Mindfulness and Existential Therapy

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Abstract

Mindfulness is an experiential practice in the development of moment-to-moment awareness of our physical, cognitive and affective responses to internal and external stimuli. The ease with which mindfulness can be used at this most basic level has contributed to its increasingly widespread application in a variety of therapeutic modalities as a way of enhancing the healing process. Mindfulness however is not just a technique. It is a foundational Buddhist practice and is informed by the tenets of Buddhist philosophy concerning impermanence, the nature of the ‘self’ and interconnectedness.

The potential contribution of mindfulness practice is therefore far-reaching. This provided it is not used as just another therapeutic tool, or ‘another fad’ to quote a recent New York Times article in which they described mindfulness as ‘perhaps the most popular new psychotherapy technique of the past decade’ (Carey, 2008).

In this article I chart the ascent of mindfulness in the field of cognitive therapy, as it is through cognitive therapy that its clinical application has been popularised in the U.K. I then explore mindfulness in the context of the four Buddhist Noble Truths as the practice of Mindfulness is regarded as essential in one’s experiential confrontation with these fundamental aspects of human existence. It is in this context that the congruity of Mindfulness with Existential thought becomes most apparent.

My purpose in writing this article is to argue that in comparison to Cognitive Therapy and Psychoanalysis the two modalities where Mindfulness has been most widely adopted and adapted, it is Existential Therapy that has the most in common with it. Mindfulness could deepen and enrich the process of exploration of the client’s experience which is the focus of Existential Therapy, adding a much needed experiential dimension. In addition, because of it congruence with Existential Therapy, it is there that Mindfulness could yield its fullest therapeutic benefits, not just as vehicle of discrete change, but as a practice conducive to the far-reaching existential re-evaluation Existential Therapy is about.

Mindfulness and Cognitive Therapy

Momentous changes do not usually have clear-cut beginnings and this is no exception. For narrative sake, however, all could be said to have started with Mark Williams and his colleagues John Teasdale and Zindel Segal
being offered a grant by the Foundation Research Network on the Psychobiology of Depression and Other Affective Disorders\textsuperscript{1} to develop a ‘maintenance’ version of cognitive therapy to be used with depressed patients once they had recovered from an acute episode, but who remained at risk of relapse.

Essentially Segal et al (2002) found that what caused people who had been depressed at least twice to continue relapsing, was that a lowering in mood which would be regarded by never-before-depressed people as part of the normal ebbs and flows of one’s emotional life, was likely to become associated with patterns of negative thinking similar to those experienced during previous depressive episodes.

Depression-prone individuals would engage with these patterns of negative thinking typically employing a solution-based cognitive style, which, given the fact that no clear-cut solutions did exist, would only lead to further negative rumination and ultimately to global catastrophic and depression-provoking conclusions of the kind ‘my life is hopeless’ or ‘I am useless’.

Rather than focusing on the classical cognitive therapy objective of helping people change the content of such negative thoughts, Segal et al (2002) sought a way to teach people to relate differently to their thoughts. This is because they believed ‘decentering’, one’s ability to distance oneself from one’s thoughts, to be the central therapeutic factor in cognitive therapy for depression.

Marsha Linehan (1993), who had worked with Mark Williams and John Teasdale at the Medical Research Council’s Applied Psychology Unit in Cambridge, was already helping her patients change their relationship to their thoughts through mindfulness meditation as a central part of her Dialectical Behaviour Therapy. It was through her that these researchers came into contact with Jon Kabat Zinn who had developed a mindfulness-based treatment for chronic pain at the Stress Reduction Clinic at the University of Massachusetts Medical Center. Observing how mindfulness allowed Kabat Zinn’s patients to manage their reaction to their experience of chronic pain, Williams and his colleagues were inspired to shape their intervention around Mindfulness meditation.

They found that mindfulness enabled people to identify negative thinking as it started and before it reactivated the full depressed panoply of thoughts, emotions, sensations and behaviours of depression thereby preventing the nascent episode from becoming established. Patients were taught to focus initially on their body parts and their breath. Gradually their focus would be directed onto sensations, external stimuli such as sounds and on emerging thoughts. The intention remained to return to whatever object they were focusing on every time they became aware that their minds had wandered off. The immediate benefit of this deceptively simple exercise is a development of awareness of the working of the mind and of
the connection between thoughts and sensations and their role in the development of emotional states. In addition patients learn to regard thoughts as simple ‘events of the mind’ they can just watch passing as clouds in the sky and not necessarily as accurate reflections of reality they need to believe or attach a personal meaning to.

It is so that Mindfulness Based Cognitive Therapy (MBCT) came into being. One key element in its ascendancy has been the evidence-base gathered in its support which continues to grow. Being endorsed in the NICE guidelines as an effective form of group-based treatment for chronic depression is a result of the researchers’ labours. Thanks to them mindfulness is now increasingly accepted as a legitimate therapeutic intervention in the NHS and would no longer attract, as it would have no doubt done only a few years ago, accusations of quackery. A flurry of research on the beneficial effects of mindfulness is under way with neuroscientists and clinicians engaged in demonstrating how far-reaching the applicability of this ancient Buddhist practice is. Mindfulness is fast becoming an important element in the cognitive-behavioural treatment of eating disorders, psychosis, anxiety, obsessive compulsive disorder, chronic depression, personality disorders, substance abuse and couple difficulties. In a few years MBCT has established itself and is likely to continue doing so now that Masters degree programmes are being offered at UK universities such as Bangor, Exeter and Oxford.

Mindfulness is a deceptively simple practice. In order to fully understand its full potential impact it is important to place it in the context of the Buddhist tradition from which it originates. An illustration of the four noble truths can clarify how the practice of Mindfulness represents the experiential connection between Buddhist philosophy and congruent psychotherapeutic modalities.

**The First Noble Truth: Life Is Suffering**

At the root of life’s suffering is the realisation of impermanence (anicca). Even though we perceive reality and our own very selves as substantial, the truth is that existence is in constant flux.

Through practicing mindfulness, one embodies the transitory nature of experience. The first physical stirring of emotions, automatic thoughts or physical events such as an itch are observed as passing phenomena to which we may choose to respond or not to respond. This exercise in the awareness of transience has important therapeutic applications: at a most basic level it fosters the tolerance of unpleasant experiences, physical and emotional. As powerful as these may be, they will pass, provided we do not cling to them through habitual cognitive patterns (experiencing an itch I find myself thinking about it: ‘I need to scratch it, I won’t be able to carry on with this if I don’t, it will never go away’ etc. The moment I look at this
self-talk as just cognitive activity which I can let pass and focus on the actual experience of the itch it changes and eventually subsides). To become aware of the impact of thinking on the flow of experience is particularly desirable in a therapeutic context: most importantly if fosters metacognitive awareness which refers to the ability to observe one’s thoughts rather than fully identifying with them. Metacognitive awareness facilitates the appraisal of thought-mediated experiences as egodystonic and is therefore essential in the process of therapeutic change. It also highlights how the connection between physical sensations and the thoughts they evoke can result in pervasive emotional states or feelings. This process has been elaborated in similar way in Buddhism and neuropsychology: The Buddhist concept of ‘Vedana’ refers to the first, physical stirring of an emotion. This corresponds to what the neurophysiologist Antonio Damasio (2003) calls an emotion. This initial, purely physical sensation is closely followed by its mental representation which gives rise to what we identify as a feeling. In Damasio’s conceptualisation a feeling is constituted by the physical sensation with the addition of consistent cognitive activity: so for example the experience of the feeling sadness consists of specific physical markers as well as of a ‘sad’ cognitive bias.

An awareness of these processes creates the possibility for the individual to intervene early on in the sequence, thereby preventing the escalation of negative emotional states such as anger, anxiety and depression which emerge as a result of the vicious accretion of physical sensations, thoughts and destructive emotions. Acquiring this capacity for awareness is empowering and in existential terms it creates possibilities and gives choice where there may have been none. It is also a therapeutic aid in that it contributes to highlight the material for further therapeutic enquiry. This material may be cognitive (automatic thoughts, memories, self-judgements), affective (quality of the emotion, similarities to previously experienced emotions), physiological (where is the sensation located) or behavioural (how did your thinking, emotions and physical sensations affected your actions?)². Moreover enabling people to identify the emotional state in its cognitive, affective and physical components within the session facilitates awareness and therefore the in-depth experiencing of that state thereby adding an essential experiential dimension to the therapeutic process.

The very word ‘existential’ suggest the primacy of existence over essence. We are beings in continuous transit and our sense of being a ‘self’ is a construct developed in order to function as social beings. Dasein, the word devised by Heidegger to designate human beings, conveys the notion of a self-conscious evolving inter-relational existence with no substantial essence. Sedimentation, which could be understood as a form of fixation against changing circumstances, is one of the potentially dysfunctional mechanisms contributing to maintain the fiction of a stable self and which,
Mindfulness and Existential Therapy

if related to the experience of current difficulties can be the object of therapeutic exploration. Existential therapy focuses on the phenomenological exploration of the individual’s experience. Clearly that the individual should be aware of his or her experience as closely as possible and that she or he should be able to access the often fleeting feelings behind reactive states such as anger or withdrawal is of paramount importance. Mindfulness as a conceptually congruent practice could be introduced in the existential therapeutic process as a way of developing such awareness.

The Second Noble Truth

Craving is the source of life’s suffering. By practicing bare attention we realise that our tendency to objectification is illusory and no more than an ultimately futile attempt to prevent suffering (dukkha) at the passing of life and the anxiety of our own impersonality (anatta).

Craving is not desire, which is recognised in Buddhist thought as a positive human experience. Craving refers to the attachment to and aversion from experience. Its opposite is the acceptance of experience’s transitory and contingent nature. Craving derives from ignorance of the true nature of experience and results in inevitable and inescapable suffering. We crave permanence, never-ending, never changing love, eternal youth, certainty and total safety and we recoil from confronting our decay and vulnerability and the passing of joy. We attempt to fix time, experience and our very existence by any available means, whether art, photography, plastic surgery or the accumulation of material possessions, and all along we are doomed by our own very nature to ultimate failure. The second Buddhist truth therefore is borne out by experience.

In existential thought authenticity refers to the ‘self’ which has explicitly grasped itself” (Heidegger, 1996 in Cohn, 2002 pp86). Dasein’s own ‘potentiality for being open to its own Being. But it also recognises the common tendency of the ‘self’ ‘to cut itself off from those aspects of human existence that are threatening, puzzling or uncontrollable’ (ibid, pp87). Both Existential and Buddhist thought therefore highlight the paradox of our lives in that our self-protective tendency to deny the nature of existence and to barricade ourselves behind consoling, but ultimately mendacious illusions only results in emotional pain.

Through the development of an awareness of phenomena cultivated in mindfulness we recognise and experience our tendency to hold on and grasp what is by its own very nature transitory. In this context it has been observed how in our attempt to prolong a positive emotion or to quash a negative one we actually only manage to neutralise it in the first case and fuel it in the latter. This has been shown to be the case in those autotelic activities that give rise to optimal or flow experiences (Csikszentmihalyi,
which are so engrossing as to leave no room for consciousness of the self and therefore for the self-referential cognitive activity necessary for volitive control. In the case of aversive states such as anxiety or depression for instance acceptance rather than avoidance appears to be the more helpful stance. A case in point is Paul Chadwick’s (2006) application of this principle to psychosis: Chadwick uses mindfulness in his therapeutic approach to foster a different way to respond to distressing positive psychotic symptoms: ‘it is about learning to accept and live with these experiences without feeling preoccupied, ruled, dominated and overwhelmed by them’ (ibid p80). Acceptance is also a key stance in Existential Therapy where change, as indeed is the case with Mindfulness, is not wilfully sought out, but results from being with and deeply knowing what is.

To focus on the changing nature of experience helps to dissolve the habitual reactivity which locks us into compulsive and more than likely destructive cognitive, emotional and behavioural patterns. A more helpful stance is to relate to each experience with fresh eyes and an open mind so as to be able to respond appropriately rather than habitually. Mindfulness informed the therapeutic approach developed by Jeffrey Schwartz (2002) to help OCD sufferers. Learning to closely observe their sensations and thoughts and to then redefine them as resulting not from egosyntonic, accurate danger signals, but from habit-formed patterns of cerebral firing, patients were able to resist the persistent compulsions of OCD and to repeatedly choose more functional responses so as to eventually extinguish the original obsessive impulses.

In mindfulness we learn to inhabit the present and implicitly that all we have is ‘now’ and that future and past are mere mental constructs. We experience the transitory nature of existence and the futility of attempting to stop the flow and crystallise the ephemeral. All we can do is to give our full attention to the present moment and to live it with tragic intensity in full awareness of its passing nature. In existential terms we accept the anxiety generated by the awareness of the nature of existence as inherent to our lives and learn to live with it as authentically as possible. However whereas in existential thought there is an acceptance that living with anxiety is our human lot, Buddhist thought offers the possibility of a more positive resolution of the conflict between what we aspire to and what we can conceivably attain.

The Third Noble Truth

The third Noble Truth declares that the way to escape suffering is to fully accept the transitory, fragile and contradictory nature of existence. This realisation needs to be both cognitive and experiential and evolves in the practice of mindful living. An essential aspect of Buddhism resides in the
commitment to forge ‘an ontological bond between our present state of human facticity and its optimum possibility’ (Batchelor, 1983, p68). By facing up to existence we give up the futile attempts to find solace from anxiety in the ‘particular objects and situations of the world’ (ibid). ‘Whereas formerly we sought to avoid facing up to our being, here we fully accept our being (ibid). The transcendence of anxiety is therefore only possible through the acceptance of who we truly are and through the awareness of the illusory nature of the self-created fictions that allow us to function in our daily lives.

Turning away from the givens of existence may therefore be instinctive, but it is not inevitable. Mark Epstein (1995 p79) writes:

*most Buddhist psychology, in fact, is concerned with demonstrating how the narcissistic impulses to identify with or distance oneself from experience can be transformed into wisdom about the true nature of self.*

Heidegger talks about the tendency of Dasein to escape the realisation of its inherent existential limitations by losing itself in the ‘they’. We overcome our existential anxiety by immersing ourselves in the idle chatter and delusion of prevailing cultural norms. Whereas he did not advocate authenticity as a superior state of being to which one should aspire, Heidegger did however regard it as a possibility however fleeting and a ‘fundamental human capacity’ (Cohn 2002 p92).

The full, experiential realisation of our ephemeral nature and of the illusion of self, which comes with the regular practice of mindfulness, places us in the flux of existence. It erases the boundaries between what is ‘me’ and what is outside that ‘me’, between figure and ground recognising that there cannot be one without the other. In mindfulness meditation we move from observing the breath, sounds, sensations and our thoughts to a choiceless awareness where we open ourselves up to a full receptivity of internal and external events and where the boundary between what is ‘I’ and what is ‘other’ becomes blurred and momentarily even indistinguishable. This is not a state that can be maintained in ordinary living, but, having caught a glimpse of it, its cultivation by practice throws light on the flimsiness of the concept of a free-standing self and illuminates the true nature of existence. Ultimately with consistent practice the transitory nature of life itself and of our selves is experienced. Once we have glimpsed the illusory nature of the self-construct as a self-created boundary between ourselves and our surroundings, once we lose the distinction between what is ‘me’ and what is outside that ‘me’ we truly contact our inescapable and inherent connectedness.
The Fourth Noble Truth

As the third noble truth, the fourth offers a resolution to the human dilemma of how to live a good enough life despite the suffering inherent to existence. According to the Buddha’s teachings the way leading to the cessation of suffering is the Middle Path between the two extremes of self-mortification and self-indulgence, asceticism and hedonism. This Middle Path represents the practical realisation of the understanding of the principles of the three former truths and is integral to the process of awakening to the true nature of existence. As observed by Rubin (2003 p408) ‘awareness devoid of action remains merely intellectual knowledge’. This is true in the context of therapy where to apprehend at a purely cognitive level the root and nature of one’s difficulties is, in most cases, not enough to be able to overcome them.

Translated into the language of affective experience, the middle path lies between the suppression and the venting of emotions. It lies in the knowing of the emotions and of the thoughts associated with them, in simply observing, acknowledging without being overwhelmed by the need to react. By watching the different facets of one’s self-construct interact with one’s environment without identifying with them it is possible to attain the degree of non-self-centredness necessary for compassion, which is central to Buddhism and the sine qua non of true interconnectedness. Compassion arises spontaneously when the boundary between self and others is no longer felt, when there is no distinction between my predicament and the other’s.

The equanimity cultivated through the practice of mindfulness, with its emphasis on non-attachment and non-self, therefore extends organically from the management of our internal functioning to the wider conduct of our lives. In this respect it has been observed (Safran, 2003) that Buddhist thought can have a corrective influence on the narcissistic tendencies of Western culture which are often colluded with by the emphasis placed in some psychotherapeutic modalities on the self and self-actualisation. As with Existential thought, the focus here is rather on the illusory nature of the self-construct as substantial and constant, on the mutuality of relationships, including the therapeutic one, and on the interconnectedness of the individual with his or her social and physical environment. The fact that Buddhist ethics are founded, through meditative practice, on the individual’s own experience of interconnectedness rather than on the transcending of his or her experience through a morality based on otherworldly rewards makes this philosophy truly phenomenological.

Existential thought with its focus on relatedness cannot escape a concern about the way each of us forges his or her place in the world. The focus of Buddhism is pragmatic in that, by the experiential embracing of the fundamental truths of existence, we are lead towards a more aware way of
living, connected to rather than exploitative of each other and of the environment. Particularly in his later writings Heidegger was concerned with how Western humanity could overcome the technological nihilism that plagued it. Through his notion of human existence not as an entity dualistically opposed to other entities, but as the clearing in which phenomena manifest themselves, Heidegger already in Being and Time had overcome ‘not only dualism, but anthropocentrism, the attitude that humankind is the source of value and that all things must serve human interest’ (Zimmerman, 1993 p242). Through anxiety as Heidegger conceived it, human beings are called away from their absorption in everyday concerns and summoned to contact their fluid nature and inescapable mortal destiny. Inauthenticity, on the other hand, results ‘from the self-concealment of being’ (ibid, p248) from regarding the self as an entity, a subject separate from the external world.

We live in a system that fosters such inauthenticity by encouraging a reliance on inadequate and, in its objectification of our environment for our self-serving use, ultimately self-destructive means of negotiating the limitations of our existence. It is essential to question what the role of psychotherapy should be in such a system in order to avoid the potential of collusion with our clients’ conformity to such dysfunctional, but socially ratified patterns of living. Existential therapy with its focus on fostering awareness and self-reflection to assist clients in the task of clarifying their own life project rather than on symptom removal is well placed to address this issue. This place could only be enriched and galvanised by the exploration of the interface of Existential and Buddhist thought involved in the negotiation of the role of mindfulness in Existential Therapy.

Conclusion

Through the practice of Mindfulness the growing interest in Buddhist philosophy has penetrated the increasingly monolithic bastion of statutory therapeutic provision. The therapeutic application of Mindfulness continues to generate enormous interests. In this paper I have argued for Mindfulness, the foundational Buddhist practice, to become part of Existential Therapy on the basis of the congruence between these two bodies of thought. Mindfulness would add the experiential dimension to Existential Therapy’s implicit injunction that a life well-lived is an examined life. A life well-lived in this sense becomes a mindful life. To paraphrase Sandor Ferenczi (1927), it is not that we need to be mindful in order to be cured, we are cured when we are mindful.

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Notes

1 These authors’ work was also supported by the United Kingdom’s National Health Service’s Wales Office of Research and Development for Health and Social Care and by the National Institute of Mental Health in Washington DC.

2 ‘in the Buddhist scriptures, the term ‘mindfulness’ (sati) is frequently linked with another term, translated here by ‘clear comprehension’ (sampajāṇa)... Mindfulness (sati) applies pre-eminently to the attitude and practice of Bare Attention in a purely receptive state of mind. Clear Comprehension (sampajāṇa) comes into operation when any kind of action is required, including active reflective thoughts on things observed.’ (Thera, 1996)

3 Schwartz identifies specific brain structures implicated in OCD. Offering clients the opportunity to view their behaviour from a neuro-physiological perspective is often very helpful. Moreover, it is not incompatible with the investigation of the function and meaning of the behaviour in question in the context of the client’s experience of being in the world.

4 The Middle Path consists of eight factors: right speech, right action, right livelihood, right effort, right concentration, right mindfulness, right understanding and right thought.

5 Stephen Levine draws the distinction between pity and compassion as follows: ‘When you’re motivated by pity, you’re motivated by a dense self-interest. When you’re motivated by pity, you’re acting on the aversion you have to experiencing someone else’s predicament. (...) Compassion is just space. Whatever that other person is experiencing, you have room for it in your heart. (...) To have room in your heart for whatever pain arises, not differentiating between ‘I’ and ‘other’, is compassion. (Levine,1989, p168)

6 Such concerns led him to his mistaken and regrettable involvement with National Socialism.

7 In Being and Time, Heidegger describes Being as ‘cleared in itself, not through any other entity, but in such a way that it is itself the clearing’ (Macquarrie and Robinson, 1962 p171)

References


