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## Towards a critically informed mindful therapy

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**Response: Towards a critically-informed mindful therapy**

**Meg Barker**

I am very grateful to the editors for inviting me to provide a response to this important special issue critically examining the current popularity of mindfulness in counselling and psychotherapy. After the explosion of interest which has occurred over the last couple of decades, many key writers in this field have suggested that the time has come to pause and to attend to where we are with mindfulness (Williams & Kabat-Zinn, 2011).

Several authors in the current volume argue that, beyond pausing and attending to where we are, being mindful also requires critical reflection in order to gain a greater insight into what has brought us to where we are, as well as a commitment to moving forward from this point with wisdom and compassion. Therefore I hope, in this response, to offer some brief observations on the current state of mindful therapy, and to draw together the critical points which have been raised throughout this volume in order to consider where we might go next. I invite the reader to reflect, themselves, upon which aspects of this special issue have resonated most with them, and to ask - alongside me - what our therapeutic practice might look like if it was informed by these critical engagements with mindfulness.

I write, here, as somebody who has engaged with mindfulness in three ways. First, I have been reading western Buddhist authors such as Stephen Batchelor (1997), Martine Batchelor (2001), Thich Nhat Hanh (1991; 2001), and Pema Chödrön (1994; 2001; 2002) for the past couple of decades and trying to apply their ideas and practices to my own daily life. I find their guidance to be invaluable in addressing my own experiences of distress and conflict, and in providing an ethical framework for my life and work. Secondly, I have engaged with Buddhist ideas and practices academically, considering what they have to offer methodologically and theoretically in terms of the ways in which we study and understand human experience (see Stanley, Barker & Edwards, in press). And thirdly I have attempted to integrate Buddhist theory and practice into my own therapeutic work, training and writing, which involves bringing it into dialogue with existential-humanistic and social constructionist perspectives. This has culminated recently in my own book exploring current versions of mindfulness and setting out a proposal for a more critically informed and socially engaged mindful therapy (Barker, 2013b), as well as general audience writings exploring romantic relationships from a mindful perspective (Barker, 2013a).

I am aware of the gaps in my own knowledge and experience given that I am not, by any means, a Buddhist scholar. Nor, despite my background in psychology, do I have the in-depth knowledge of cognitive-behavioural psychology or neuroscience that many contributors to these debates have. Therefore the task that I have set myself in this response is to try to synthesise some of the main critical points which I have noticed running through the various articles in this volume, which *are* informed by such knowledges, and to consider what a mindful therapy that took on board these points might look like in practice.

Before proceeding, let us quickly remind ourselves of the main ways in which therapists and counsellors can engage with mindfulness, which are touched upon in the earlier papers in this volume.

**Mindful Therapy**

There seem to be three main ways in which counsellors and therapists can engage with mindfulness (Siegel, Germer & Olendzki, 2009; Barker, 2013a).

- ♣ Teaching mindfulness to clients
- ♣ Practising mindfulness themselves in order to cultivate therapeutic qualities
- ♣ Attempting to create a mindful encounter in therapy itself

For this section I am assuming that we are speaking – for now - of the most popular current version of mindfulness: the idea of paying non-judgemental purposeful attention to present moment experience (derived from the work of Kabat-Zinn, 1994; 1996) which is present in the third wave of mindfulness-based cognitive-behavioural therapies such as Mindfulness-Based Cognitive Therapy (MBCT, Segal, Williams & Teasdale, 2002) and Acceptance and Commitment Therapy (ACT, Hayes, 2005) (see Dunkley & Loewenthal, Stanley, D. Brazier, & C. Brazier, this volume).

### *Teaching mindfulness to clients*

Dunkley & Loewenthal (this volume) helpfully set out ways in which counsellors and therapists might engage clients in the current version of mindfulness during one-to-one therapy. Mindfulness is often taught to groups through a course of interactive seminars (particularly MBCT, and the Mindfulness-Based Stress Reduction - MBSR - that this was based on), so much of the mindfulness literature focuses on such group settings. Therefore it is useful for the counsellor or therapist who is more familiar with working with clients one-to-one to see such a detailed account of how the therapist could teach and encourage mindfulness in a client through one-to-one therapy.

In this paper we see that a conventional form of mindfulness therapy would involve helping the client to learn techniques of slowing down and noticing the processes which they generally engage in habitually. The aim is to have more control over the mind so as to be able to shift it from unhelpful patterns which result in low mood, anxiety, pain and inaction, to helpful ones which do not exacerbate pain, stress and unhappiness.

Through listening to the client, the therapist identifies a number of 'regular actions of mind' that she engages in, such as ruminations, making comparisons to others, and certain experiences or thoughts leading her to certain emotions or bodily responses. Through conversation the therapist then tries to help the client to recognise these patterns and the effects that these have on her. For example, the therapist takes the client through the mental process that follow remembering a negative remark, to illustrate how she gets caught up in 'sticky thoughts' about her fears of being judged by others, which make her feel worse both emotionally and physically.

The therapist gently suggests the possibility of the client responding differently: bringing herself back to present moment experience instead of following 'sticky thoughts'. The technique of mindfully drinking some water is employed as a practical demonstration of what this is like in the therapy room, and the homework assignment is set for the client to try to notice the mind pulling away and to bring herself back to the 'arms-and-legs experience of this moment' (grounding herself in the physical experience of the here-and-now).

Adshead (this volume) also makes some very interesting suggestions about how mindfulness may help with problematic experiences of time which are a common feature of several types of psychological distress. Returning to the here-and-now could be very helpful for clients who are overly focused on the future, either through fears of what may happen (anxiety) and/or desires to achieve certain states (addiction or compulsion). Similarly it may help those who feel weighed down by, or unable to escape, intrusive thoughts about the past (depression, trauma).

Like Adshead I have noticed that, when I am struggling, I can feel very stuck in the present moment: in the sense that it feels like it has always been this way and will always be this way. The kind of awareness cultivated through mindfulness can be a great relief from this as one can shift attention to less troubling aspects of experience (the sensation of the breath, the taste of a cup of tea, the sensory experience of washing up) and realise that this is possible even in the most painful times. Additionally one can attend more spaciouly to the whole of experience so that the troubling feelings seem to diminish in size and one can notice how they ebb and flow moment-by-moment rather than them feeling fixed.

In my book on mindful therapy (Barker, 2013a) I suggest that it may not be necessary for western therapists to take on board Buddhist understandings of human suffering in order to see the value of mindfulness practices for clients. All of the main approaches to western psychotherapy share an

idea that patterns are laid down in people's pasts, and becoming solidified through repetition in ways which impact adversely on present experience and future possibilities (see Barker, Vossler & Langdrige, 2010). Whether we regard these patterns as defence mechanisms, conditions of worth, or core beliefs, we are in the business of bringing them into (greater) awareness, such that they become looser and are able to shift in some way. Perhaps it is part of an ethical therapy to help clients to develop their own methods of doing this - like mindfulness - such that therapy is not the only (often very expensive) way of engaging in such processes of awareness, loosening and shifting.

Saying this, I also share with Stanley and C. Brazier, the sense that mindful therapies which simply bolt mindful practices onto western therapeutic conceptualisations of mental health problems are missing some vital potentials which a more sustained dialogue and richer engagement could yield. Before exploring this in depth, let us consider briefly the two further ways in which therapists can engage with current forms mindfulness.

#### *Practising mindfulness ourselves*

Dunkley & Loewenthal and Adshead (this volume) also all raise the importance of therapists and counsellors practising mindfulness themselves. Dunkley & Loewenthal suggest that such personal experience is essential because we need personal experience of being mindful in order to teach such skills to clients. Adshead argues that, in forensic cases - where patients are potentially unable to learn how to stay with painful feelings (rather than avoiding them or acting them out) - helping practitioners to become more mindful might be more fruitful than teaching patients directly.

Adshead also touches upon the idea that learning mindfulness as a practitioner may cultivate therapeutic qualities, particularly – in this case – the capacity to be with clients who are in deep distress. I like Joan Halifax's phrase 'strong back, soft front' (see Bein, 2008) to describe the combination of solid equanimity and empathy which is central to counselling and psychotherapy and which is visibly present in the sitting position of mindful meditation with its grounded, mountain-like posture and open arms.

It is striking, to me, that it often seems taken for granted that counsellors and therapists will be empathic and compassionate, as if these are innate qualities that they possess, and there is little therapeutic training explicitly to develop these capacities. Similarly, it is often assumed that it will be a straightforward matter to sustain focused attention for long periods of time with clients. The wider culture we are embedded in often encourages judgement, comparison and competition over kindness and understanding. It also offers relatively few opportunities for sustained attention and much enticement to shift attention rapidly to whatever is most stimulating or demanding. Therefore a deliberate everyday practice which explicitly cultivates attention as well as empathy and compassion (as some of the less frequently employed mindful meditations do) would seem to be valuable, if not vital, to counsellors and therapists (see Hick & Bien, 2008, for more on mindfulness cultivating therapeutic capacities).

#### *The therapeutic encounter as mindful*

It is interesting that current popular versions of mindfulness have tended to focus on the previous two ways of engaging with mindfulness (teaching it to clients, or – in some cases - employing it oneself to cultivate skills) rather than considering the therapeutic encounter itself as a mindful relationship.

This speaks to a strange amnesia about previous engagements between Buddhism and western psychotherapy. The third wave of CBT is only the latest in a long history of such engagements, with psychoanalysts, in particular, having had dialogues with Buddhist thinkers throughout the twentieth century (see Molino, 1999). Popular writers such as Epstein (2001; 2006) and Magid (2008) have also brought together Buddhist and psychodynamic thought in ways which are very aware of the kinds of critical points that Stanley, D. Brazier, and C. Brazier raise about the tensions between Buddhist and psychotherapeutic understandings of suffering. Along with existential-humanistic dialogues with mindfulness (e.g. Bazzano, 2009; Nanda, 2010), such authors rarely focus on therapists practising mindfulness themselves, or on teaching it to clients, but rather explore ways in

which the therapeutic process may be regarded, itself, as a mindful encounter, where there is a focus on being present to the other. This is something richer and more complex than simply trying to be in the present moment, and is related to Buddhist non-dualistic understandings of the self, and the ethics of compassion. These are two of the key points raised by the critical papers in this volume which we will now consider.

### **Critical points**

As Stanley (this volume) points out, there seems to be a general consensus that the popularity of mindfulness is a 'good thing' and that current versions of mindfulness are successful in their aims of reducing the stress that is associated with many forms of human pain and suffering (D. Brazier, this volume). The authors who raise issues with mindfulness here are not suggesting a complete overturning of the popular version, or that it is not valuable at all in its current form. Rather they are cautioning that it may be a dilution of Buddhist understandings of human suffering, losing key elements of this which are extremely important and relevant to our current concerns, and perhaps making overly grand claims on the basis of this diluted version of a complex and sophisticated philosophy of human suffering. As always in the journeys which Buddhism has taken from its inception, the tension is between employing 'skilful means' to make it accessible to new audiences and the risk of losing something integral in the process (see Barker, 2013a; Williams & Kabat-Zinn, 2011).

Stanley, D. Brazier, and C. Brazier all, in their own ways, invite psychotherapy and counselling into a richer engagement with Buddhist thought, raising the following key critical points about what is lacking in many current versions of mindfulness which focus on cultivating present-moment awareness:

1. Being mindful involves insight into human suffering as well as attention
2. Being mindful involves taking a non-dualistic (biopsychosocial) approach
3. Being mindful requires ethical engagement

I will go through each of these in a little more depth, summarising the main points made in the preceding articles and attempting to draw out what a mindful therapy which took these points on board might look like in practice.

#### *1. Being mindful involves insight into human suffering as well as attention*

Stanley, D. Brazier and C. Brazier all highlight ways in which the focus upon mindfulness as non-judgemental attention to the present moment misses the wider, holistic, understandings of human suffering (Stanley, this volume) which are present in the full Buddhist sources on mindfulness (D. Brazier and C. Brazier, this volume).

Stanley highlights the fact that developing the capacity to notice experience without labelling it was only an early stage of the original Buddhist mindfulness practice. Crucially this was to be followed by insight into the processes that were observed, which could also lead to transformation through exploration of alternatives.

Stanley and C. Brazier also emphasise the concept of remembering which is a vital aspect of the word (*sati*) which has been translated as mindfulness. Recent understandings of mindfulness seem to have forgotten that the point is to remember the wider purpose and meaning to which we are striving when undertaking the practice (D. Brazier, this volume): that is we are invited, through mindful noticing of our own processes, to remember how human suffering works and to make efforts to alter these patterns.

As D. Brazier cautions, the here-and-now-ism of current mindfulness therapies risks losing both the importance of the past and the commitment to the future. If we reify certain kinds of mindful practices and prioritise them over the purpose that they are aiming to serve, then we are at risk of exacerbating rather than ameliorating suffering. A wiser approach might notice, as D. Brazier suggests, when we will be better served in our aim of living well by thinking through an issue, or by having a good nights sleep, than by mindful meditation (something which has been echoed by the

Dalai Lama when speaking of the current western fascination with mindful meditation, Hickey, 2010).

Stanley, D. Brazier and C. Brazier all express caution about mindfulness therapies which aim to help people to relax or to decrease stress, given that this runs in opposition to the original Buddhist aims which were about striving towards a better understanding (enlightenment or awakening), and confronting things which may well increase stress (like the inevitability of pain and death in the charnel ground meditations, see C. Brazier, this volume).

The purpose of being mindful could be seen as increasing awareness of what we are doing to perpetuate our own, and others', suffering, through our habits of grasping hold of what we crave (safety, happiness, freedom, success, etc.) and attempting to avoid or eradicate what we don't want (distress, impermanence, uncertainty, pain, etc.). Certainly there is a flavour of this in descriptions of mindfulness therapies such as Dunkley & Loewenthal (this volume), where clients are encouraged to notice how they attach to certain thoughts, or avoid certain feelings, and the counterproductive impact of this as a 'second arrow' of suffering layered on top of the original pain or distress (Schipper, 2012). However, I'm concerned that any kind of mindfulness done with the aim of decreasing stress or treating 'disorders', may miss the point of facing the realities of life and the recognition that suffering is located in our very attempts to avoid and eradicate pain (C. Brazier, this volume).

What might a mindful therapy look like in practice which aimed to cultivate attention to experience together with insight into how suffering works, and the wisdom to understand and shift our current patterns? I think it would foreground the importance of noticing our tendency to grasp what we are attracted to, and to try to avoid or eradicate what we have an aversion to. During vedana mediation (Stanley, 2012), for example, we curiously notice our tendency to label the first flickerings of feelings as positive, negative or neutral, and then to attempt to grasp or avoid/escape accordingly. However, as D. Brazier points out, meditation is not the only way of addressing our purpose. Journal writing about a particular current issue in our lives, informed by these understandings of how we tend towards patterns of grasping, avoidance and eradication, can be equally useful, as can recognising when we are particularly prone to relating to the world, others, and ourselves in this way (when stressed or tired perhaps) and addressing this directly. We could consider these kinds of approaches in our conversations with clients.

## *2. Being mindful involves taking a non-dualistic (biopsychosocial) approach*

Buddhism is non-dualistic: It doesn't see the mind and body, or the person and the world, as separate dichotomous categories in the ways in which we are used to doing in the western world and western psychotherapy. As Stanley (this volume) points out, this raises important problems for therapeutic approaches which are rooted in internal cognitive and/or neurophysiological ways of explaining human suffering. We need to shift to understanding people as embodied beings-in-the-world, conceptualising any experiences on simultaneously biopsychosocial levels, and attending to all of these levels when working with people in distress. Interestingly this is consistent with many more recent western theories of bodies and relationships (see Barker, 2013a).

Experiences such as depression are social (they emerge in a social context which sees such experiences as 'disorders' to be treated, and in social situations of alienation or oppression, for example); they are psychological (involving certain types of emotions and thought processes); and they are biological (such feelings and thought processes map on to specific neural pathways, chemical processes, and physical sensations). These levels are intrinsically linked and inseparable: Social contexts enable us to make sense of the world in certain ways rather than others, laying down patterns of thoughts and feelings as neural connections and habitual bodily reactions, through which we experience the world and act upon it (Barker, 2013a).

This has implications for current mindfulness therapies which often separate out thoughts, emotions, physical sensations, and behaviours, drawing out cause-effect relationships between them for clients (see Dunkley & Loewenthal, this volume) rather than viewing them as co-arising as we would according to Buddhist thought. From a Buddhist perspective it may be more useful to

highlight the ways in which we (falsely) separate the mind from the body, or ourselves from the world, and to attempt to reconnect these through experiences of embodiment or interconnection.

In practice such a biopsychosocial approach might involve inviting clients to slow down and notice how they are relating to their body in everyday life. Through this they might well realise how often they look at their body as a thing to be judged, found wanting, and improved. Explorations of this process might yield an understanding of the kinds of imaginary templates that they are employing when viewing their body, based on societal ideals of appearance. Thus they might reach a more biopsychosocial understanding of issues such as difficulties around eating, body dissatisfaction, problems relaxing during sex, and so on (see Barker, 2011, for an example of this in practice).

Viewing such issues as biopsychosocial moves away from purely internal explanations to an understanding of how we are located within a social context. This is vitally important given the current neoliberal tendency to view everything on an individual level, whereby we are personally responsible for our struggles (which leads to further levels of self-blame and criticism, Barker, in press). It also points towards potential ways forward whereby we reconnect body and mind (through experiences of embodiment, perhaps when we are involved in a physical activity which we enjoy, Barker, 2013a), and self and the world (through turning outwards towards the natural environment or people around us, for example, Barker, 2012).

Regarding human experience non-dualistically can aid the therapist in noticing how social norms and assumptions can operate through them and resisting this (e.g. see Richards & Barker, 2013), as well as aiding the client in observing how their suffering is located within wider societal injunctions (consumer culture pressures to self-monitor and perfect, for example, Barker, in press). It is important that mindful therapy proceeds with such awareness given the risk within such a culture that mindfulness itself can become another stick to beat oneself with, with the aim of becoming perfectly mindful and a constant fear that one is 'doing it wrong' (see Magid, 2008; Chödrön, 1994).

### *3. Being mindful requires ethical engagement*

A major criticism of recent versions of mindfulness (Cohen, 2010; Stanley, this volume) is that they have become de-ethicised in their focus on the attentional aspects of mindfulness practice (C. Brazier, this volume). Aims of individual happiness or de-stressing are utterly inconsistent with the original Buddhist aims of reducing suffering *in general* through ethical and compassionate action. Such aims are also inconsistent with Buddhist conceptualisations of the self as inseparable from others and in a constant process of becoming, rather than being separate and static as in many western understandings (Stanley, this volume).

The example that Stanley (this volume) provides of the use of mindfulness in the military is extremely helpful in illustrating the problematic potentials of a mindfulness stripped of its ethical context, and can be linked also to Adshead's example of the use of mindfulness in forensic settings. Mindfulness could potentially be employed to help prisoners with their painful experience of time, but perhaps the compassion and empathy practices present in other elements of Buddhist teachings would be more appropriate to this context (C. Brazier, this volume).

C. Brazier (this volume) helpfully points the way to what a mindful therapy rooted in Buddhist conceptualisations of the self might look like. Rather than aiming to produce a fully integrated self, as some psychodynamic or humanistic therapies aim to do, it would recognise that there is no fixed, permanent or monolithic self that we can point to. Instead the focus would be on acknowledging the processes of self-creation that we are engaged in, whereby we attempt to cling to a certain self-shell (the way we want others to perceive us) as well as fiercely defending against anything that threatens this (being seen in ways we do not want to be seen, Barker, 2010). As C. Brazier points out, such a view points us to something like Buber's (1958) I-thou relating towards both self (Cooper, 2003) and others, whereby rather than trying to fix and objectify ourselves (for the other) or others (for ourselves), we aim to be present to ourselves and others as we are now, in all our difference, transience, and vulnerability.

This returns us to the therapeutic encounter because clearly one way of conceptualising therapy as mindful would be to focus on offering such a present, compassionate, mode of relating, in order to invite the client into a similar mode of relating to themselves and to others (see Bazzano, 2009; Nanda, 2010). There are also implications here for relationship therapy where therapists could usefully focus attention on the selves that are being created, and defended against, in relationships, as well as on encouraging clients to open to their own – and their partner's - vulnerabilities (see Welwood, 1996; Barker, 2010; Barker, in press). Buddhist practices such as tonglen (Chödrön, 1994) deliberately turn towards painful feelings in order to alert us to our interconnectedness (Barker, 2013a).

### **Conclusions: Towards a critically-informed mindful therapy**

In conclusion I am heartened to see that those at the forefront of the recent boom in mindfulness are pausing to reflect on the valuable criticisms of their approaches which are being made by Buddhist scholars, social activists, and therapists from modalities beyond CBT (e.g. Williams & Kabat-Zinn, 2011). I would urge such critics to continue, themselves, to engage compassionately and constructively in these dialogues as they have the potential to be very fruitful.

As D. Brazier (this volume) points out, critical points such as the problems with internal explanations, dualistic thinking, and neoliberal understandings of the self, can all be levelled at western psychotherapy more broadly than the current forms of mindfulness therapy. It is important that we are open to hearing such criticisms, as therapists and counsellors, rather than defending our own self-created shells. If we seek a richer engagement with Buddhist understandings we might, for example, question the use of diagnostic categories which risk fixing and objectifying clients (see Adshead, this volume); we might think about whether individual therapy is always the most appropriate way of addressing what are often very social ills; and we might consider the ethics of who has access to such help and support and who is excluded from it (see Barker, 2013a).

In future I think it would be very useful to produce detailed examples of what different forms of mindful therapy could look like in practice (as in Dunkley & Loewenthal's very clear description, this volume). Particularly it would be helpful to produce examples of mindful therapy which engages seriously with Buddhist conceptualisations of human suffering, with non-dualistic understandings of embodied being-in-the-world, and with the ethical dimensions of mindfulness.

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## Biography

Dr. Meg Barker is a senior lecturer in psychology at the Open University and a UKCP accredited existential psychotherapist. Meg's research and practice specialities are sexuality and relationships and they co-organise the Critical Sexology seminar series and the College of Sexual and Relationship Therapists conferences, as well as publishing regularly in academic and therapy journals on these topics. Meg also works with Steven Stanley on the social mindfulness project ([www.socialmindfulness.wordpress.com](http://www.socialmindfulness.wordpress.com)) developing research methodologies and mindful therapy practices which are explicitly socially engaged, and informed by more social Buddhist and European philosophies. Meg's own book on mindfulness (Barker, 2013a) covers the range of engagements between western therapy and Buddhism, and how these might be employed with

common presenting problems. They have also published a general audience book on relationships which draws on Buddhist, existential and social constructionist theories (Barker, 2013b; [www.rewriting-the-rules.com](http://www.rewriting-the-rules.com)).