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Mindfulness and Psychotherapy

The Revival of Indian Meditative Traditions within Modern Psychology, Psychotherapy, and Medicine

I. INTRODUCTION

Within the last ten years the practice of mindfulness entered the fields of scientific medicine and psychotherapy. For sure, mindfulness is a very ancient and useful medicine going back to times immemorial. The Pali word *satipaṭṭhāna* - usually translated as *mindfulness* - also means the way of mindful remembrance or recognition. Some Buddhist texts describe *satipaṭṭhāna* as a clear and easy means leading to enlightenment and liberation from suffering. In Majjhima Nikāya 1,10 (Bhikkhu 1995: 145) we read for example:

Bhikkhus, this is the direct path for the purification of beings, for the surmounting of sorrow and lamentation, for the disappearance of pain and grief, for the attainment of the true *way*, for the realization of Nibbāna – namely, the four foundations of mindfulness.

These few words claim that the practice of mindfulness is able to liberate everyone from all kinds of sufferings and psychological burdens. Moreover, they clearly indicate that this practice can lead to *nibbāna* or the supreme state of enlightenment. Mindfulness is called “fourfold” (cf. Majjhima Nikāya 1, 10, 31-38), because we have to focus our mind on four areas:

1. *On our own body*: breathing, moving, digesting, the use of our five senses, as well as focusing on the decay of our body after death, clearly looking at the decomposition of all organs up to the final structureless heap of bones. The latter part of this mindfulness training sounds like a shamanic initiation practice (cf. Eliade 1983: 65-67).

2. *On our own feelings and passions*: mainly focusing on their processes of “becoming, intensifying, declining and disappearing”.
3. *On our own thoughts and ideas*: not only clearly registering their context, but also and most important their process of becoming, sustaining and disappearing.
4. *On external things or beings*: their coming and going, but also on Buddha’s central teachings such as the four noble truths.

Looking at the *satipaṭṭhāna-sutta* from a psychological and therapeutic perspective, the following main aspects emerge:

- We should observe one by one the contents of our mind just as somebody opening a jar full of different beans and berries, describing every item very cautiously.
- We should observe the coming and going in every mind process.
- Buddha insists on different stages of mindfulness. The training must be adapted to the trainee’s level.
- He also insists on gaining a meta-perspective or “meta-narrative”. The trainee has to focus on the *dhamma* or the principle of non-substantiality or impermanence,
- *satipaṭṭhāna* cannot be delegated to other people. It is always a matter of one's own mind experience.
- Buddha insists upon strong motivation and perseverance. As to the duration of the training, we find no precise statement: it can last from at least seven days up to seven years and more.
- Buddha, however, is very optimistic: if people are really motivated, the *satipaṭṭhāna* method will indeed be successful, i.e., will lead to *nibbāna*.

The *satipaṭṭhāna-sutta* relies on a kind of universal metaphor: *a way leading from a starting point (e. g., some actual level of consciousness) to an end point, a supreme mind transformation or remembrance*. At any starting point, we will encounter a suffering mind. At the end point, we will enjoy enlightenment or liberation from any suffering. This kind of metaphor is also very common or central for modern mindfulness therapy. Here we start our journey at some point of suffering - for example, a social phobia or a pernicious depression - and we try to reach a point of liberation or at least the alleviation of complaints.

In the last decade or so, the parallels between psychotherapy and wisdom traditions such as Taoism, Hinduism, and predominantly Buddhism were deeply reflected by psychotherapists, far beyond metaphorical superficiality. For example, cognitive behavior therapy and psychoanalysis started to focus on training mindfulness as a privileged method to overcome a lot of clinical symptoms and sufferings. Needless to say, the programs and goals of modern therapy are distinctly different from the specific agenda of yogic trainings. Nevertheless, quite a lot of intensive studies have renewed the emphasis on the utility of a dialogue at all levels (so to speak: from a meta-theoretical to a hyperpractical level).

The recent shifting within cognitive behavior therapy from symptoms as “contents” towards attitudes or mental modalities as “context” offers a certain analogy with the traditional distinction between pure consciousness as context and conscious processes or structures as contents within Buddhism or other Asian wisdom traditions.

The following three metaphors briefly illustrate the relationship between “context and content” in mindfulness or Asian wisdom traditions (cf. van Quekelberghe 2007: 168-196):

1. emptiness, pure peace of mind, pure silence (context) versus ego-related passions (contents)
2. endless ocean versus “ego-waves”
3. crystal like, pure mirror versus plenty of mirages (thoughts, feelings,...).

Such metaphors try to describe the subtle difference between consciousness itself (for example, pure awareness) and the contents of consciousness.

Ad 1. Emptiness versus passions

A progressive detachment from strong passions and countless strivings leads to a kind of a context without any perceivable content, a “pure awareness.” Surely, as soon as we try to further describe this context, we produce a lot of new contents. Therefore, the Asian traditions are psychologically right and wise in their saying that we have to experience primarily and not to think about emptiness. Great silence, inner peace, “no mind,” and pure awareness are usual descriptors of such a

conscious experience. Only if we enter deep into our “heart”—beyond thoughts and feelings—and discover our awareness as endless, infinite, without beginning, timeless, indivisible, then we can observe all conscious contents, so to speak, beyond our own limited conscious ego.

Developing emptiness or pure consciousness leads not only to a kind of awakening or enlightenment, it also helps to overcome plenty of psychic sufferings and cognitive bias of our own mind.

Ad 2. A limitless ocean of pure awareness/mind versus waves of thoughts, feelings, strivings, or passions

The endless ocean, similar to the “Dirac-Sea” or the quantum vacuum of modern physics, presents the first or last context, the infinite ground for all real or potential phenomena or contents (cf. van Quekelberghe 2005: 77-91). Patañjali-Yoga tries to bring this limitless awareness into the focus of a mindful meditation through complete cessation of any “wave or disturbing content” of one's own mind: *citta-vṛtti-nirodha*. This resonates through the Patañjali-Sūtra like a “mantra” and is a good expression of the relationship between pure awareness or mind and its countless *vṛttis* or contents. For Patañjali the drastic reduction of *vṛttis* is undoubtedly the best medicine, mainly because of quieting and freeing the mind, and at the same time the best means to achieve *mokṣa*. Moreover, the nature of our mind is oceanic. Dazzled with “content waves,” we often oversee the endless ocean as context in and out of us.

Ad 3. A mirror reflecting all kinds of contents

Many wisdom traditions describe pure awareness or mindfulness as a mirror endlessly reflecting all possible mind contents. Surely, such a metaphor is to be found in many shamanic traditions. A mirror on the chest belongs to the attributes of numerous Siberian shamans (cf. Eliade 1983: 134-135). In Buddhism (e.g., Fa-Tsang), Sufism (e.g., Rumi) or Christianity (e.g., Gregory of Nazianz), only a soul free from ego-related views is able to generate a pure awareness or mindfulness mirroring the only “one context” of all possible contents, namely, according to the spiritual vocabulary of each tradition: Emptiness, Satcitānanda, God, Great Spirit, Shiva-Consciousness, Absolute Oneness, Nirvāṇa and so on.

All three metaphors focus on the necessity for stepping back from a close bondage to endless contents in order to come in touch with the changeless one context. Spiritual traditions, mainly yogic and Buddhist meditative schools claim that stepping back from any content and at the same time opening an endless context of awareness are decisive steps for the achievement of mind enlightenment.

While modern psychotherapy refers more and more to the distinction between context and content, only a few therapists, however, are fully aware of the spiritual dimension of such a distinction. The more we try to understand or even experience the meaning of a “contentless context,” the more, I guess, we have to open our mind to an absolute, endless or spiritual dimension, i.e., the very deep dimension of our own mind.

II. BUDDHISM AND PSYCHOTHERAPY: A BRIEF SURVEY OF A BEGINNING DIALOGUE

In the following brief survey, four main areas of modern medicine or psychotherapy with relevance for Buddhist views and meditations for health care or psychotherapy are overviewed. These areas are:

1. Classical psychiatry and psychoanalysis,
2. Jung and the Neo-Freudians,
3. Cognitive behavior therapy,
4. Transpersonal psychology and psychotherapy.

1. Classical psychiatry and psychoanalysis

Franz Alexander (1891-1964), professor of psychiatry, psychoanalyst and founder of the first Institute for Psychosomatics worldwide, published a well known study in 1931, entitled “Buddhistic training as an artificial catatonia”. In this article, he describes the Buddhist meditation as narcissistic self-absorption, a kind of artificial schizophrenia, and as a compulsory masochistic practice killing any emotion. Furthermore, Alexander describes Lord Buddha as a neurotic man not having analyzed his repressed emotions and their transfer to his followers. This early study inspired many leading psychiatrists and psychoanalysts to focus on the parallels between schizophrenic regression or at least compulsory disorders and yoga or Buddhist meditative practices (cf. Alexander and Selesnick 1966).

The German psychiatrist Johannes Schultz was surely one famous exception. The development of his autogenic training in the thirties was largely influenced by his positive view of the yogic traditions. Finally, Arthur Deikman (1977) was the very first psychiatrist who fought against the naïve arrogance of psychiatry and psychoanalysis toward Eastern meditative practice.

2. Jung and the Neo-Freudians

C.G. Jung rejected the psychoanalytic view of Asian or Buddhist meditations as infantile regression, autistic defense formation or narcissistic neurosis. He studied different Eastern traditions and recognized their therapeutic power. Terms such as “Mandala, I Ching, Tao or Yoga” are often to be found in his collected works. Nevertheless, he believed that an integration of Western psychotherapy and Eastern meditation was - if ever possible - not desirable. Therefore, he often quoted Kipling's words: “East is east and West is west. And never the twain shall meet.”

Quite independent from Jung, the so-called Neo-Freudians such as Karen Horney, Erich Fromm, and Harold Kelman got in touch with Zen-Buddhism in the fifties. Karen Horney (1885-1952) met the now renowned Zen author Daisetz T. Suzuki in the winter of 1950/51. Shortly after this meeting, she lectured about Zen-Buddhist principles and practices at the American Institute for Psychoanalysis. Horney saw a deep relationship between the Zen-mindfulness of “Here and Now” and the free floating attention in psychoanalysis. She understood this kind of attention as an endless, non-judgemental and warm-hearted mindfulness in sharp contrast to the positivistic, neutral attitude of her colleagues (cf. Horney 1987: 19-21). Erich Fromm (1900-1980) organized a conference in Cuernavaca (Mexico) on Zen-Buddhism and psychotherapy, inviting Daisetz T. Suzuki as keynote speaker. In the first book on Zen-Buddhism and psychoanalysis (Fromm et al. 1960), Fromm emphasized strong convergences between both traditions. He believed that Zen, like psychoanalysis, was able to free the individual from all unconscious or repressed strivings. Kelman (1960), a student of Karen Horney, considered psychoanalysis as a meditative training in mindfulness and emphasized the development of a therapist-client-relationship in analogy to the relationship of guru and disciple as a radical new perspective for modern psychoanalysis.

The psychoanalyst and psychologist Jeffrey Rubin (1985) tried to integrate Buddhism into a so-called contemplative psychoanalysis. Even if he somehow confused the Buddhist conception of egolessness (Pali: *anatta*) with psychoanalytic narcissism theory, he strongly advocated a free dialogue between Buddhism and psychotherapy (cf. Rubin, 1996). Brazier (2003), Magid (2002), Molino (1998), and Safran (2003) have developed this free dialogue further.

The New York psychiatrist and psychoanalyst Barry Magid (2002) is perhaps the best known representative of this new era. In contrast to the previous pioneers such as Horney, Fromm, or Kelman, Magid is not only a psychotherapist, but also a Zen master. Within his integrative psychoanalytic Zen practice, Buddhist issues such as enlightenment or egolessness are discussed psychoanalytically; on the contrary, transference or defense mechanisms are questioned from a Buddhist point of view.

3. Cognitive behavior therapy and Buddhism

Mikulas (1978, 1981) was the first behavior therapist arguing for an integration of Buddhist meditation into behavior therapy. He delineated many common aspects of behavior therapy and Buddhism, as for example:

- emphasis of individual self-control skills,
- few theoretical constructs,
- preference for observation and description of behavioral sequences,
- mainly focusing on concrete contents of conscious experiences,
- clear distinction between observable behavior and problematic ideas such as “person, ego, identity, world”,
- reduction of anxiety reactions with the help of relaxation, distraction, self-control procedures,
- emphasizing possible behavior changes by means of rehearsal,
- emphasizing regular exercise,
- optimistic view of learning capacities.

De Silva (1985) found such exercises in Buddha's sayings clearly corresponding to modern techniques of behavior therapy. Kabat-Zinn's mindfulness-based stress reduction program (MBSR) - developed during the eighties on the basis of Buddhist *satipaṭṭhāna* according to the tradition

of the Burmese monk Mahasi Sayadaw - was surely the primary source for the further integration of vipassanā and Zen-meditation into cognitive behavior therapy. Grossman et al. (2004) have recently published a review and meta-analysis of MBSR-studies. The statistically significant results strongly indicate that the mindfulness-based stress reduction program can have an important positive impact on a broad range of psychic and psychosomatic disorders.

Linehan (1987), Hayes (2002), and Teasdale and Segal (Segal et al. 2002) are the foremost representatives of the so-called “third generation” (and up to now the last generation) of behavior therapy, namely the mindfulness cognitive behavior therapy. Marsha Linehan working with borderline patients introduced mindfulness meditative exercises into her behavior therapy programs in order to develop a radical, non-judgemental acceptance of any present situation. Some aspects of her training remind us of Gestalt therapy. Perls (1893-1970) has always claimed a narrow relationship between the main principle of Gestalt therapy (concentration on the “here and now”) and the principles of Zen-Buddhism.

Linehan's dialectic behavior therapy is based on the concept of “wise mind.” As a synthesis of cognitive and emotional systems, this “wise mind” is at the same time the source and the goal of any concentration on the “here-and-now” of any situation with a radical, non-judgemental acceptance. For Linehan, “wise mind” is the cornerstone of acceptance and mindfulness within therapy and the source of a sort of universal spirituality, so to say beyond Buddhism or Christianity (cf. Robins, Schmidt, and Linehan 2004).

Inspired by Kabat-Zinn, Segal et al. (2002) I have developed the so-called mindfulness cognitive behavior therapy” with special programs for the treatment of clinical depression. Empirical results show that a mix of mindfulness, meditative and cognitive skills is more efficient than a cognitive training alone (cf. van Quekelberghe 2007: 210-214). Steven Hayes (2002, 2004) has developed the acceptance and commitment therapy” (ACT). The influence of Buddhist *vipassanā* meditation on ACT cannot be overseen. Meditative concentration and a non-judgmental approach to any experience are its main components. Hayes emphasized:

1. the learning of diffusion, making a clear distinction between verbal or cognitive representations and the direct experience of

situations (cognitive fusion and getting entangled in contradictions often lead to psychic disorders),

2. the learning of the difference between our ego as context and our various ego-contents.

Mindfulness meditation greatly contributes to both these learning goals.

The second main component, the distinction between context and content, surely leads to a spiritual view of our own self. While learning a kind of de-identification from all our ego-contents, we come very close to the meditative Asian traditions which emphasize the stepping back from all forms of strong attachment to contents. It is interesting to note that Hayes (2004: 20-21) refers to a “transcendent sense of self” which cannot be identified with any ego-content. He also refers to the metaphor used by the transpersonal therapist Roberto Assagioli. According to Assagioli, we should see our own ego as the chessboard and not plainly identify ourselves with any white chess piece (for example, our good thoughts or feelings) or with any black chess piece (for example, our bad thoughts or feelings).

4. *The transpersonal psychotherapy and Buddhism*

An important area of dialogue between Asian traditions and psychotherapy is surely the transpersonal psychology and therapy. Since the launching of the *Journal of Transpersonal Psychology* (1969) and the foundation of a scientific society (1970), many psychiatrists, psychologists, and social scientists have greatly contributed to a broad dialogue between Asian wisdom traditions and modern science (especially psychiatry and psychotherapy). Authors such as Ken Wilber or Stan Grof have largely influenced the development of this new research area. In my book (van Quekelberghe 2005), I describe the main fields of this transpersonally or spiritually oriented psychotherapy.

III. THE BODHISATTVA WAY: A POSSIBLE IDEAL FOR A SPIRITUALLY ORIENTED (POST)MODERN PSYCHOTHERAPIST?

The Bodhisattva ideal belongs to Mahāyāna Buddhism. The Bodhisattva (*bodhi*: Sanskrit for “enlightening/enlightenment”; *sattva*: Sanskrit for “being”) is centering all his/her life on enlightenment and the freeing of all sentient beings from suffering. The Bodhisattva resolves

to achieve a pure state of mind for the liberation of other beings from the chains of craving and suffering. The Bodhisattva vow goes like this:

The sentient beings are countless; I vow that I'll free all of them from suffering.

The illusions are countless; I vow that I'll destroy all of them.

The dharma gates are countless; I vow that I'll go through each of them.

The enlightenment is endless; I vow that I'll realize it!

In Mahāyāna Buddhism we have two main types of Bodhisattvas: the transcendent and the transient or human ones. Transcendent Bodhisattvas are for example Avalokiteshvara (Bodhisattva of compassion) and Mañjuśrī (Bodhisattva of wisdom).

The transient or human Bodhisattva has to go through 10 stations (Sanskrit "*bhumi*") before achieving a transcendent or completely enlightened state of consciousness. There are at least six perfections to be trained:

1. generosity
2. passionless behavior
3. patience
4. courage
5. mindfulness
6. wisdom

The training of such attitudes leads to the following four stable characteristics of the Bodhisattva state of consciousness, the so-called *brahmavihāras*:

1. *mettā* (Pali for "goodness")
2. *karunā* (Pali for "compassion")
3. *muditā* (Pali for "serenity")
4. *upekkhā* (Pali for "equanimity")

Perfect wisdom and compassion, the essential characteristics of any transcendent Bodhisattva, emerge out of the training of the six perfections (Sanskrit: *pāramitās*) and the four brahmavihāras as perfect states of consciousness. Both characteristics are grounded in the primary perception of an unitary (endless) context for all possible contents.

The Bodhisattva way could be helpful for any spiritually oriented therapist - not only for Buddhist therapists - at multiple levels of actions and different stages of training, for example:

- developing a profound compassion for any suffering human being,
- enjoying the alleviation of suffering (surely a good remedy against the burn out syndrome),
- developing more acceptance and more mindfulness of one's own emotions and cognitions,
- reducing our own defense mechanisms and resistance, i.e., becoming more flexible in all kinds of situations,
- developing perfections (*pāramitās*) such as generosity, patience, and courage is surely quite adequate for long term patients and/or low motivated clients
- the third *bhumi* (Sanskrit: *prabhākara*) means “radiant charisma.” So the more a therapist progresses along the Bodhisattva path, the more he/she will be able to communicate non-verbally some sort of “positive healing energy.” This non-verbal charisma will also reduce the resistance and/or motivate the patients to go beyond a verbal level of comprehension and communication.

These few examples show us that the Bodhisattva way should be useful for any post-modern therapist interested in cultivating a spiritual dimension along acceptance and mindfulness. It should be clear that this way is really open to all forms of “Weltanschauung”: agnostic, atheistic, theistic, Hinduistic, Jewish, Christian, Islamic, etc.

IV. NĀLANDĀ

Finally, I would like to point to Nālandā as to our real need for post-modern “wisdom research centers” to help physicians, psychotherapists, teachers and others on the long way towards a fully enlightened and enlightening mind. Nālandā, 60 miles south of Patna (Bihar, India), was such a wisdom research center for nearly eight hundred years (V-XIII centuries c.e.). Such a center offered the possibility for long retreats and the teachings of top skilled persons such as Nāgārjuna or Naropa.

We need many post-modern “wisdom research centers” in order to promote a sustained, deep, and competent move of modern medicine and psychotherapy towards more mindfulness, acceptance and spirituality.

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