBT, psychodynamic therapy, and mindfulness meditation. In CBT, erroneous thinking is seen as a cause of distress, and correcting mistaken ideas is a mechanism of relief; that is, tightly held thoughts and ideas cause suffering to the degree to which they are unrealistic.

In psychodynamic psychotherapy, words are a necessary currency for the conduct of treatment; thoughts and feelings must be symbolically represented in language to be communicated. However, language is understood to be an imperfect and often disguised vehicle for communicating subtle subjective experience. The words we speak are assumed to mask underlying meanings that may be hidden from the speaker. It is not the expressed thought per se—accurate or inaccurate—that requires examination, but the underlying motivations, conflicts, and desires lying in disguised form behind the spoken word. While treatment must rely on language, the therapist and patient learn to listen *beyond* the spoken word, “with the third ear” (Reik, 1949) to the unspoken, the avoided, and the accidental—to find the reality that lies imperfectly revealed and imperfectly disguised in thought.

As a method, mindfulness meditation is distinguished from these

other traditions by its near total abandonment of thinking. The practice differs from reflection by the continuous effort to set aside thinking—or at least to avoid being caught up in it—in favor of watching the arising and passing of all sensory, perceptual, and cognitive events. In this stance, thoughts are not granted any special status and are observed in their arising and passing, just as one might note an itch or passing sound.

Across its history, Buddhist psychology has been part of a vigorous and sophisticated philosophical tradition, trading in logic and argument. Despite this, it has generally regarded thinking, as a means of knowing or cultivating insight, as suspect. Thinking is shaped and confined by the structure, categories, and lexicon provided by language. For instance, we tend to perceive the world in a manner that reflects the way our language breaks the world up into objects (nouns) that conduct actions (verbs) on other objects. We divide up the world into classes that correspond to the categories in language.

In meditation practice, words are regarded as relatively limited and primitive, and our efforts to understand the world through the intellect and ideas is therefore ultimately superficial. Indeed, thinking actually obscures direct seeing into the nature of things. For individuals new to meditation, the idea that active, alert attention can exist without thought is unimaginable. However, with experience in meditation, it becomes clear that the process of knowing becomes more penetrating, subtle, and direct as thought is set aside; in the absence of discursive thought, a clear and penetrating awareness remains.

The practice of mindfulness (and its distilled expression in mindfulness meditation) involves direct attention unmediated by language. *Content*, or the narrative story as is understood in therapy, is given little weight. Indeed, when we are hijacked by discursive thinking about past or future, we have left the domain of mindfulness practice.

This difference in method is essential to understand where psychotherapy and mindfulness meditation depart. Mindfulness meditation is *not* intended to replace one meaning with another, to reframe experience through interpretation, or to rewrite a personal narrative. By operating at a more fundamental and “refined” level of attention, mindfulness meditation has a more primal and transformative power. It has a quality of deep certainty and insistence that is beyond refutation. As a concept, this is difficult to grasp. The insight that arises through mindfulness practice is not a proposition or syllogistic truth but is experienced as a condition of being, which depends upon the training of consciousness.

While Richard had been struggling in therapy to rewrite his personal narrative, the process was going slowly. What began to give

him hope was the direct, felt experience during his meditation retreat that *reality* was not the same as his thoughts. Yes, he was haunted by images of Jessica reunited with her old boyfriend, and by powerful, often painful emotions, but these existed against a backdrop of the more immediate reality of the present moment—sensations in his body, the taste of food, the color of the grass and sky.

Along with this experience came the dawning realization that *all* of his concerns were actually just thoughts and fantasies. While Richard had begun to consider in psychotherapy that his ideas about himself might not be accurate, his experience in mindfulness meditation was beginning to suggest that there was no “final word” on his life or on himself.

GOALS

It is difficult to make general statements about the goals of psychotherapy, in part because they are construed differently by different schools, and because they must necessarily arise from the unique experience of each patient. Nonetheless, some general observations can safely be made.

An important contribution of ethnop psychology to the mental health field over the past half-century has been the realization of how our understanding of psychological health and pathology is highly culture-bound (Barnouw, 1973; Kleinman, Kunstadter, Alexander, Russell, & James, 1978). All systems of psychological healing are embedded in a cultural context and are inevitably expressions of cultural beliefs and values. They all share the goal of helping to restore an individual to “normal” development as it is understood in that culture, or fuller participation in his or her society. It is thus not surprising, given their different origins, that there are significant differences between the goals of modern Western psychotherapy and those of the mindfulness meditation tradition.

The Western View of the Self

One salient quality of the Western concept of the person and the self is its emphasis on separateness. By contrast with non-Western cultures’ conceptions of the person that emphasize embeddedness in the clan, in society, and in nature, we have tended to hold a view that is radical in its emphasis on separateness. This quality of separateness has been extensively described by anthropologists. For example:

In our commonly held unreflective view, the self is a distinct unit, something we can name and define. We know what is the self, and what is not the self; and the distinction between the two is always the same. . . . Our own linguistic usage through the years, reveals a conception of increasingly assertive, active, and even aggressive self, as well as of an increasingly delimited self. (Lee, 1959, p. 132)

In Western psychological traditions, healthy development has meant becoming well individuated, not overly dependent on others, knowledgeable of one’s own needs, and appropriately respectful of one’s own boundaries, with a clear and stable sense of identity and a sense of self marked by cohesion and esteem. While this view has been criticized by contemporary relational theorists (Gilligan, 1982; Miller & Stiver, 1997), it continues to form the backdrop for both psychodynamic and behavioral therapies.

It is no surprise, then, that the complaints brought into psychotherapy by individuals in the West are often precisely the relative absence of any of these qualities. Both the course of development toward the ideal conception of the person and the ways individuals can fall off this developmental pathway are culturally determined. Naturally, psychotherapy seeks to restore individuals to fuller participation in the culturally normative conception of selfhood.

Written treatment plans often express these cultural ideals. We say treatment is intended to “improve self-esteem . . . identify one’s own needs in a relationship . . . establish a more cohesive sense of self . . . establish boundaries and learn to maintain them in relationships,” and so on. Our emphasis on the autonomy of the individual (often against evidence from our own social science) has led to a large technical vocabulary to describe disorders of the self and the consequent impairments in relationships.

In the psychodynamic tradition, volumes have been written about “the restoration of the self” (Kohut, 1977) and related topics, while behaviorists have studied extensively constructs such as “self-efficacy” (e.g., Bandura, 1977, 1982). We take these terms to be scientifically sound, and despite mounting evidence, they are applied with poor results to understanding emotional disorders in non-Western societies (American Psychiatric Association, 2000).

Since the psychology field has attempted to be less culture bound, we have begun to speak of behavior that is “adaptive” or “maladaptive,” rather than “healthy” or “sick.” Still, although the tools of psychotherapy (honest conversation with a trusted individual) predate scientific medicine, this vehicle for emotional healing has found its insti-

tutional home in Western medicine. It is now nearly impossible to avoid resting in our assumptions that distress is a matter of health relative to an ideal of selfhood.

The therapist discussed Richard's difficulties with self-esteem, and how his sense of self had become dependent upon the affections of his girlfriend. He also pointed out Richard's difficulties with assertiveness, and how these had contributed to a variety of insecurities. In therapy, Richard felt that if only his sense of self were stronger, he would not be so affected by Jessica's decision.

The Self in Buddhist Psychology

As much of this volume suggests, mindfulness may be a useful adjunct to the effort to know and become a healthy self. But it is also important to recognize that in its original context, mindfulness was not a technique to help restore a sense of self as we ordinarily understand it. The purpose of mindfulness is not to become someone, but to cultivate insight into "no-self."

The goals of psychotherapy and mindfulness meditation depart significantly on this point. Mindfulness meditation is intended for nothing short of total psychological, emotional, moral, and spiritual emancipation, commonly called "enlightenment." This concept is elusive, because it cannot be described in psychotherapeutic terms. While mindfulness offers benefits conventionally recognized as psychotherapeutic, it also reaches toward a "treatment goal" that lies outside of the culturally constituted conception of the healthy self found in developmental and clinical psychology. In the original context of Buddhist psychology, mindfulness does not seek to restore a sense of self or improve self-esteem. It seeks instead to illuminate the insubstantiality of the self and the consequences of its misapprehension.

The notion of the "insubstantiality of the self" is one of the most challenging for Westerners who delve into mindfulness. However, the idea is not alien in contemporary science. Biology describes the human organism as a collection of cells composed of molecules and atoms. All of these elements are in constant flux, and simple reflection demonstrates that the boundary between the human body and its environment is actually quite arbitrary.

When I hold an apple in my hand, the apple is clearly not part of "me." It remains a separate object as I chew it, and perhaps even in my stomach, when I could still throw it back up. But is the apple "me" when in my intestines? How about when the apple's sugars are circulat-

ing in my blood? Or when the energy from those sugars has gone into building new cells?

Biology also points out that the level at which we identify an "organism" is arbitrary. An ant colony or beehive may be seen as a collection of individuals, but the communities are more meaningfully understood as complex organisms, much as our bodies can be seen as a collection of interdependent cells (Thomas, 1995).

The insight into "no-self" that mindfulness meditation is designed to foster involves actually experiencing ourselves in constant flux, a field of movement, always changing. Even our cherished self is seen as an event that arises when supporting conditions exist and passes when they do not; it is more "state" than "trait." As insight into the self-as-process grows, we begin to see the folly of accepting our naive adherence to the idea that the "I" is fixed, enduring, or even truly "mine." This insight greatly reduces our concerns for self-protection or self-aggrandizement and allows us to respond compassionately to others as we perceive our genuine interdependence with all of creation. This positive psychological experience is described further in Chapters 5 and 12.

Ironically, in the formulation offered by Buddhist psychology, the successful effort to establish a more stable sense of identity, self-esteem, self-efficacy, and the like, is often seen as the condition of "pathology," a delusion from which the path of mindfulness meditation begins. The achievement of a sense of self is the problem it addresses.

It is not uncommon for modern writers to suggest that the goals of mindfulness meditation begin where the Western concept of self-development ends (Boorstein, 1994). In this analysis, Western psychotherapy brings a person so far along a path of development, and mindfulness meditation continues the process from that point. "Ordinary human unhappiness," Freud's description of the best expectable outcome of psychoanalysis (Freud & Breuer, 1895/1961) is described as its point of departure.

While these differences between the goals of Western and Buddhist psychological practice are profound, in some ways the gap is not so wide. The contrast between the traditions can appear wider when discussing them conceptually than when observing them in practice. This is because the "no-self" of Buddhist psychology does not involve eliminating adaptive ego functions; rather, it describes an observing ego that is much more objective and much less identified with individual desires than we typically see in Western psychotherapy (Epstein, 1995).

Let us consider what "well adjusted" individuals, each with a well-developed "sense of self," look like in our psychotherapy traditions. They are flexible and open to new experiences. They are resilient, richly feeling the ups and downs of life, while maintaining perspective. They

are capable of close, loving relationships and are compassionate toward others. They are able to see things from multiple perspectives. They are productive at work—able to identify goals and pursue them. They are aware of their strengths and weaknesses, and are not compelled to exaggerate the former or deny the latter.

While enlightenment is traditionally understood as the permanent extinction of greed, hatred and delusion, there is no litmus test by which one can positively identify an enlightened person. However, all of the qualities just described would be expected to develop from successful practice in the mindfulness meditation tradition. Whereas intensive meditation practice may lead to profound transformation in ways invisible to an outside observer, in many ways, an “enlightened” person resembles the “healthy” individual described earlier. We see this overlap in Richard’s mindfulness meditation experience:

Because he was practicing intensely, Richard had moments in which his discursive thoughts became quiet. He marveled at small events, such as a flower opening toward the sun and the complex patterns of cracks in a stone wall. Along with these experiences came a profound sense of peace—feeling part of this natural world. Personal fears and desires diminished in importance. Interspersed with sadness and violently jealous images, he felt moments of love and compassion toward Jessica. Richard was experiencing moments of “no-self” that produced effects a lot like those we would expect from the “healthy self” his psychotherapy was cultivating.

Instincts, “Root Causes,” and Human Nature

It is not surprising that, as introspective practices, both psychodynamic and mindfulness meditation traditions have noticed that impulses in the human heart give rise to suffering. (Early on, behavioral psychology differentiated itself from psychodynamic schools by declaring that since these impulses were inferred rather than directly observed, they could not be a suitable object of study.)

Freud originally posited two drives—erotic and aggressive—as the source of human motivation. By describing these as instinctual in nature, he was affirming their persistence; they are “hardwired” and immutable. Because they are enduring vestiges from our evolutionary past, the well-adjusted person is ultimately capable only of accommodation to these drives in a socially permissible fashion. The cost of such accommodation is the need for psychological defenses, which enable some gratification of drives, while ideally permitting sufficient sublimation to enable us to get along with others.

The immutability of the instincts sets a limit on human aspirations for freedom; if we are forever tied to this evolutionary inheritance, the best that we can hope for is healthy compromise and the replacement of primitive defenses with mature defenses. From this perspective, human nature can never transcend the aggressive, ignorant, insatiable demands of the id.

Buddhist psychology describes three “root causes”—greed, hatred, and delusion—that give rise to suffering (see Chapter 12 for a fuller description). The similarity of the first two root causes to Freud’s instincts is evident: erotic drive = greed, and aggressive drive = hatred. Both psychodynamic and mindfulness meditation traditions describe how these forces wreak havoc on mental life, and both suggest ways to understand and address their influence. Where they depart, however, is the ultimate status of these forces.

Whereas Freud saw them as immovable, Buddhist psychology teaches that they can be uprooted once and for all. In this respect, Buddhist psychology takes the terminus of successful psychoanalytic treatment—ordinary human unhappiness—as the pathological point of departure for meditation practice and reaches beyond symptom reduction, to a condition beyond suffering. Though this is an accomplishment that comes only with “full” enlightenment, in principle, these instinctual forces can be overcome. This goal is surely a stretch, but the idea that the instincts could be eradicated suggests a potential for human perfectibility absent in Western psychological traditions. In the mindfulness meditation tradition, the expressions of these forces in the life of a mediator are seen as hindrances to be recognized, worked with skillfully, and overcome. While the permanent extinction of these drives may be the sole province of a fully enlightened being, as these forces are exposed to awareness through mindfulness, they gradually become weakened, and practitioners grow incrementally in understanding and compassion.

Seeing our work as part of a path to complete psychological freedom can infuse it with a kind of hope and enthusiasm that working toward ordinary human unhappiness, or the adaptive life skills of behavior therapy, may not.

METHODS

Exposure

A noteworthy area of overlap among psychodynamic psychotherapy, behavior therapy, and mindfulness meditation is their emphasis on what behaviorists call *exposure*. In essence, all three traditions identify our

propensity to avoid what is unpleasant as a cause of suffering, and work to counteract it.

Behaviorists articulate this clearly in exposure and response prevention treatments for obsessive-compulsive disorder, phobias, and other anxiety disorders (Barlow, 2002; Foa, Franklin, & Kozak, 1998). They describe how we develop conditioned fears of situations that have been unpleasant in the past, avoid them, and consequently miss the opportunity for the fears to be extinguished. For example, a boy who is bitten by a dog may develop a generalized fear of all dogs. If he subsequently avoids contact with dogs, he misses the corrective learning that dogs can be friendly. Out of fear of being bitten, the boy's life becomes unnecessarily restricted.

Treatment for such fear and avoidance involves bringing a person into contact with the feared stimulus, and maintaining that contact until he or she learns through experience that it is actually harmless. In the case of the dog, we bring the child closer and closer to a nonaggressive dog, until finally he can play with it. The "response prevention" component of treatment is the commitment to stay with the unpleasant situation, even if uncomfortable feelings arise, rather than flee, as we normally would.

In psychodynamic psychotherapy, exposure begins with discussion of thoughts, feelings, and memories that have been avoided because they are unpleasant or shameful. It is a kind of implicit, interoceptive exposure. The therapy is the invitation to turn toward formerly forbidden memories or feelings. In the trusting environment of the therapeutic relationship, patients learn that these mental contents are tolerable and come to accept them. In this way, a patient's conscious awareness becomes much freer, and he or she can relax the neurotic defenses associated with symptoms. As mentioned earlier, in current practice, this exposure within the office is often followed by encouragement to pursue more traditional behavioral exposure by facing feared situations outside of the therapy hour.

Insight meditation functions similarly to psychodynamic psychotherapy in this area. As one sits and follows the breath, thoughts, feelings, and images inevitably arise. The practitioner notices the persistent tendency to hold on to pleasant events and to reject unpleasant events—in short, to try to control experience. By following the instruction neither to pursue nor to push away these experiences, meditators learn that they can tolerate unpleasant mental contents and need not fear them. The habit of avoidance is deliberately, tentatively set aside, and all events are invited regardless of our opinions about them.

Through this practice, the mediator becomes comfortable with the contents of his or her mind. In this sense, mindfulness is like exposure

therapy, without discriminating among the objects and events to which one is being exposed. Goleman (1988, p. 173) referred to it as "global desensitization." This raises an intriguing question for future research: Is this sort of global desensitization sufficient without the need for directed exposure to particular stimuli?

When the "object" we are exposed to is an emotion, exposure treatment may have an additional benefit. Folk wisdom has long paralleled psychodynamic psychotherapy in emphasizing that it can be helpful to express painful emotions, to "get them out of our system." Experimental literature supports this, suggesting that contact with our emotions can be highly therapeutic (Pennebaker, 1997). Similarly, existential and humanistic psychotherapies espouse the value of "being with" affects in order to reintegrate them (Schneider, 2003). This latter process occurs regularly as part of mindfulness practice. Richard's experience during intensive practice is illustrative:

While meditating, Richard was visited by intense sadness and fear, as well as by violent images, including the dismembering of Jessica and her ex-boyfriend. Sometimes the emotions would be experienced as intense pain in the body—tightness of the throat, muscle tension everywhere. The images were also disturbing. Hours would pass, with violent scenes playing like a movie before his eyes.

These scenes were difficult to endure, and they persisted on and off throughout the 2 weeks of intensive meditation. Richard nonetheless tried to follow his instructions: He continued to allow the sensations and images to arise, and neither pushed them away nor distracted himself with another activity.

Over time, things began to change. First, through exposure, aversion to these experiences became less prominent. Whereas Richard would ordinarily try to distract himself or take drugs, during the retreat, he practiced staying with whatever arose. Second, the grieving over Jessica's decision seemed to be accelerated by the retreat due to the unflinching exposure to the images and feelings. This seemed to kindle a cathartic experience, even though it occurred in silence. By the end of the 2 weeks, Richard felt more at peace.

Learning to avoid situations associated with pain has adaptive value. Most other animals learn to avoid hazards, such as poisons and fire, through this basic mechanism. In humans, however, with our complex affective and representational capacities, circumventing or skirting potential pain can lead to complex avoidance patterns. We come to block out whole realms of life and learn to substitute a version colored by our fears and desires. It is interesting that behaviorism, psychodynamic psy-

chotherapy, and insight meditation all agree that much human suffering results from the counterproductive habit of avoiding painful situations, and all have evolved treatments involving exposure to counteract the tendency.

The Interpersonal World

A clear difference between psychotherapeutic and mindfulness traditions is in the role of interpersonal relationships. Most psychodynamic and behavioral psychotherapy is dyadic, occurring within a significant interpersonal relationship. Group and family treatments are also quite interpersonally oriented. (There are exceptions; some psychotherapy may include exercises conducted in solitude.) Relationship issues are therefore likely to become stimulated and raised in psychotherapy.

Conversely, the solitary nature of meditation, and its focus on the present moment, may influence what material is *unlikely* to arise. The lore among meditators is replete with stories of individuals who find themselves falling into familiar neurotic interpersonal conflicts despite years of intensive meditation practice. Indeed, the solitary quality of meditation practice makes it vulnerable to misuse as a means of avoiding interpersonal conflicts; solo meditation may be an escape from the troublesome tension stimulated by the world of intimate relationships. While some maintain that meditation is the most complete form of "treatment," for many, it may leave some interpersonal issues unaddressed.

In classical psychodynamic psychotherapy, the analysis of transference is the principal tool of treatment. While mindfulness meditation traditions enlist the relationship between a student and teacher as an essential element of practice, and may use the presence of a group of other meditators for support, meditation is primarily solitary and makes no effort to understand transference. Buddhist psychology lacks the understanding of subtle aspects of transference, often with adverse consequences; the fact that a meditation teacher may make no explicit effort to address transference does nothing to ensure that it does not arise powerfully in the meditation student. Lacking such an understanding, meditation teachers may become ensnared in countertransference. Meditation centers are increasingly turning to clinicians for help on matters of countertransference, group dynamics, and forms of psychopathology that periodically emerge in their communities.

This is an area in which Western psychology has much to offer meditation students and teachers. Buddhist practice was first taught to monastics, and the community of monks and nuns has preserved the teachings in a relatively pure form. While Buddhist practice has become more available to lay practitioners, it has never placed primary emphasis on

navigating the ordinary difficulties faced by laypeople in the world of work and love.

Structure and Support

Both meditation and psychotherapy advance by enabling the individual to examine his or her thoughts, feelings, and actions. This examination requires turning toward experience with greater openness, without recourse to habitual avenues of escape and avoidance. Both these traditions provide supports to facilitate this counterintuitive movement toward difficult experience.

Supports in Psychotherapy

Elements of the structure of psychotherapy that support an individual's efforts to face difficulty are well known. The most essential is arguably the quality of the therapeutic relationship. (The way this relationship is enhanced by the therapist's mindfulness practice is described in detail in Part II.) An essential element is the therapist's stance of openness and acceptance. In the face of genuine fearlessness on the part of the therapist, the patient may be emboldened to stand closer to painful or humiliating experiences and memories. Qualities of empathy, sustained interest, and genuine care, tempered by professional neutrality, also establish an environment conducive to a therapeutic alliance. This is the "holding environment" described by D. W. Winnicott (1971).

The trust that is crucial to therapy is supported by the integrity of the therapist. Elements of this trust are codified in the therapist's absolute commitment to confidentiality, and a clear statement of its limits (e.g., in the face of serious, imminent harm). Establishing and maintaining consistent appointment times (both starting and ending) also lends a sense of reliability. Genuine integrity is the basis of trust.

Finally, the mutual trust in the efficacy of the therapy process and methods can enable patients to suspend some of their ordinary caution. Outcome studies point to both the patient's and the therapist's confidence in the process as predictive of a positive outcome; if the therapist is confident in a good outcome, the patient may relax into this confidence (Meyer et al., 2002).

Elements introduced by behavior therapy also lend support. The use of rating scales and inventories help to lend a sense of scientific legitimacy to the work. When "homework" is used in psychotherapy, and almost all therapists do so in some form (Scheel, Hanson, & Razza-havakina, 2004), the patient can become more confident in his or her ability to continue the therapeutic work independently.

Support in Meditation Practice

Mindfulness meditation is a well-developed practice, refined over centuries. As a result, many "bugs" have been worked out. Meditation practice can be arduous at times, but there are many sources of support for the individual's efforts, including elements of the structure of practice:

- *Traditional teachings as a map.* A student of meditation can turn to a long history of formal teachings for guidance. Though the focus of practice is one's own unique experience, these teachings describe where the practice is headed, what one may expect, and methods suited to different obstacles that may arise. These teachings provide a way to understand difficult or frightening experiences, so that the student need not feel that he or she has "fallen off" the path. The map of these teachings provides a degree of predictability that is fortifying.

- *The community of like-minded people.* Historically, a community of monks and nuns has ensured the continuity of instruction and practice. Today, in the West, a community of like-minded individuals can similarly be enormously supportive. This support is seen at a number of levels. An individual is simply less likely to bolt from a difficult session of meditation if it is conducted in a room full of other silent meditators. Also, this practice can seem unusual or even exotic, because it runs counter to the prevailing ethos of consumerism and materialism; being with others helps us to feel that the practice is legitimate. Through discussion with fellow meditators, one is also reassured to learn that the difficulties encountered are not unique; others endure physical pain, restlessness, doubt, and sleepiness. The practice can seem less daunting when one realizes that others share the same struggles.

- *Others' experience as models.* The example of countless others who have benefited over the course of centuries provides inspiration that can carry us through periods of difficulty. Having firsthand contact with an experienced teacher can be especially inspiring, if that individual evinces the qualities of wisdom and compassion. An experienced teacher may also provide advice on meditation practice at just the right time; such "customized" advice can be very helpful during difficult periods.

- *Success in practice as reinforcement.* As in the acquisition of any skill, having some success in mindfulness practice reinforces one's efforts. The task of paying sustained attention may seem impossible at first. However, the taste of even a little clarity is enormously rewarding and reinforcing. Once a student begins to experience insight, the practice becomes compelling. At a certain stage, mindfulness becomes fascinating, regardless of the contents of awareness. Merely trying to pay attention to the present moment becomes a source of satisfaction.

- *Concentration* helps to contain the tumultuousness that can arise in mindfulness practice. Concentration grows naturally alongside mindfulness in meditation practice and is stabilizing, calming, and fortifying. As one's mind becomes more stable, it becomes better able to allow its attention to rest on difficult experiences without flinching.

- *Physical posture.* Sitting upright with a straight spine supports practice efforts. While traditions differ in their emphasis on a formal meditation posture, many meditation teachers throughout the years have emphasized posture as an aid in developing concentration, remaining alert, and feeling "held" in our capacity to face whatever arises in our awareness (Suzuki, 1973).

As mentioned earlier, one result of mindfulness meditation is enhanced feelings of interconnectedness with the world. As we come to see that our desire for happiness and well-being is shared by all others, such feelings of affinity naturally lead to compassion. Furthermore, while mindfulness does not prevent difficult experiences from arising, *my* suffering eventually leads to an understanding that all beings suffer. Through this shared experience, compassion (empathy for suffering in others) arises, which embraces all living beings, including oneself. Compassion helps us to be less judgmental of our meditation practice, to respect our efforts, and to realize that the benefits of meditation practice extend beyond ourselves.

EPISTEMOLOGY

Another important area of overlap between Western psychotherapeutic and mindfulness meditation traditions involves their methods of discovery. These methods are particularly worthy of attention in modern times, in which clinicians are actively searching for empirically validated treatments.

We saw earlier that psychodynamic, behavioral, and mindfulness traditions all share an interest in seeing reality clearly, though they differ somewhat in their conclusions about that reality. Interestingly, although it predates the Western Renaissance by over two millennia, the Buddhist psychology from which mindfulness practice derives has a surprisingly modern attitude toward discovering "truth."

Mindfulness meditation focuses on direct observation for understanding the workings of the mind. While maps and guidelines based on the observations of others are taught, the tradition strongly emphasizes that one should not accept any principle without first verifying it in one's own experience. The tradition is replete with thousands of pages of ex-

traordinarily detailed descriptions of the workings of consciousness and the mechanisms for its transformation, presented as hypotheses to be tested anew by each individual. Adherence to doctrine is repeatedly criticized as unreliable. While not based on the modern scientific experimental method, mindfulness meditation nonetheless is part of a highly empirical tradition.

Psychoanalysis, from which psychodynamic psychotherapy grew, has historically seen itself as an empirical, scientific discipline. From Freud onward, the enterprise has been interested in finding truth through observation. While Freud believed that the method of psychoanalysis could yield scientific truth, modern critics have pointed out that many psychodynamic postulates cannot readily be tested experimentally, and more recent theorists have moved toward a more hermeneutic approach to meaning and discovered truth.

Of course, both psychodynamic traditions and Buddhist psychology have exhibited the human tendency to create orthodoxies, so that at times each has relied on received teachings in a way that inhibits discovery. But within the Buddhist tradition, the direct apprehension of truth revealed in experience is the most valued; no axioms or dogma, no matter how supported by accumulated data or promulgated by high authority, are to be accepted until tested in the laboratory of one's own experience.

Behavior therapy is a radically empirical tradition in a different sense. Especially in recent years, it has been trying to test all of its postulates experimentally (American Psychological Association, Division 12 Task Force, 1995). It differs from the other two traditions in an important regard: Rather than encouraging each practitioner or client to see whether principles apply to his or her experience, the behavioral tradition looks to replicable peer-reviewed experimentation to identify general principles that can be applied across individuals. Truth is what stands up to the scrutiny of the scientific method.

The scientific method seeks to predict and control phenomena through observation, hypothesis generation, experimentation, and replication. It embodies an underlying belief consistent with the Western rational tradition, that what is true is true, independent of our apprehension of it; truth is objective.

The truth sought in Buddhist meditation is of a different sort. The purpose of systematic investigation in meditation is not to create a replicable model of reality that holds up to scientific scrutiny. Rather, it seeks understanding for a single purpose—to assist the individual practitioner to become psychologically free. In this sense, it does not emphasize the search for objective truths that stand apart from practical application, but it nonetheless remains a highly empirical tradition.

Psychotherapy and mindfulness are both concerned with finding relief from psychological suffering, making the effort to find common ground worthwhile. A respectful appraisal of each illuminates their respective strengths and limitations, helps to avoid reducing one to the other, and alerts us to the dangers of overlooking the integrity of each practice within its own tradition. Having tried to take such precautions, we can now turn to the ways that mindfulness can expand and deepen the practice of psychotherapy.