



# Mindfulness needs therapy

**Alistair Appleton** reflects on his journey during psychotherapy training and his experience teaching mindfulness

**I** have just completed six years of psychotherapy training at the Minster Centre in north west London. And as many of you reading this will remember (or may anticipate), that last stretch through dissertation writing and case studies is brain-bashingly tough. Now I've emerged, blinking and gasping, from that tunnel of training and academic rigour, I'm contemplating those six years and squinting ahead at the landscape opening up to me. This article is about one detail of that landscape: the union of therapy and meditative traditions; not from the usual perspective of 'we therapists need to be more mindful', but rather, the reverse: we meditators could do with being a whole lot more therapeutic.

Meditation has always been a factor in my therapeutic career. I came to my training through mindfulness meditation and I came to meditation through unhappiness. Back in 2000, I was working (as I still do) in the television industry, but the intrinsic insecurities of that highly narcissistic world were gnawing away at my happiness. So when I discovered meditation and Buddhism on a



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Scottish island, it felt like someone had thrown a light switch. I plunged into Dharma practice with fierce abandon – first in the Tibetan monastery of Samye Ling in Scotland and then later in Theravādin (a school of Buddhism followed in Thailand and other south east Asian countries) monasteries in Sussex and Thailand. I learned how to sit in meditation and I tried to emulate the moral impeccability of the monks and nuns I met. I also, in this process, began to drive my friends to distraction with the ever more rigid regimentation of my life.

At some point along the way, I also began to teach what I'd learned to other people. Partly because I recognised how much good it was doing but partly because I was still very much a presenter and the buoyancy of my ego made me feel I knew best how to transmit this ancient knowledge to a modern audience.

Whatever my motivations, I began teaching and within a few years was teaching quite big groups mindfulness, which was just coming into fashion. It was at this point that I began to wonder about the rigidity of my practice and travelled to Brazil to experiment with Amazonian shamanism. I also came into contact with the Buddhist teacher Rob Nairn, who recognised the tendency of meditators (even long-term ones) to dissociate and use their spiritual practice to wedge themselves deeper into protective psychological defences. 'You think you've been meditating all these years but actually you're all just dissociating', he would say to groups of outraged practitioners<sup>1</sup>.

Something in me grasped the truth of this – though personally I was far too hypnotised by my self-image to recognise it deeply in myself – and around this time I began to sense that I wasn't really well-enough trained to

hold the energy of my meditation groups. For example, unaware as I was of the mechanisms of projection and transference, I was completely in the dark as to why there seemed to always be a person (usually a woman) in the group who appeared out to 'unmask me' or point out my failings. 'If only she wasn't there, the group would be perfect', I'd think, unaware of how that poor innocent was mirroring my unspoken insecurity.

So I decided to train as a therapist and blithely set off to the Minster for my first year of training. 'I'll read a bit of Freud', I thought, 'do some seminars and then I'll pick up the certificate and hey presto: safe pair of hands.'

I had no idea how much the therapy training would turn my ideas about spirituality inside-out and rework my experience of being human in the world. It was a bruising, difficult and painful process; far more deep-reaching than the years of meditating or the vivid and exhilarating ayahuasca rituals I experienced in Brazil.

The Minster trains therapists in a multi-strand way, drawing on psychodynamic, humanist, body-centred and transpersonal perspectives. Towards the end, our training was strongly influenced by attachment theory and contemporary thinking about intersubjectivity and relational psychotherapy.

In the course of those six years of one-on-one and group therapy I became aware of the entrenched narcissistic defence I had against early infant disappointments; I understood how this played out in relationships and in my television career; I understood how dissociation had kept me safe but at an enormous cost to my vitality; and I became open to a whole range of emotions and human experiences that I had, till then, unconsciously avoided. In a nutshell, I now believe therapy, rather than meditation, made me fully human.

I'm aware that this is contentious because who knows how much spiritual practice and meditation facilitated the subsequent therapy. But I am also aware that psychoanalysts, psychotherapists and counsellors, often as a community, look to spiritual practice to 'lift' therapy, without appreciating their own powerful 'lineage', stretching back some 110 years, which can make, I believe, a unique contribution to spiritual work.

### Ethical benefits

There are, of course, simple ways in which therapy can help meditation practitioners, especially those like me who are also teaching elements to others.

We are all aware of the surge in interest in the Buddhist practice of mindfulness and while there may be concerns with its monetisation<sup>2</sup>, the enormous benefit it brings to so many far outweighs this. The most direct way therapeutic practice can help here is by making the teaching of mindfulness safe and ethical.

I mentioned that my early attempts at teaching were coloured by my barely unconscious desire for status:

the classic work of the ego in the teacher. Understanding the mechanisms of projection and transference and the unsettling power of my own internal knots has allowed me to teach in a more transparent and kindly manner without exposing my students to waves of my unresolved material.

There are currently many hundreds of people training in mindfulness teaching who, after months or sometimes years, go out to teach with good meditation practice but little understanding of basic counselling. While I was doing the mindfulness-based cognitive therapy (MBCT) training I was shocked to notice that none of my group of counselling psychologists had ever done any meditation – but the converse is equally problematic. Many years' meditation does not make you a good group worker or a counsellor. The rigours of therapy training can be enormously beneficial for meditation teachers and the ethical wellbeing of their students.

However, there is a more fundamental aspect of mindfulness practice, in particular, that I would like to examine. This is not about how we teach it – but how we practise it; and it takes me into the therapeutic world of dissociation.

### Spiritual dissociation

I am using dissociation in its broadest sense here. The sense that flows from Janet's thinking in the early 20th century to the writings of Phillip Bromberg<sup>3</sup>, Donnel Stern<sup>4</sup> and Elizabeth Howell<sup>5</sup> in the 21st. The best definition of it comes from the American granddaddy of dissociation theorists, Harry Stack Sullivan, who describes it as 'selective inattention, that covers the world like a tent'<sup>6</sup>.

Dissociation in this sense is the unconscious 'greying-out' of experience that contradicts or threatens a defensive self-construct that we have chosen in the process of growing up in the world. On a simply quotidian level it is the brain's filtering out of sensory data that exceed our needs (for example, the blanking out of a ticking clock, or a nearby radio). On a more experiential and personality-based level it is the habitual non-experience of things that threaten our sense of self.

When Rob Nairn spoke about meditators dissociating, I am pretty sure he was not familiar with Sullivan's work, but he was nevertheless tuned into the way in which a meditator's sense of being a 'good dharma practitioner' forces them to edit out (dissociate) any arising emotion or experience that contradicts this image. In pointing this out, Nairn highlights one of the ways in which the stance of therapy can supplement (if not improve on) the stance of spirituality. Nairn is also the founder of the Mindfulness Association.

I work in the field of mindfulness, and contributors to this journal have written extensively on the benefits of mindfulness in various fields. Broadly speaking, mindfulness in contemporary therapy takes the form of an eight-week experiential course (based on Kabat-Zinn's

mindfulness-based stress reduction (MBSR) but developed to become a NICE-recommended practice by Mark Williams and his MBCT programme). It is also used most effectively in Linehan's Dialectical Behavioural Therapy (DBT) and Hayes' Acceptance and Commitment Therapy (ACT), where it is applied in a more multi-modal way.

In a piece of study I did during my training, I was looking at the way mindfulness is rolled out in therapy provision and how it might be improved. One of the glaring holes in the literature on the benefit of mindfulness was in the area of dissociative disorders. There is solid evidence that MBCT works to prevent relapse into depression, and less strong evidence around drug and alcohol dependency. There are a number of studies into mindfulness' efficacy with many other conditions – borderline personality disorder<sup>7</sup>, etc – but none that I could find about disorders that work through dissociation – as for example, Narcissistic Personality Disorder. I theorised that this might have to do with the way in which mindfulness was taught.

According to Didonna<sup>8</sup> in his compendious handbook of mindful therapies, the most impactful element of the practice is the 'stepping back' or defusing (to use ACT's powerful phrase) from our experience. Rather than merge and fuse with our ruminative thoughts or painful emotions, mindfulness encourages us to detach from them and allow them to move on, as all phenomena move on. This is indeed the key for those patients who are stuck in depressive rumination and affect. However, there is another pole of mindfulness which we might contrast to this 'defusing' one and this is the 'immersive' pole. This emphasises the other quality of mindfulness which is to fully experience what is going on – to really taste a raspberry as we eat it, to listen to the sound of a passing plane, but also to really go into the reality of emotion and obsessive thought, and experience what it 'feels like'.

This 'immersive' pole of mindfulness is what dissociating clients need. They are too good at stepping back and distancing themselves from their emotions and they experience (or rather don't experience) life as constricted and low in vitality. This constriction comes about from dissociation, a cumulative 'not-experiencing' of more and more parts of themselves and the world. Moving practices like walking meditation or yoga, sensory immersion and an intimate relationship with thoughts and emotions will work better with this dissociated populace.

Theorists like Howell see dissociation arising not because the client is doing something wrong but because they have been trained in relationships to dissociate. The blank holes of dissociation are a function of painful relating. Young children grey-out bits of themselves to make themselves loveable to significant others and then that greying-out becomes so entrenched that it precludes any other way of relating.

And relating brings me to another significant way in which therapy can enlighten spiritual practice.

# “ I believe one of the foundational strengths of contemporary therapy is the focus it brings to the relational ”

## The need for the relational

I believe one of the foundational strengths of contemporary therapy is the focus it brings to the relational. From early infant bonding, lifelong attachment patterns, the dance of projection and introjection or the magnetic power of the intersubjective 'third' – all these strands of thinking bring us back to the truth that we are embedded social creatures and much of our suffering (or *dukkha*, to use a Buddhist word) comes from these often unseen dynamics.

Religions have lots to say about relationships – much of it prohibitive – but meditation practice is often practised in an oddly disconnected way: solitary, silent and still. I sometimes wonder whether this is part of what makes it so attractive to our increasingly atomised society.

When I was in my most severe Buddhist monastic phase – spending weeks in a jungle monastery in Thailand, eating one meal a day and meditating for hours at a stretch in a forest hut – I was practising largely in this relational vacuum. The Theravādin tradition – like most Buddhist traditions – lays great cultural value on solitude. No monastic grid places much store on relationships, certainly not intimate ones. And looking back I see that this played into my dissociative defences. Through various vicissitudes of growing up I had developed a powerful narcissistic shell, which kept me alone but safe. Buddhism, as I then understood it, played massively into this defence, allowing me to isolate more and more in a 'dharmic' way.

This emphasis on the individual rather than the relational is not limited to hard-core monastics. Culturally it has seeped into the way in which mindfulness (itself an offspring of the Buddha's monastic community) is taught. The classic eight-week roll-out of mindfulness limits discussion of relationships to an addendum in the eighth week. A popular 'manifesto' of mindfulness<sup>9</sup> devotes just two pages to it. But from a therapeutic point of view, if we are working with dissociating people – those who detach or who habitually self-isolate – then being mindful of the experience of togetherness becomes central. In short,

what has been dissociated is the relational and – in this instance – the detaching, non-relational pole of mindfulness is not what is needed.

Pulling focus to my experience. I found the long slog of five years of one-on-one therapy with a kindly and non-detaching therapist was what I needed to get back in touch with many of the self-experiences that I had dissociated – first by unconscious mechanisms and then more consciously by 'meditation'.

## Conclusion

I am in no way suggesting that all mindfulness practitioners or teachers are in need of therapy. I have met wonderfully inspiring people in both dharma circles *and* in therapy circles, but I would certainly not say that the 'spiritual' trumps the 'therapeutic'. In fact, I feel that some of the therapists I have met – particularly those with long experience of client work – are more in tune with an embodied and immanent spirituality than religious practitioners who wrinkle their noses at the smell of individual stories and experiences and flee to the transcendent and 'pure'.

I am proud of my training and immensely grateful to my therapist and therapeutic colleagues for the relational healing that I have been through. I don't believe that would have happened in the same way if I had stayed in the monastic world or continued in a purely meditative practice. So as I stand blinking in the light after my training, I am happy to put my newly minted therapy hat on and stride off to see clients *and* teach mindfulness, knowing that I am a safer pair of hands because of it.

## Biography

Alistair Appleton has recently completed his psychotherapy training at the Minster Centre. He works as a television presenter and is a mindfulness teacher.

<http://mind-springs.org/>



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