



Mindfulness-based therapy: a tool for spiritual growth?

Edo Shonin, William Van Gordon, and Mark D Griffiths consider mindfulness in relation to counsellors and psychotherapists who have a spiritual focus to their professional practices

In 2012, almost 500 scientific papers concerning Buddhist-derived mindfulness meditation were published. This compares with just 25 papers concerning mindfulness published at the turn of the century in 2000. According to a recent survey conducted by the Mental Health Foundation concerning attitudes towards mindfulness and meditation, as many as 50 per cent of British adults would be interested in learning meditation as a means of reducing stress and improving their overall level of wellbeing¹. An article about Buddhist therapy published in the autumn 2012 edition of *Thresholds* by Caroline Brazier briefly touched upon the growing popularity of mindfulness-based therapies (MBTs) within mainstream healthcare domains².

The purpose of this article is to provide an in-depth discussion of the utility of mindfulness as it relates to counsellors and psychotherapists with a spiritual focus to their professional practice. More specifically, we briefly provide: (i) an overview of current directions in the research and psychotherapeutic application of mindfulness, (ii) a portrayal of mindfulness practice from the traditional Buddhist perspective, (iii) some recommendations for the effective deployment of mindfulness techniques within the client-therapist setting, and (iv) an appraisal of issues relating to the ongoing rollout and integration of MBTs with particular emphasis on whether, in the move from Eastern to Western cultures, the 'spiritual essence' of mindfulness has remained intact in its psychotherapeutically orientated Westernised form.

Mindfulness-based therapies – current directions

Although the psychological and psychotherapy literature is far from unified in terms of an accepted definition of mindfulness, it is generally accepted that mindfulness involves the practice of purposefully paying attention to the present moment, and in a non-judgmental manner³. Hofmann and colleagues define mindfulness as 'a form of participant-observation that is characterised by moment-to-moment awareness of perceptible mental states and processes that include continuous, immediate awareness of physical sensations, perceptions, affective states, thoughts and imagery'⁴.

Mindfulness (and other contemplative techniques) forms the basis of a new approach to cognitive behavioural therapy (CBT) (known as 'third-wave' cognitive behavioural approaches). Whereas 'second-wave' CBT approaches tend to advocate the active control and modification of cognitive distortions (ie faulty thoughts), the more recently formulated third-wave CBT techniques operate via a mechanism of acceptance and perceptual re-distancing⁵. This greater perceptual distance from maladaptive cognitive processes makes it easier for clients to let go of and simply observe their thoughts and feelings as passing phenomena. Research has shown that a greater exposure to thoughts and feelings in this manner leads to reduced levels of autonomic and psychological arousal and to a greater sense of calm and perspective⁶.

MBTs can be delivered on a group or one-to-one basis and typically adopt a secularised format. Group-based MBTs are generally of eight-week duration and the two most established techniques are Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). MBCT is advocated by the National Institute for Health and Care Excellence (NICE) for the treatment of recurrent depression in adults. MBCT is also included in the practice guidelines of the American Psychiatric Association for the treatment of major depression. Examples of more recently formulated group-based MBTs include 'Mindfulness-Based Relapse Prevention' for the treatment of substance-use disorders, and Mindfulness-Based Childbirth and Parenting for maternal wellbeing both during pregnancy and post-pregnancy. Although mindfulness techniques can be integrated into almost all one-to-one therapeutic modalities, the two most researched one-to-one therapeutic approaches are Dialectic Behaviour Therapy and Acceptance and Commitment Therapy.

Over the course of the last decade, a credible evidence base has been established for the psychotherapeutic deployment of MBTs. Indeed, MBTs have been shown to be effective for treating almost the entire spectrum of psychological disorders including (for example) mood disorders, anxiety

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disorders, substance use disorders, personality disorders, and schizophrenia-spectrum disorders'. MBTs have also been shown to effectuate improvements in psychological wellbeing, cognitive function, and emotion regulation capacity in sub-clinical and healthy-adult populations^{6,8}.

Mindfulness – a Buddhist perspective

The Pali word for mindfulness is *sati* (Sanskrit: *smṛti*) which literally means 'to remember' or 'to recollect'. Rather than the remembering of a past event, *sati* refers to the practice of 'remembering' to remain aware of the present moment. Within Buddhism, this present moment awareness is generally directed towards processes relating to (i) body (ii) feelings (iii) mind, and (iv) phenomena (known as the four establishments of mindfulness).

Whilst different Buddhist vehicles operationalise mindfulness practice in different ways, the three principles of (i) wisdom (Sanskrit: *prajñā*), (ii) ethical discipline (Sanskrit: *śīla*), and (iii) meditation (Sanskrit: *śamādhi*) represent the shared foundations of each approach. A key tenet of Buddhism is the teaching of the Noble Eight Fold Path which can be conceptually stratified according to the above threefold division. The wisdom aspects of the Noble Eight Fold Path incorporate the teachings of 'right view' and 'right intention' that represent the first and second stages of the path respectively. The 'ethical discipline' aspects represent the third to sixth aspects of the path and include 'right speech', 'right action', 'right livelihood', and 'right effort'. Finally, 'meditation' corresponds to the seventh and eighth aspects of the path that are 'right mindfulness' and 'right concentration' respectively.

Therefore, within Buddhism, the development of 'right mindfulness' arises interdependently with, and in reliance upon, the gradual and simultaneous practice of each of the other seven aspects of the path; in other words, in traditional Buddhist practice, mindfulness enters into a process of 'cross-fertilisation' with wisdom, ethical discipline, and meditative elements. These elements provide a stable platform and context for the successful development of right mindfulness.

The importance of this 'cross-fertilisation' process can be highlighted by the examples of right view and right intention. Right view relates to the realisation of an accurate view of self and reality based on intuiting concepts such as impermanence, non-self, and emptiness. According to the Buddhist teachings, it is not possible for a practitioner to become fully mindful of the present moment unless they have some grounded realisation of the true and absolute mode in which the present moment exists^{6,9}. The same applies to 'right intention', which refers not only to a purposeful resolve to develop spiritually,

but also relates to the development of a compassionate and altruistic (rather than selfish) motivation for practice. Buddhism teaches that a practitioner cannot establish full mindfulness of their thoughts, feelings, and actions without a profound and compassionate awareness of how such actions will influence the 'spiritual happiness' (Sanskrit: *sukha*) or suffering (Sanskrit: *duḥkha*) of others.

Practitioner recommendations

Based upon a review of the MBT research and practice literature, and upon findings from our own research into an eight-week MBT known as Meditation Awareness Training (MAT), we propose the following practitioner points for the effective deployment of mindfulness techniques within the client-therapist setting:

Therapist-led practice: Findings from qualitative studies of MBTs indicate that clients place great importance on the extent to which the therapist's own thoughts, words, and actions are infused with mindful awareness⁹. A therapist who is 'well-soaked' in meditation naturally exerts a reassuring presence that helps clients to relax and connect with their own capacity for spiritual awareness. Furthermore, psychotherapists and counsellors are particularly at-risk of compassion fatigue – a form of secondary traumatic stress arising from working with clients who have an illness of a distressing nature or who have directly experienced a traumatic event. Therapist mindfulness practice has been shown to exert a protective influence over compassion fatigue and therefore improve the therapeutic experience for client and therapist alike¹⁰.

Meditative anchors: Integral to effective mindfulness training, particularly at the beginning stages, is the use of meditative anchors. The most commonly employed example in MBTs is the use of the breath. Full awareness of the in-breath and out-breath is taught to help clients 'tie their mind' to the present moment and to subdue discursive and ruminating thought processes. Counting of the breath is often recommended for clients with concentration difficulties. Any kind of forced breathing is discouraged such that the breath is allowed to follow its natural course and to calm and deepen of its own accord (ie as a regular consequence of it being mindfully observed)¹¹.

Mindfulness reminders: The maintenance of mindfulness during everyday activities also appears to be helped by the use of mindfulness reminders. An example of a mindfulness reminder is an hour chime (eg from a wrist-watch or wall clock), which, upon sounding, can be used as a trigger by the client to gently return their awareness to the present moment and to the natural flow of the in-breath and out-breath (and to the space and time between each in-breath and out-breath). Some clients seem to prefer a less sensory reminder such as a simple acronym. For example, in the aforementioned eight-week Meditation Awareness Training Programme, clients are taught to use the SOS technique to facilitate recovery of meditative concentration by 'sending out an SOS' at the point when intrusive thoughts arise (see box 1)¹¹.

Box 1. The three-step SOS technique:

Sending out an SOS

- 1 Stop
- 2 Observe the breath
- 3 Step back and watch the mind

Meditative posture: Although the focus of mindfulness practice should be directed towards its maintenance during everyday activities, formal daily seated meditation sessions are an essential aspect of mindfulness training. As part of seated meditation practice, a good physical posture helps to facilitate the cultivation of a good mental posture. The most important aspect of the meditation posture is stability which can be achieved whether sitting upright on a chair or on a meditation cushion. The analogy used in Meditation Awareness Training for the appropriate meditation posture is that of a mountain. A mountain has a definite presence, it is upright and stable yet at the same time it is without tension and does not have to strain to maintain its posture – it is relaxed, content, and deeply-rooted in the earth.

Psychoeducation: In most counselling and psychotherapeutic approaches, a degree of psychoeducation regarding the mechanisms of action and projected hurdles to recovery is generally regarded as a means of augmenting client-therapist trust and therapeutic alliance. MBTs are no exception to this, and clients generally welcome advance notice of the difficulties they are likely to experience as their meditative training progresses. One such difficulty, particularly in the beginning stages, is the feeling by clients that their mind is becoming more discursive than before. However, rather than an actual decrease in levels of mindfulness, qualitative research of MBTs has shown that such feelings generally result from a greater awareness by clients of the 'wild' nature of their cognitive and emotional processes that had hitherto remained unnoticed⁹.

Integration and rollout issues

A growing concern regarding MBTs is that they lack foundational congruence and apply the practice of mindfulness in an 'out of context' manner¹². This critique arises because, as already outlined, in its traditional Buddhist setting, rather than as a standalone technique, mindfulness is practised only as part of a composite and interdependent array of spiritually inclined perspectives and trainings. In other words, there are important differences in the way mindfulness is construed within Buddhism and MBTs that relate to the degree of emphasis on shorter-term symptom relief compared with liberation in the more spiritual sense⁶.

Linked to this are concerns relating to the competency, supervision, and general experience levels of MBT instructors. Whilst there are efforts underway to establish competency, assessment, and practice guidelines for MBT

facilitators, instructors without any prior familiarisation of using spiritual or contemplative-based therapeutic techniques can deliver MBTs with as little as one year's mindfulness experience following completion of a single eight-week course¹. This is in contrast to the Buddhist perspective where, traditionally, the meditation teacher will have invariably received transmissions directly from an accomplished meditation master and will have undergone prolonged periods (typically decades) of focused meditation training. Arguably, practitioners best positioned to effectively employ mindfulness techniques within the client-therapist setting are those mental health professionals with a dedicated spiritual focus to their professional practice.

A firmly embedded understanding by therapists of the principles that underlie effective mindfulness practice (eg non-self, impermanence, etc) is likely to enhance therapeutic outcomes in the long term. Indeed, according to Sills and Lown, greater therapeutic reconnection and transformation can take place as clients and the therapist begin to familiarise themselves with the non-self construct and work in an 'open and empty ground state'¹³. Similarly, as Segall candidly points out – an embedded understanding of non-self can enhance therapeutic core conditions because 'the more the therapist understands annata [non-self], the less likelihood that the therapy will be about the selfhood of the therapist'¹⁴.

Conclusions

In recent decades there has been an increased interest in the therapeutic utility of MBTs. Evidence suggests that MBTs can be effective techniques for ameliorating psychological distress and improving overall levels of wellbeing. However, there is a need for greater dialogue between MBT researchers and instructors and experienced Buddhist teachers. Furthermore, given that Buddhism is not the only religion to advocate the practice of meditation, greater dialogue with other spiritual traditions would also help to inform scientific debate regarding the effective implementation of mindfulness techniques within therapeutic domains.

Biographies

Ven Edo Shonin is a research psychologist and has been a Buddhist monk for over 25 years. He is Spiritual Director of the Mahayana Bodhayati School of Buddhism and forms part of the Psychological Wellbeing and Mental Health Research Unit, Nottingham Trent University. His area of research expertise is the clinical utility of Buddhist philosophy.



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Dr Mark Griffiths is a Chartered Psychologist based at Nottingham Trent University. He has published over 400 refereed research papers, three books, 70 book chapters and over 1,000 other articles in the area of behavioural addiction (gambling, videogames, internet, sex, and exercise). Dr Griffiths has won 12 national and international awards for his work.

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