

Just another technique? Possibilities and paradoxes in working with mindfulness

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This paper reflects on the authors' experience of working with mindfulness approaches in the context of broader clinical psychology practice. The authors reflect on the challenge mindfulness may offer as a practice and as a philosophy - with its ancient historical connections to Buddhism and other approaches - to our understandings of expertise, knowledge and goals in clinical psychology.

As has been recently described in this publication (Jones & Childs, 2002), mindfulness is becoming increasingly visible in a range of psychological approaches (e.g. Linehan, 1993) and seems to be in the unusual position of being somewhat alternative and mainstream at the same time.

The mainstream appeal of mindfulness has perhaps mainly come from published quantitative research from centres like the MRC in Cambridge and researchers there such as John Teasdale (e.g. Teasdale et al., 1995). This has been partly responsible for its growing reputation within CBT circles (e.g. Segal et al., 2002).

Yet mindfulness is perhaps also alternative because its roots are in so-called pre-scientific religious and spiritual traditions, born and propagated seemingly in different epistemological soil to modern clinical psychology, at least of the positivist empiricist kind that could (although with increasingly less confidence, perhaps) still be called the orthodoxy. We say 'seemingly' because there may be more in common between the ancient and modern here. It could be argued that mindfulness has entered the domain of psychological practice at least as much out of psychologists' intimate subjective committed ex-

perience (as Jones and Childs also suggest) of working with it in their own lives as out of the laboratory white heat of scientific empiricism. We certainly have both come to mindfulness through non-formal psychological routes (Tibetan Buddhism for one of us, Chi Gung for the other) and in our own personal experience have found that mindfulness seems to offer something very valuable.

We should say at this point, though, that we are aware as we write of our own sense of hesitantly exploring even just the beginnings of the implications of mindfulness for ourselves and in our work. We also sense that clinical psychologists may be connecting with mindfulness from a wide range of theoretical and personal contexts and we offer the following thoughts within a spirit of tentative curiosity.

Our interest has led us to consider how we might offer this practice and the ideas behind it as an approach in our work contexts and last year, as a pilot project, we organised and facilitated a mindfulness group. This group was open to CMHT clients and members of the general public in collaboration with a local adult education college. A trainee clinical psychologist also worked with us. Her main role within the group was to help evaluate its usefulness. Our personal experience of the value of mindfulness seemed to be mirrored in the group, with most participants describing the group as a positive and helpful experience. We have also subsequently facilitated a workshop for colleagues that again seemed to be valued.

However, in bringing mindfulness into our work context, both of us have been struck by the paradoxes it seems to open up, partly by its very nature but also in particular if one begins to ask 'does this work?' For, in clinical psychology at

least, this implies that mindfulness works as a treatment strategy with specific outcomes in the way that other approaches claim. However, it could be said that mindfulness has no goal; that it is not simply another form of relaxation, or a way of removing or reducing unwanted thoughts or feelings, or of creating cathartic release or insight. On the other hand, although these are not the goals of mindfulness as such (in our understanding), experiences of relaxation or even tranquillity and release can happen when people practise mindfulness.

What then does mindfulness offer? In exploring this below we draw both on our understanding as psychologists but also insight drawn from Buddhism, among other approaches. We are aware that there are implications in doing this, but we recognise that in describing a practice like mindfulness we want to acknowledge alternative as well as mainstream influences. In particular we place in the text three traditional slogans from a Buddhist practice called in Tibetan *Lojong* or 'Mind Training' (Trungpa, 1993). These three slogans (as we understand them) can point towards some of the challenging qualities of mindfulness. As a first step, for those readers perhaps unfamiliar with it we will try briefly to describe our understanding of what mindfulness is.

Examine the nature of unborn awareness

Our mind fluctuates constantly, back and forth, forth and back. Look at that, just look at that!
(Trungpa, 1993, p. 31).

Mindfulness is a way of working with our experience where we try gently and non-judgementally to allow our attention to rest on the present moment. If we look at our minds we can often find that a kind of running commentary is a constant state of being, filling us up with a collage of hopes, fears, plans, desires and worries.

Mindfulness is not about trying to stop this running commentary. It is natural for us to have thoughts and feelings whether they be happy, sad or neither. The difference with mindfulness is that we aim to be less lost in our trains of thought. If one practises mindfulness more often one can find that the running commentary may

quiet somewhat because one is in a way feeding it less. But our aim in mindfulness is not to get rid of thoughts – not a kind of mental Domestos – but rather to become more alive to our moment-by-moment experience.

The actual practice of mindfulness that we have been working with is one that is common to different schools of Buddhism, has no 'religious' content and is similar to practices used by other clinicians and researchers. It consists of sitting in a relaxed yet upright posture for some minutes as we let our mind gently rest attention on the breath as we breath in and out. This is simply one of many forms of mindfulness practice – in other practices one may work with other objects of attention rather than the breath, such as the sensation of walking or resting the gaze on an inanimate object. In 'mindfulness of breath' practice, when we find inevitably that our mind is carried away by thoughts, feelings, fantasies, sensations and sounds, we simply label that to ourselves 'thinking' and come back to the breath. We try to do this with a combination of gentleness, precision and 'letting go' (Chodron, 1996). One aspect of this practice that may be less familiar is that we keep our eyes open – keeping ourselves connected with the world and perhaps reducing the chance to use the practice to drift away from our immediate world.

From the above description one could say that mindfulness is a practice of bringing a compassionate awareness to our moment-by-moment lived experience – nothing more or less. There is no therapeutic project or endpoint implicit in that other than, perhaps, drawing from the Buddhist image of enlightenment – becoming fully awake to the nature of being.

From personal experience, this has challenged our notions of what we mean by therapy. What is its scope? Therapeutic approaches that we are familiar with from clinical psychology often do seem to have at their core certain concepts about health and functionality. These concepts may focus on people's experience of feelings or thoughts, on thinking styles or how to be in relationships. Guided by these concepts, the therapeutic project may focus on trying to help people to a healthier place through the content of therapeutic conversations or the experience of the therapeutic relationship.

Abandon all hope of fruition

One of the deepest habitual patterns that we have is to feel that now is not good enough (Chodron, 1994: 96).

It seems to us that mindfulness is anchored less by concepts than by a compassionate acceptance and openness to all experience and faith in a fluid process. From our experience, this position involves a great deal of uncertainty and has at times felt unnerving for us, particularly in those moments when we ourselves are seduced by the idea of a healthy endpoint where everything is sorted once and for all. However, our experience both personally and in meeting people as clinical psychologists suggests that there are not 'happy ever after' endings. Rather, in keeping with a mindfulness approach, life offers an ever-changing richness of experience including, at times, joy, pain, boredom, sadness and delight. In these ways, as an approach in therapy contexts, mindfulness does seem to us to be gently subversive.

So, we may ask, 'why practise mindfulness?' Understandably, most of us come to any therapeutic endeavour with the question of 'what's in it for me?' or 'what's the point?' and the idea of the absence of a hoped for 'happy ever after' endpoint can feel very disappointing. This may be particularly so in today's hyperconsumerist times where it could be said there are high expectations of finding remedies for all our ills and many industries offering potential solutions (including the psychological industry?).

However, perhaps giving up hope in an endpoint and connecting with an absence of a goal can feel like a huge relief enabling people to let go of expectations – expectations that otherwise can create more emotional struggle. In our experience, struggling less with how we think the world, ourselves and other people should be can lead us to feel less squeezed, pressured and constrained and help us notice a spacious quality to our experience. On the other hand, becoming more aware of thoughts and feelings can sometimes be physically or emotionally painful or raw. In the group we offered there were comments, for example, about how hard it was to relate to sitting with feelings and fears that do

not seem to go away. People commented how it can seem unpleasant and hard to just notice and appreciate certain feelings. From our experience, this rawness is not simply a stage like a painful catharsis that once experienced is gone. Rather, rawness or a more intense awareness of suffering can return again and again in different ways as one comes back again and again to witnessing lived experience.

Regard all Dharmas as dreams

Every situation is a passing memory (Chodron, 1994: 12).

As we continue to sit with ourselves and become more practised at gently bringing ourselves back to the present moment when we have wandered off into thought, a sense of difficulty with certain experiences can dissolve as we experience an appreciation of this present moment.

However, it may be if we continue to practise something that increases our awareness of 'existing now' that we begin in concrete ways to wonder at this self that is existing. Again, there may be something subversive to both common sense and more conceptual or professional psychological understanding, where we have come to focus so strongly on 'ourselves' – the panoply of schemas, personalities and conflicts that may need treating. Mindfulness as an ancient practice here has something in common perhaps with postmodern approaches – in both the 'self' becomes elusive and de-substantial (Loy, 1996).

It is beyond the scope of this paper sufficiently to address the issue of who might not benefit from practising mindfulness. Some writers (e.g. De Wit, 2000) have distinguished those whose degree of psychological difficulty may render them more suitable for therapy than mindfulness practice. Clearly this is an important topic. Our own perspective is one of some unease with the value of categorisations of people into different levels of dysfunction, or indeed of the possibility of having the objective position from which to do this. This is not to deny that we all have differing degrees of crisis, misery, denial, trauma or any other kind of problem, and that for this and other more practical reasons perhaps some people may not be attracted to mindfulness or,

conversely, may be attracted in some kind of unhealthy way to it. Our approach has been to work with someone who may be interested to collaborate in conversation over what the practice may mean to them and what it may mean to practise it.

Our thoughts about this issue so far are that mindfulness is a challenge to commit to for ourselves and for many, if not everyone, we know who practises it. We have not found (perhaps because we are not looking for them?) clear-cut categories about this. For example, some people we know with what could be called severe and enduring mental health problems have come to find mindfulness helpful. On the other hand some people we know with less 'clinical' problems have found experiences of anxiety, frustration or just plain boredom that can arise in the practice has put them off and they 'vote with their feet'.

Conclusions and reflections

Introducing mindfulness into our work contexts has felt challenging to us. In part, as we have tried to describe above, this seems to be because mindfulness feels paradoxical and somewhat subversive to more usual therapy approaches, lacking a goal and involving in an ongoing way both rawness and awareness of difficult experiences and calm, relaxation and release. Mindfulness does also seem challenging to the goals and processes defined typically by our training as psychologists where a kind of reductive objectivity is emphasised. Perhaps practising mindfulness is practising a knowing and not-knowing that arises within the ebb and flow of lived experience rather than abstract theoretical concepts. For us, this places any sense of expertise in question, requiring us to acknowledge and respect that people's lived experience is their experience. In offering the pilot group, this raised for us dilemmas about how to share our knowledge and experience of mindfulness in participatory relationships avoiding taking or being placed in a disabling expert position.

For us, this dilemma connects with broader discussions and challenges to the distinctions and divisions that are commonly made between the personal and professional or between service users and professionals (May, 2000; Newnes, 2001).

Similar dilemmas arose in considering how we might inquire, research and comment on people's

experience of the group, particularly in a service context and broader culture that tends to value goal-oriented outcomes and fixed knowledge. Again this links for us with broader debates about what is considered as evidence in evidence-based practice (Nieboer, Moss & Partridge, 1999) and whether it is possible to talk about the heart, spirit and beauty of experience, especially in the public domain of research and service evaluation.

For us, then, mindfulness is not simply another technique for tackling unwanted thoughts, feelings and behaviours and not simply an approach that can be studied objectively as it were 'from the outside'. However coming back to an appreciation of our humanity - our joy, pain, the whole 'catastrophe' of living (Kabat-Zinn, 1991) - seems to make life more workable. Whether we like it or not, it may also wake us up from existential slumber; a slumber that Buddhism suggests both cocoons us from suffering and adds to it immeasurably. It may be therefore that if we practise mindfulness we may get more than we bargained for.

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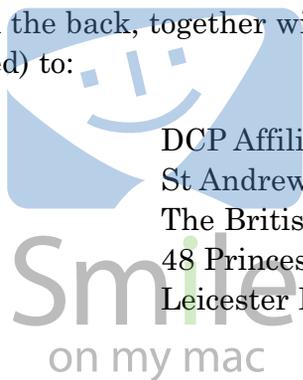
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