MINDFULNESS MEDITATION: Psychodynamic perspectives

Summary

This paper examines Eastern mindfulness practice from various psychodynamic perspectives inspired by Freud, Jung, Assagioli and Perls, among others. Western psychotherapy praxis has typically been characterised by confidence in the ability of the logical, analytical and thinking mind to resolve most forms of psychological distress, e.g. from the use of Freud's "talking cure" to cognitive therapy's dialogues and prescriptions. However, there may be times when much older approaches to resolving human suffering are useful, for example, the fostering of reflective silence as in meditation practice, with its emphasis on the intuition emergent from the resultant "no thought" state, as well as from the mindfulness of the embodied mind in the here and now. The ancient Eastern wisdom traditions, Hinduism, Taoism and Buddhism for example, with their use of Koans, promotion of non-attachment, compassion and various meditation and yoga exercises may even see the labelling, reactive, polarising, grasping or rejecting mind itself as the main obstacle to be overcome if we are to leave undue levels of suffering, as in anxiety and depression, behind. Most of us form emotional attachments to people, objects, social roles and ideas. We may also over-identify with these attachments – especially in the context of idealisation. Self-reflection, as fostered by depth psychotherapies, mindfulness meditation, and the like, may enhance deeper levels of awareness. This in turn may enable us to dis-identify from dysfunctional ideas, habits, longings and attitudes, and to let go of attachments and identifications which no longer serve beneficial purposes. However, detachment may be engaged in defensively by some people via exaggerated introspective meditation and thus increase social isolation. Moreover, escapist introspection may, with some, lead to self-engrossment rather than to genuine self (and social) awareness with its concomitant healthy relational engagement. "For there is nothing either good or bad, but thinking makes it so" (William Shakespeare, Hamlet, Act 2, Scene 2, Line 267)

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Introduction

We are swamped with information from books, magazines, radios, televisions, newspapers and the internet. This is the age of hyper-communication – in terms of both sheer quantity and speed. If one takes a complete break from one's office for a couple of weeks, then the e-mails, text messages, letters, faxes, phone messages, etc, pile up and await us in intimidating bulk, all demanding instant attention upon our return.

Then there is the endless chatter. Is it any wonder that we compulsively prattle so much? Our minds are probably over-stimulated with a constant barrage of information, on a level to which our ancestors were relatively unaccustomed.

Our over-talkative mouths reflect, of course, our unstoppable minds: Minds which find it increasingly difficult to switch off. Even when we go on holidays we take these over-stimulated, hyper-active minds with us on frenetic attempts to "enjoy ourselves" via novel forms of stimulation (De Botton, 2003). Well, not quite always – if we learn how. Never before has quiet meditation been more appropriate as an anti-dote to this volume of mental overdrive. A real mental vacation means just that – a vacant mind. Meditation – whether by means of concentration on only just one stimulus at the time, or temporarily (trying) to remain mindful, i.e. practising being a neutral, non-judgmental observer – aims at minimising the thinking/analytical mind and fostering clearer sensory and reflective awareness instead. Paradoxically, deep mindfulness, if practised competently, can eventually lead to a peaceful void or "mindlessness" – characterised by a state of "no thought" – even if it is only for brief moments initially.

In this paper the role of enhancing awareness, via the practice of mindfulness, in dealing with suffering as linked to our clinging attachments, rigid identifications, experiential avoidance, and defensive repression, is examined. This is done from various psychodynamic perspectives inspired by Freud, Jung, Assagioli and Perls, among others. Potential pitfalls on the path of awareness are also discussed.

Suffering

Suffering exists in many forms including our racing and scattered minds. There are two opposite attitudes towards suffering – namely stoicism and reformism (Ferry, 2006). The latter is about changing the external world with reformation, social agitation, revolution and the like. The emphasis here is more on external struggle, so as to change how things were done in the past in order to forge a better social future. The focus with reformism is on "doing"; moving a "boulder" if it stands in the way.

Stoicism, on the other hand, is more concerned with acceptance, "being" and inward change in the present; flowing (Taoistically) like water around, under or over the "boulder", which in time will weather away anyway. Stoicism is normally associated with such ancient Greeks as the Spartans, but it can be argued that the philosophical stance of stoicism equally applies to Buddhism (Ferry, 2006) and to aspects of other ancient Oriental philosophies such as Taoism and Hinduism. Even the writings of early Christianity, based in the Middle East, reveal clear stoic admonitions, e.g. "turn the other cheek". What these stoic philosophies have in

common is a focus on inner spiritual evolution, rather than on external socio-political "revolution".

For Buddhists change initially starts with oneself, rather than demanding that others or society changes. Likewise, if one must criticise (project?), then find fault with oneself rather than criticising others (Thich Nhat Hanh, 1975, 1991, 2003). Radical acceptance of the "suchness" of external reality is a central feature of Buddhist mindfulness, as is "being" and consciousness. Such stoicism can be contrasted with the "doing", external form (appearance) and performance orientation of reformism.

Eastern approaches to well-being promote the development of our intuitive and reflective selves in order to deal stoically with suffering, which is often linked to the instinctive and conditioned aspects of mind - as in drives and habits respectively. Some types of Western psychotherapy, especially psychoanalysis and Gestalt therapy, share aspects of stoicism with Eastern approaches, in so far as the focus is on developing insight into, or awareness of, the unfree nature of our minds. With both mindfulness practice and "depth" psychotherapy awareness is facilitated by "deep" observation.

So what can we do with anxiously driven and chronically over-aroused minds? Typically, one option is to offer them the "talking therapies" with a "talking cure" in mind! So we have Freud's "free association" monologues, cognitive therapy's "cognitive restructuring" dialogues, and many other variants all using verbalisation as their modus operandi. I have no doubt that these are often very useful approaches – usually in the earlier (i.e. "repair") stages of psychotherapy when dealing with deficits, conflicts and defences, but I am less convinced that this always remains the case, for example, with those amongst us with varying degrees of obsessive thinking. Can problems of the pained and over-active mind exclusively be solved by the <u>thinking</u> mind? Hopefully some clarity on this shall emerge as we proceed.

One may object that I am also, right now, engaging in communicative chatter! This has to do with externality. Talking and writing are useful, albeit limited, means of communication between "objects", i.e. between people. Internality, must not, however, be neglected. We are not just objects to each other, we are also subjects. Our internal spaces – our subjectivities – should not be overlooked. Again this is where quiet meditation is also valuable. When we attend to our inner space we often notice how our incessant thinking is like a compulsion, well-nigh impossible to stop, even when we claim that these thoughts are often unwanted. This repetitive thinking has typically been dealt with in cognitive therapy by "thought stopping", but evidence suggests that a gentler approach, based on the acceptance of unwanted cognitions via mindful "witnessing", may be more effective (Barnes-Holmes, Cochrane, Barnes-Holmes, & Stewart, 2004; Thich Nhat Hanh, 1975,1991, 2003; Tolle, 1999, 2005). This is not a defeatist acceptance, but rather a mindful choice. Hayes and Smith (2005) refer to the acceptance emergent from mindfulness practice as "radical acceptance".

"Awakening" our "observer" capacity in the here and now is what mindfulness meditation promotes. Much of our private thinking is comprised of unproductive monologues at best (often telling ourselves illusory stories), but also by destructive imaginary, internal disputes and conflicts. Many people suffer from minds which are ceaselessly engaged in anxious or

depressive self-statements, in weary "battles" and the like, with little in the way of creative outcome. Many of us also "live in our heads", experientially disconnected from our bodies. What can be done about all of this? For a start, one can begin to raise one's awareness level via mindfulness training.

Mindfulness , Dis-Identification and Awareness

It may be easier to commence mindfulness training by observing our physical bodies in action, e.g. simply by watching ourselves walking as in walking meditation. We can do likewise for various other daily activities, for example, while washing our hands or eating. With the latter, all aspects of eating are observed – biting, chewing, swallowing, etc. This can be done in groups. The mindful practice of Hatha Yoga affords us an excellent means to deepen awareness of our embodiment.

Paradoxically, when we apply our "inner observer" to our own thinking minds while practising mindfulness, it is not necessarily with the intention of "refining" our thinking, but rather to learn how to dis-identify from it (Assagioli, 1965; De Mello, 1990; DelMonte, 2000, 2003; Holmes, 1997; Tolle, 1999).   Observing the contents of our minds, like clouds passing through the sky without either rejecting or clinging onto them, is what dis-identification is basically about. Thereby one learns to let go temporarily of unsolicited and invasive thoughts so as to have a less "muddied" consciousness, and eventually to let go momentarily of all thoughts, rendering moments of clear stillness – or better still, the "just being " of "no thought" nondualistic consciousness. Although consciousness without thought is a possibility, its opposite, thought without some consciousness is not (excluding the Freudian repressed unconscious). Pure consciousness thus appears to be primary, and from it emerges thought as a secondary epi-phenomenon; an epi-phenomenon that can become "parasitic", in the sense that consciousness can play the role of a reluctant host to our unbidden thinking - as in dreams, obsessional ruminations and when "hearing voices" (auditory hallucinations). When, in meditation for example, we experience consciousness without thought, we may be in touch with "just being", i.e. our nondualistic deeper essence. Brain activation produces cognitions and emotions. Quieten this brain activity with meditation and one can be left with the "no thought" of clear unpunctuated and undifferentiated consciousness. Thus consciousness appears to be primary and mentation secondary.

The early stages of mindfulness practice can also be seen as a form of sensory awareness training with our ego-based "inner observer". Awareness training often starts with self-observation (De Mello, 1990). As already mentioned, we have several objects of choice on which to focus our attention, such as our breathing, hearing, and so forth. We learn to train, i.e. sensitise, all our senses in this way.   This is best done non-analytically and in the "hic et nunc" (here and now) mode. We can also observe our cravings, our dislikes, our clutching and needy minds in action and via "just letting be", learn to side–step them. Such stoic side-stepping can be seen as a form of adaptive, rather than defensive, dissociation.

Identification with the desired contents of one's mind, i.e. with one's attachments, typically leads to fear of their loss, and consequently to emotional distress, pessimistic thinking and compensatory behaviour. These cravings can be simply observed, neither judged nor acted upon.

We can also become attached to, and identified with, our pain, losses and suffering, as in a felt sense of prolonged victimhood.

So developing an awareness of our varied ego attachments is another aspect of mindfulness training, contradictory as some of these attachments may seem to be. Craving for sensory gratification, for continued existence and for annihilation, corresponding respectively to the Freudian constructs of libido, ego and the death instinct (De Silva, 1990), can all be problematic. Dependence on sensory gratification implies dependence on instinct (id) and on externality. Craving for continued existence (Eros) is a denial of impermanence, and craving for annihilation is surrender to the death wish, i.e. to Thanatos. This can be seen in impulsive aggression turned outwards on others (sadism), or inwards on oneself (masochism), as found with drug and alcohol abuse, self-harm and suicide. Behind the death wish is often a desire to return to a non-suffering peaceful state free of longing, frustration and fear. This peace can, temporarily, be attained on earth more constructively via meditation, yoga and mindfulness practice.

Many approaches to mental health see the development of self-awareness as beneficial. The insight gained through psychoanalysis is purportedly transmutative in terms of neurotic symptoms (Freud, 1900). Likewise, the self-awareness fostered in Gestalt therapy (Perls, Hefferline, & Goodman, 1973) was seen as therapeutic. Schwartz (1983) saw self-attention as playing a pivotal homeostatic, and thus integrative, role. It has also been argued, with some empirical support, that meditation in general, and mindfulness meditation in particular, is conducive to well-being (Brown & Engler 1980; Carrington & Ephron, 1975; Deatherage, 1975; DelMonte, 1984a, 1985, 1990; DelMonte & Kenny, 1985; Shafii, 1973b).

Moreover, it has been suggested that increased (non-neurotic) self-awareness, with its attendant clarity of vision, should allow one to make more informed choices, and thus enable one to discard old habits, attitudes and attachments that no longer serve our evolving needs. These claims are later addressed in the context of our attachments to people, objects, emotions and ideas, as well as in the context of our attempts to foster self-awareness via self-attention strategies.

Schwartz's (1983) disregulation theory can be catch-phrased as: "Repression and Disease versus Mindfulness and Health". He postulated that awareness is linked to health and that repression is associated with "dis-ease". He produced considerable empirical evidence that "repressors" show elevated levels of psycho-physiological distress such as electrocortical (brain-wave), electromyographical (muscular) and, especially, cardiovascular arousal. These latter findings are consistent with some later work of my own that shows a significant relationship between defensiveness and haemodynamic arousal in general and cardiovascular arousal in particular (DelMonte, 1984a, 1985). Repressors also report significantly more physical illness than "true low anxious" subjects (Schwartz, 1983).

Schwartz (1983) concurred with Galin (1974) when he proposed that repression is produced by a functional cerebral disconnection syndrome in which the left brain hemisphere (which is usually associated with verbal and analytic functioning) becomes functionally isolated to varying degrees from the right hemisphere, with its relative non-verbal (e.g. emotional) and spatial function. Schwartz produced evidence that repressive subjects appear to show more

(right hemisphere) cerebral lateralisation with regard to negative emotions and in situations which are potentially threatening. He also quotes other evidence indicating a relative attenuation of information transfer from the right to the left hemisphere in "repressive" compared with "true low anxious subjects". Traumatic memories tend to be stored in the right parietal lobes (Van der Kolk & Fisher, 1995). Overall, the right hemisphere seems to be activated in the expression of difficult and disturbing emotions, and the left hemisphere tends to be associated with the expression of positive emotions such as joy and happiness. Two months of mindfulness-based stress reduction training has been shown to lead to a significant shift to a higher ratio of left-sided compared with right-sided brain activation, as well as a significant increase in anti-body titres to influenza vaccine. Moreover, the magnitude of increase in left-sided activation predicted the magnitude of anti-body titre rise to the vaccination (Davidson et al., 2003). In an interesting review of the literature various forms of "experiential avoidance", as opposed to "acceptance", were shown to be correlated with a range of symptoms of psychopathology such as panic, anxiety, depression and PTSD (Keogh, Barnes-Holmes, & Barnes-Holmes, 2008).

Warrenburg, Critis-Christoph, & Schwartz (1981), reported a significantly high proportion of hypertensive individuals being repressors. For these hypertensives, the more relaxed they said they were during the speech-task the higher their blood pressure! This observation is supported by other evidence that high blood pressure (internal arousal or "noise") can be used to dampen cognitive awareness of distress (DelMonte, 1984a; Dworkin, Filewich, Miller, Craigmyle, & Pickering, 1979)

Schwartz (1983) argued that self-attention, as practised in various mindfulness meditation techniques, "seems to have specific autonomic, self-regulatory, stabilising effects on physiological functioning" (p.114). He contended that self-attention can promote localised healing, "especially if the self-attention is guided by relevant imagery that is targeted to the appropriate part(s) of the body" (p.114). This postulation is interesting in terms of the pioneering work of Meares (1978) in which he used visualisation exercises with cancer patients. More recent research shows that two months practice of mindfulness-based stress reduction can slow down the progression of HIV by increasing the number of CD4+ T lymphocytes. This improved immune response was dose-related in that the more mindfulness classes attended, the higher the CD4 T cell levels (Creswell, 2008). This finding is consistent with the previous finding of Davidson et al. (2003) reporting an immune response dosage phenomenon in anti-influenza activity associated with mindfulness practice. The above findings show that mindfulness, i.e. consciousness, can influence the functioning of biological matter and the immune response.

Attachments, Detachment, and Non-attachment

Much has been said elsewhere (DelMonte, 2003, 2004) about our clutching minds attaching to opinions, appearances, possessions, success, power, status, prestige, wealth, pride and so forth. Less has been stated about the mind's equal capacity to identify with, and ruminate on, suffering, by either living in the past in holding onto bygone insults, losses, hurts, defeats, etc., or by anticipating the future in pessimistic, paranoid or hypochondriacal ways. Victimhood can, with some people, become a fixed identity, i.e. an attachment and even a way of life (Tolle, 1999; Bruckner, 2000). The chronic "Pain-body" (Tolle, 1999, 2005) and the pain-mind are sometimes characterised by an exaggerated need to wallow in and talk about suffering

compulsively and self-righteously – usually blaming others for our current misery. Then there is the compulsion to compare and judge others from a "knowing" position. Engaging in such non-compassionate "sitting in judgement" and "forming opinions" self-righteously about others serves to isolates us. Narcissistic pain is inevitable if one is identified with one's egotistic mind, which seeks a constant array of ego gratifications, including the need to be always right or victorious. Ego identifications lead us to cling to past gains, regret past losses and worry about future snags, snares, pitfalls and more losses; thereby taking us away from living more fully in the present – especially when it can have so much to offer. Life inevitably involves a series of gains and losses. Griffin (2001) saw adjustment to loss as a lifelong regenerative learning process. Losses also open up spaces for new opportunities.

Then there is the social domain. Attachment has both physiological and psychological components. Developing a "theory of mind" in childhood facilitates the latter (Fonagy, Steele, Steele, Higgit, & Target, 1994). People often remark on the proclivity of human beings to form strong emotional bonds. We are popularly described as "social animals". However, there is considerable variation in this tendency to seek out others and to maintain contact. Social "stickiness" does not appear to be spread evenly in the population. Some individuals deliberately enhance their out-reaching social skills, whilst others, for a variety of reasons, use various strategies to distance themselves from people or to withdraw into themselves. I shall go on to explore the way Eastern approaches, in particular, can be used to modify these apparently opposite inclinations – to either "connect" with others or to retreat from them.

Much has been written about the manner in which children learn to socialise as they grow up. Establishing "healthy" roles and social links is seen as a prerequisite to mental health. Those of us who are unable to form and sustain intimate affiliations are usually perceived as having serious emotional problems – but so are those whose emotional bonds are overly dependent. In other words, extremes in emotional distance, that is, being either too closely enmeshed in a dependent way or, at the other end of the scale, being excessively self-reliant, are considered socio-maladaptive in adults (Birtchnell, 1997).

As already alluded to, we not only become attached to people, we also form strong attachments (including addictions) to a range of objects and experiences, such as the taste of certain foods and drinks, the sound of particular forms of music, our possessions such as childhood toys, paintings, ornaments, land, houses, money, etc. Moreover, we also become attached to the non-material realm in terms of our languages, religions, ethnic groups, theories, ideologies and achievements. We may identify with such attachments, to the point of describing ourselves in terms of their labels. So we may characterise ourselves as "communist", "nationalist", "feminist", "Protestant", "Orthodox", "liberal", "left-wing", "Afrikaans-speaking", "humanist", etc. We also characterise these attachments in egotistical terms, e.g. my religion, my flock, my people, my career, my territory, in my opinion, and so forth, and express strong dislikes and even outright rejection of other identities. So, is our real identity the sum of such potentially divisive, personal attachments, or is this just our mask hiding a deeper essence? We may cling as arduously onto non-material as onto material attachments, e.g. try persuading an "opinionated" person to change his, or her, mind! Attachments do not always make much rational sense. We can become attached to, or enmeshed with, other peoples' difficulties, our own personal problems and abusive relationships. Attachments can limit, hold and constrain

consciousness to particular viewpoints, attitudes and perspectives. They can imprison and isolate us, and impede our further development.

Attachment and loss, however, are two sides of the same coin. Nothing is permanent – all is flux. Much is illusion and even delusion. All investments are potential losses – if not during our current lifetimes then certainly upon their physical ends. We all live in the shadow of death – the ultimate narcissistic blow! This knowledge – coloured by our own personal history of previous losses (both emotional and material) – has as a consequence that we can feel varying degrees of insecurity about our desired attachments.

Paradoxically, the various objects and people on whom we have become dependent for our emotional identity and security may also become the very source of our deepest anxiety, as observed in the "separation anxiety" linked to their feared loss. Although with emotional attachment comes varying degrees of social support, this support is often at a price – namely that of burdensome counter-demands and responsibilities. Caring for others can be emotionally draining – not just rewarding.

Some of us try to avoid this anxiety by means of a "schizoid defence". It is likely to be found in those who are fearful of the risks involved in emotional inter-dependence, often due to past failures and hurts in this area. This defence is characterised by a contrived emotional detachment (largely unconscious) based on an exaggerated attitude of personal self-sufficiency, often where childhood bonding with care-givers was painfully inadequate or insensitive. In the absence of adequate parental attunement and nurturing behaviour, emotional self-dependency may be sought via varying degrees of emotionally insulating and "autonomous" behaviour. An extreme version of this defence could be the affective "non-attachment" (and non-attunement) found in borderline personality disorder, where long-term intimacy is too uncomfortable to be sustained (Holmes, 1997). However, several variants of defensive isolation, or extreme egoism, exist. Solipsism, for example, is an intellectual rationalisation for this cut-off stance in life. But is mere withdrawal adequate? How can one really enjoy such false "escapism" when surrounded by others who may be in pain? It is also possible to use our "inner observer" in a largely selfish manner. This issue of defensive detachment shall be expanded on later.

Not all forms of detachment are maladaptive defences. As already mentioned, some psychotherapists deliberately encourage a form of non-attachment as a way of coping with potential loss. Both Assagioli (1965) and, later, Holmes (1997) refer to the strategy of "dis-identification" when dealing with psychic pain. Assagioli's "Psychosynthesis" viewpoint was similar to that of those Buddhists who perceive our tendency to identify in a clinging way with objects of our desire as ultimately leading to the pain of their actual or imagined loss. He described cognitive exercises to encourage the development of a mental set of "dis-identification" as a counter-force in coping with this tendency to over-invest and to over-identify ourselves with our physical bodies, emotions, thoughts, etc., and with our attachments in general. The objective of Assagioli's "dis-identification" exercises is to be less at the mercy of our longings, wishes and desires. This echoes the Buddhist dictum that craving is the source of suffering. Mindfulness training can raise awareness of our acquisatorial nature and help liberate us from the slavery of endless hedonistic grasping, of which contemporary materialism and consumerism are obvious examples. For Freud (1900, 1912, 1930) the pull of the pleasure

principle is not freedom, and is only one side of a dualism – the other side being the displeasure which inevitably follows in the heels of pleasure seeking. Psychological freedom also comes from letting go of defensive and reactionary views, and from moving beyond polarised construing as in "them versus us" attitudes.

Let us now look at a non-clinical example of dis-identification. The exile is an interesting case, especially if he, or she, comes from a poorly understood cultural background or ethnic group. Being an exile in a foreign land often means that one's former cultural identity has to be suspended while a new one is being constructed. Todorov (1996) refers to the latter process as acculturisation. Here we should also speak of deconstructing one's former persona (or de-culturisation) and developing a new identity. This can be a painful process, characterised by considerable nostalgia for lost familiarities and by obsessional reminiscing about the lost world in an attempt to keep it mentally alive while we construct a new one. But this process is rarely fully complete, so that one is left as a transcultural hybrid betwixt two worlds. Rather than view this new state of affairs as a failure, it could, on the contrary, be seen as an adaptive dynamic in which one's identity is "elastic". Fixity gives way to resilient flexibility in which acquisitions (identifications) are constantly being balanced by losses (dis-identifications) to produce a freshly evolving self. But nothing of real value needs to be really lost – even if external circumstances appear to impose this. One may be forced to relinquish external attachments (e.g. through bereavement), but these external "losses" can instead be internalised and carried around in us symbolically so as to enrich our lives. In this way we abandon nothing that we still value as it becomes part of us (Hillesum, 1942).

As already alluded to, in the Orient there is a long tradition, going back thousands of years linked to Hinduism, Taoism and Buddhism, of using various techniques such as meditation, yoga, Tai-chi, Qi-gong and so forth to achieve nondualistic mental states characterised by equanimity and non-grasping, by moving beyond (i.e. "transcending") the issues and problems onto which our dualistic ("me versus other") thoughts can "stick" (DelMonte, 1995a, 2000; Mascaro, 1962). Meditation, Hatha Yoga, and Qi-gong exercises can be used to focus on bodily posture, balance, breathing and the contents of one's mind. Also the Tao concept of a flowing balance between Yin and Yang tendencies within us (and within society) is pertinent. For example, we need a balance between personal stoicism and social reformism. Yin and Yang represent the dance between dualistic tendencies within an overall ultimate unity as symbolised by the Yin-Yang circle.

All the above (like the use of Zen Koans) play down the value of intellectualisation, rationalisation and other aspects of what is known as "shi-shen" in ancient Chinese Qi-gong. Shi-shen, or conceptual knowledge, must be balanced by "yuan-shen" which lies beyond conceptual consciousness, yet permeates all aspects of life – being its very source. Yuan-shen is seen as the dynamic force inherent in "Qi". Qi could be referred to as "vital energy" in the West. Yuan-shen, being essentially nondualistic and ineffable, is difficult to symbolise verbally. During meditation and Koan contemplation one tries to side-step the dualistic discursive mind with its focus on conceptual knowledge or shi-shen. The periods of meditative "no thought" characterised by stillness, silence and openness may present opportunities to experience the ineffable yuan-shen referred to above. Moreover, yuan-shen may be phenomenologically similar to Jung's (1958) "collective unconscious", namely a vast, loose, pre-verbal, pre-conscious,

nondualistic and inchoate transpersonal resource of vast potential. This resource can be "tapped into" more readily by the use of certain techniques such as meditation in which the chattering conceptual mind is temporarily silenced. Lose thy mind and come to thy senses – in the here and now!

A distinction can usefully be made between ego "detachment", which implies detaching, i.e. withdrawing interest or giving up something previously valued on the one hand, and "non-attachment" on the other, which implies a more neutral, witnessing and non-grasping stance whilst accepting, in a non-possessive manner, all of that which momentarily forms part of our experiential world. Whereas detachment can seem anti-social, non-attachment does not imply a lack of compassion, nor indifference to the world or to the lot of others. Detachment can also be seen as harbouring strong defensive undertones and may have little to do with maturing through life's experiences – be they work or love related.

Advanced practitioners of meditation often focus their attention on the phenomenology of consciousness by means of introspective mindfulness (DelMonte, 1995a; Kabat-Zinn, 2005). With mindfulness techniques the meditator is encouraged to maintain "a quiet awareness, without comment, of whatever happens to be here and now" (Watts, 1957). This aspect of mindfulness is characterised by calm awareness and presence. Another aspect of mindfulness is a curious, investigative attitude. An objective of mindfulness meditation is "to come to know one's own mental processes, to thus begin to have the power to shape or control the mental processes, and finally to gain freedom from the condition where the mental processes are unknown and uncontrolled, with the individual at the mercy of his own unbridled mind" (Deatherage, 1975, p.134). Hendricks (1975) sees such introspection as a form of discrimination training which helps meditators to observe their own thoughts in a relatively detached way. He speculates that "since nearly everyone has a certain number of neurotic thoughts mental health is dependent upon the ability to recognise that they are "just thoughts" (p.145). This approach can be applied to depressive, anxious and obsessive cognitions, and several authors have done just that (Kabat-Zinn, 1996; Teasdale, 2000).

A variant of meditational mindfulness (analytic mindfulness meditation) can also be used to observe the psychic nature of felt attachments, with their complex interwoven webs of emotional, cognitive, attitudinal and behavioural sub-components. In observing the very construction of consciousness in this non-attached (i.e. non-grasping or non-identificatory) manner practitioners hope, at least temporarily, to move beyond the pull of their unbridled ego yearnings and the push of irrational dislikes. Being mindful of the impermanence of all material and psychic attachments facilitates awareness of the ephemeral nature of our personal consciousness, laden as it is with regular eruption of instinctive craving. Freedom is where craving is converted into mindful choice. If cravings are invariably suppressed then we are no freer than if we always yield to them. Acceptance of "the now", by neither clinging to nor rejecting our experiences, is the essence of mindfulness (and of new learning). Its aim is to free us from our reactionary minds, that are dominated by instinct and by past conditioning.

Advanced mindfulness meditation encourages an opening to broader consciousness, i.e. to egoless observing or "just witnessing". One can say that such practice favours an opening of our intuitive self. It fosters this intuitive self over our more driven instinctive self and reactive

conditioned self, as well as over our "split-off" cerebral self.   The insights gleaned from advanced meditation are not to be limited to personal gain, but should be transformed into relational acts of kindness, compassion, respect and tolerance of others. Acceptance of the suchness of reality does not preclude compassionate work towards improving the lot of ourselves and of others.

Meditation, with practice, can become very simple. For example, we can learn to observe the silence within us – if we progress that far. Moments of timelessness may emerge, as may a sense of formlessness. Our personal experience of timelessness is just a small chip off the eternity "block", just as our experience of formlessness yields a sense of infinity. These nondualistic moments of dwelling in infinity, timelessness and formlessness, however brief they may be, nevertheless yield a sense of unity where the dualistic discursive mind has suspended its "me/other" construing. By letting go of dualistic sense-making and just "letting be", one approaches whatever emerges with increasing equanimity. Deeply silent meditation, characterised by egoless observing, "no thought", and by a sense of unity, brings us in touch with yet-to-be expressed potential - a real break from predictable thinking. This experience is consistent with the 17th Century monist philosophy of Baruch de Spinosa, who argued that matter and mind are differentiated attributes of the one and same substance – namely that of (nondual) Nature/God (Guenancia, 2009).

All theoretical concepts are merely words pointing to bodily, psychological and social experiences. Such verbal labels often fail to do justice to actual experience. However, this dichotomy between the discursive mind and no-thought does not imply an inherent conflict. Thinking undoubtedly has its value and place – especially when we use thought and speech to facilitate informative, creative, humorous or playful communication. Silence, on the contrary, facilitates communion (Shafii, 1973a), i.e. the meeting of minds (or rather of "hearts") non-verbally through intuition, feeling, empathy and sensation. As Jung (1958) pointed out, there are four ways of knowing – thinking, sensation, feeling and intuition – with thinking being increasingly favoured in contemporary Western culture. However, with the silence of meditation one uses focussed sensory attention (sensation) to foster the emergence of the intuitive mind.

The practice of silent meditation leading to "no thought" can be described as the "via negativa" (the empty way) as opposed to the "via positiva", which is the more habitual mode as seen daily in our discursive minds. They represent opposite ways of sense making. The path of meditation (silence) should not seek to negate the mind in action, but rather to assist in the liberation of one's self from blind allegiance to our instinctual impulses, obsessions and compulsions (Freud's id), and also to assist us from fleeing from our dislikes and fears. It may also free us from the impoverishment resulting from our maladaptive defences which primarily serve to limit our awareness, and from judgemental attitudes (Freud's "harsh" super-ego). Silence and mindful meditation thus facilitate the emergence of "creative emptiness" in which "benevolent depersonalisation" is fostered, i.e. the discarding of unhelpful id and super-ego impulses and control (Moncayo, 2003).

Mindfulness In Psychodynamic Psychotherapy

Western insight psychotherapy, compared with Eastern mindfulness meditation, is a neophyte on the world stage. Both, nevertheless, are concerned with enhancing awareness, insofar as the insight sought from therapy and the mindfulness emergent from meditation may, in some respects, be similar. Both approaches in the long term show us how to observe and analyse ourselves, i.e., how to become reflective. Both approaches are thus concerned with special knowledge, but not necessarily just intellectual insight. Melanie Klein (1928) ventured as far as to postulate the existence of an "epistemophilic instinct" as a motivational force driving one towards discovery. However, Bion (1970, 1974) took her view further by arguing that the quest for knowledge is not always evident. In fact, its opposite is also found. For Bion, the defensive denial of reality is one pole of a dialectic whose opposite pole is mental growth through knowledge, which may involve working through psychic pain. "The more a person is inclined towards evacuating pain, the more he denies reality and the less he is capable of mental growth" (Pelled, 2007, p.1520). Here Pelled sees and advocates a clear correspondence between Buddhism and psychoanalysis.

Both of the above approaches "practice what they preach" in that one cannot teach mindfulness or conduct psychoanalysis without first subjecting oneself to the same discipline. However, unlike meditation, most forms of psychotherapy use verbalisation as their modus operandi. A common view held by psychoanalysts is that those who do not learn to "think through" (i.e. to symbolise verbally) are bound to "act out" and to continue suffering – as with the hysterically inclined who tend to "feel" too much. Hence we have the "pain-body" (Tolle, 1999), a somatising body impoverished in terms of its capacity for reflective thinking.

Whilst one would not dispute that there is great merit in the "talking cure" approach there is, nevertheless, a growing corpus of opinion on the value of some fecund silence in therapy. For example, the obsessionally inclined, in thinking and often talking compulsively, tend to block out feelings and demonstrate that we cannot always "think" our way out of problems. In therapy they typically have difficulty in being "in touch" with feelings – their own and those of others – and are usually very uncomfortable with silence. Hence the endless chatter, which is often split off from feeling. This is sometimes pejoratively referred to as "free disassociation" (Perls et al., 1973) or split-off intellect. These people may need to learn that speech, just like music, is given deeper meaning by being punctuated by fertile silence so that something more profound than words may emerge. According to 0'Donoghue (1977) "If you are outside of yourself, always reaching beyond yourself, you avoid the call of your own mystery. When you acknowledge the integrity of your solitude, and settle into its mystery, your relationships with others take on a new warmth, adventure and wonder" (p.133). Silence can also be used to foster a sense of compassionate communion in psychoanalysis, complementing the communication wrought by words.

However, silence on the part of the patient was seen as resistance by Freud (1912). But, Balint (1958) argued that "if we can change our own approach – from considering silence as a symptom of resistance to studying it as a possible source of information – then we may learn something about this area of mind" (p.338). Later authors saw silence as indicative of shyness, shame, sorrow, anger, hostility, psychic absence and fear (Coltart, 1992: Shafii, 1973a). Silence

has also been construed, at times, as adaptive regression to pre-verbal sense-making as opposed to malign or psychotic regression.(Shafii, 1973a).

The psychoanalyst Coltart (1992) went as far as saying that "my own preference above all others, is for a silent patient". This may be because the relatively silent patient (and analyst) allows the analyst ample time to identify and work with the visceral felt-sense of the counter-transference. It should come as no surprise that Coltart also described herself as a practitioner of meditation and Buddhism. This is a long way from Freud who typically did not work with the counter-transference, and who saw religious experience, meditation and mysticism as regressive, irrational and maladaptive phenomena, as forms of "oceanic" fusion and oneness with mother, or the wish to re-experience intra-uterine life (Freud, 1930). To facilitate the patient in adaptive regression, i.e. in attenuating her defences, the therapist must also be capable of silence by avoiding premature, aggressive and excessive interpretations, instructions or comments. In this way, the patient's pre-verbal traumata can be "re-experienced and mastered again in silence" (Shafii, 1973a, p.442). The patient can go one step further and verbally label any emergent issues, thereby facilitating communicative symbolisation.

Dreams also tend to be silent. It is well known that Freud (1900) described dreams as the "royal road to the unconscious". Perhaps less well known is that Jung (1958) similarly described meditation as a "sort of a royal road to the unconscious" (p.508). Jung, however, also saw meditation as a "surrender" to the collective unconscious, as its practice leads primarily to an indefinite experience of oneness and timelessness that, according to Jung, are hallmarks of the collective unconscious. An encounter with the collective unconscious could be an overwhelming experience for those with poor ego strength. Kretschmer (1962) also saw meditation in a similar light, "Dreams are similar to meditation except meditation gains the reaction of the unconscious by a technique which is faster than depending on dreams" (p.76). What emerges during the early stages of meditation practice is more likely to be abreactive ("unstressing") rather than equanimitous "no thought".

By now it should be obvious that it is not just meditators who strive to clear the mind of its sticky attachments. Psychoanalysts like Bion (1970), Shafii (1973a), Khan (1977) and Coltart (1992) also see value in analysts themselves temporarily creating an empty or "fallow" state of mind during clinical sessions so as to be more receptive to the patient's transferences (DelMonte, 1995b). Bion (1970) advised therapists to forsake memory, desire and understanding during clinical practice. He quoted from a letter written by the English poet John Keats in 1817 in which Keats referred to "negative capability" as "when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (p.125). Here we see a psychoanalyst advising his colleagues not to hold too tightly onto one's professional opinions and theories when dealing with an individual patient, because for Bion (1974) there are other ways of knowing, namely the religious and the artistic. The silent mindfulness emergent from meditation training allows the analyst to listen more deeply to his or her patients, to receive their projections, and to let go of these projections after the therapy session. Several psychoanalysts (Speeth, 1982; Rubin, 1985) see the practice of meditation as enhancing psychoanalytic attention and listening. These claims are consistent with the research finding that patients do better with psychotherapists who practice mindfulness (Crepmair et al., 2007). So, let us take a closer look at this relationship.

Psychoanalysis As Mindfulness

An important aspect of advanced mindfulness is "choiceless awareness" (Krishnamurti, 1991), i.e. paying attention to all which enters consciousness without selection or censorship by our egos, or if one prefers, without clinging or rejection. Another related aspect of mindfulness is "bare witnessing", i.e. perceiving without judgement, opinion and similar ego strivings. These are both components of the "de-automatisation" of consciousness, that is, the suspension of habitual sense making.

Both "choiceless awareness" and "bare witnessing" are rather similar to Freud's (1900) "basic rule" of "free association" for patients. He stated:

> For the purpose of self-observation with concentrated attention it is advantageous that the patient should take up a restful position and close his eyes; he must be explicitly instructed to renounce all criticism of the thought formations which he may perceive. He must also be told that the success of the psychoanalysis depends upon him noting and communicating everything that passes through his mind, and that he must not allow himself to suppress one idea because it seems to him unimportant or irrelevant to the subject, or another because it seems nonsensical. He must preserve an absolute impartiality in respect to his ideas. (p.175)

This is so difficult to achieve that it can be said that analysands are well on the way to successful analyses when they manage to freely associate, to speak without censorship.

However, for psychoanalysts, Freud's (1912) instructions on listening to their patients are also reminiscent of mindfulness, as he said:

> It simply consists in making no effort to concentrate the attention on anything in particular, and in maintaining in regard to all that one hears the same measure of calm, quiet attentiveness of evenly hovering attention …… For as soon as the attention is deliberately concentrated in a certain degree, one begins to select from the material before one; one point will be fixed in the mind with particular clearness and some other consequently disregarded, and in this selection one's expectations and one's inclinations will be followed. This is just what must not be done; however, if one's expectations are followed in this selection, there is a danger of never finding anything but what is already known. (pp.111-112)

Hence, from a mindfulness viewpoint, both the analysand and the analyst are expected to engage in a degree of mindful, choiceless awareness, in which neither party should censor, criticise or pursue particular avenues. Moreover, Freud's advice to the analyst to employ "evenly hovering attention" between patient and self, as if he had a floating "third eye" adds an extra layer of reflection to the art of deep listening, namely by encouraging the analyst to observe oneself observing one's analysand.

I have drawn attention above to a certain overlap between "depth" psychotherapy (especially psychoanalysis) and the practice of mindfulness meditation by referring to the ideas

of Freud, Jung, Bion, Coltart, Shafii, Balint, Khan, Speeth, Rubin and Kretschmer but no list would be complete without briefly referring to the work on the "Bi-logic" of symmetry versus asymmetry by the Chilean psychoanalyst Ignacio Matte Blanco. Matte Blanco (1988) described five levels of construing, from the highly asymmetrical, discriminatory, logical and tight thinking associated with the distinctions of science and mathematics at one end of a spectrum, to the total symmetry (no differences) of the unconscious at the other end. As one moves from tight Aristotelian logic towards the unconscious there is an increase in looseness, in vagueness, in metaphor, in symmetry and in fusion, coupled with a decrease in clear-cut identity as differences become blurred, (e.g. between rough and smooth; mother and wife). Increasing symmetry (decreasing consciousness) gradually abolishes awareness of time and space, so that duality also disappears. This can also be achieved by meditation when one achieves the "no thought" state. However, with individuals with poor ego strength increasing symmetry and fusion can lead to confusion and even to psychosis.

Besides psychoanalysis, other forms of therapy, in particular Gestalt Therapy, also question the value of too much emphasis on intellectualisation in therapy, preferring to focus on the enhancement of awareness.

Gestalt Therapy Perspective

Perls (1973) was influenced by Tao philosophy and Indian Yoga, as well as by Freud, Reich, Mareno, Gestalt Psychology and existentialism. He emphasised personal responsibility in the resolution of problems. Both Gestalt therapy and meditation techniques focus on the "hic et nunc" (here and now) of experience and both meditation and the various Gestalt techniques play down the value of verbalisation. In fact, Perls, et al (1973) stated that verbalisation, as in free-association, could become a sort of escapist "free-disassociation" from feelings and emotions. Together with obsessional verbalisation, Perls also saw excessive rationalisation as a defence against unprocessed subjective feelings.

Instead, Perls (1973) stressed the importance of "contact" and "sensing", hence his admonition to lose your mind and come to your senses. He described many specific techniques, involving sensation, used to foster awareness. In this regard it is worth noting that Perls defined himself as an existentialist who applied the phenomenological approach (Perls, et al, 1973). The phenomenological method used by many existentialists is a method of subjective inquiry originally developed by Edmund Husserl and later used by Martin Heidegger as a means to examine one's immediate experience (DelMonte, 1989). It has to do with a critical and scrupulous inspection of one's mental processes and one's consciousness. It involves an attempt to exclude all assumptions about external causes of internal phenomena. As existentialist phenomenology concerns subjective awareness without pre-judgement it could be argued that it closely resembles the technique of mindfulness meditation in that the latter is purportedly characterised by a de-automatisation of experience (i.e. the suspension of perceptual and cognitive habits). With both the mindfulness and phenomenological methods one strives for a permeable (or open) stance to the flux of consciousness without trying to punctuate any experience had.

In both meditation and Gestalt therapy the observer role is valued. For example, Perls (1973) encouraged patients to observe tension and anxiety and not to engage in "premature relaxation". In other words, Perls promoted "approach techniques" rather than avoidance in the same way in mindfulness meditation one is encouraged to observe steadfastly one's moods, feelings, thoughts, and so forth in a non-attached and non-judgemental way, that is neither clinging to them nor pushing them away.

Perls (1973), like Schwartz (1983) and many practitioners of meditation saw awareness per se as being therapeutic. This even included awareness of simply "being" for which he used his "internal silence" and "make a void" techniques in order to heal the dualism within. Perls acknowledged an influence from Tao philosophy here, and the similarity between Perls's internal silence technique and the "no thought" strategy of concentrative meditation is striking.

Perls (1973) also used breathing exercises similar to those found in breath meditation. Both involve paying attention to one's breathing. In Gestalt therapy there are also exercises for focussing on anxiety, panic, depression, fatigue, psychosomatic symptoms and behavioural problems – all in order to "integrate" and resolve them, thus leading to Gestalt "closure". Likewise, mindfulness is increasingly being used with a similar range of psychological disorders (Kabat-Zinn, 1996, 2005; Teasdale, 2000).   Finally, it has been argued by McGee, Browne, Kenny, McGennis, & Pilot (1984) that those experiences which are too threatening to one's core psychological functioning may be suspended as "unexperienced experiences", i.e. without being fully processed or integrated at a conscious level. Such experiences remain akin to the "unfinished business", the "unfulfilled needs" or the "incomplete Gestalten" of Gestalt therapy. These incomplete Gestalten tend to be at low levels of awareness and "acted out" behaviourally or hysterically in order to be communicated, or when trying to achieve closure. In this sense the symptoms of hysteria are seen to be functional and symbolic (Szasz, 1972). It may be that the weakening of one's cognitive defences during Gestalt exercises, free association and meditation facilitates the abreactive emergence of incomplete Gestalten and of repressed material, which is also referred to as "unstressing" (DelMonte, 1995a). Following abreaction, patients can try to verbally label any pre-verbal emotions that they have just experienced. By learning to put verbal form on feeling the patient is in a better position to discuss his or her experiences with others – including the therapist.

As mentioned earlier, there are individuals whose attachments are problematic, being either too intense and overly dependent or, in the other direction, practically non-existent. Does meditation ever encourage an exaggerated introverted stance to the external world, at times bordering on pathological dissociation and fostering social isolation, i.e. the avoidance, or even rejection, of the relational domain?

Epstein (1990) thought that meditation could lead to "narcissistic emptiness" as ego-strivings aimed at the external world are negated. In a similar vein, Castillo (1990) could see excessive meditation practice as leading to pathological de-realisation and de-personalisation as both the external world and the self are eschewed. These comments shall be returned to later.

Those forms of meditation which employ a relaxed posture, closed eyes and the rhythmical and monotonous repetition of a mantra, encourage a shift away from one's habitual

construing of external reality towards a trance-like state in which suggestibility may be enhanced (DelMonte, 1981, 1984b). Thus mantra meditation, like hypnotic induction, can weaken one's ability to marshal one's cognitive defences, thereby encouraging partial dissociation between external reality and one's inner world dominated by memories, fantasies, wishes, desires, and the like. It has also been argued that turning attention away from the external world facilitates an exploration of the internal realm, including the unconscious and archetypal imagery in the Jungian sense (DelMonte 1995a, 1995b). Such an exploration would usually be seen as "adaptive" regression. Adaptive regression operates in the "service of the ego" (Shafii, 1973b). It purportedly leads to a fuller familiarity with one's internal world.

Adaptive regression can be contrasted with "pathological" regression. The practice of meditation is typically associated with adaptive regression, but it can also lead to pathological regression, i.e. back to primitive psychic functioning with those who are emotionally vulnerable and probably in need of psychotherapy prior to taking up meditation in order to deal with deficits in ego strength. The monotonous repetition of a mantra, the relaxed posture and the reduced sensory input, all tend to increase regressive mentation and hence facilitate a relaxation of one's cognitive, or intellectual, defences.

This regression can become pathological with some individuals when it no longer serves healthy ego functions nor Eros (love or the life-force) but instead becomes fixated on the id, or worse still, on Thanatos (the death-drive, i.e. the wish to return to an undemanding pre-incarnate state). It is thus not surprising that several decades ago Alexander (1931) described meditation as a "sort of artificial schizophrenia with complete withdrawal of libidinal interest from the outside world" (p.30). He is referring to the meditators' attempted non-attachment to desires and drives, and to their avoidance of ego-gratification. Here people can be split off emotionally from others, from meaningful relationships and escape from troublesome aspects of social life into isolated self-absorption. This fostered (maladaptive) dissociation between the self and one's surroundings can, for those at risk, lead to de-realisation, as one becomes estranged from once-familiar aspects of the external world. It can also lead to defensive de-personalization as the (often excessive) meditator may disengage from his or her social domain (and even to some degree from one's personal needs) and thus increasingly withdraw into a minimalist core dissociated from the external trappings of selfhood and devoid of the necessary motivation to deal with outside demands. The twin effects of such avoiditive de-realisation and de-personalisation can amount to a premature dis-engagement from life in which relationships – both of the "heart" and of work – are neglected in favour of an obsession with the complexity of one's internal space. Here meditation, in some cases, may lead more to self-absorption than to self-awareness. Moreover, the relational aspect of growth may be neglected.

Not everybody is suitable or prepared, for meditation. In the West, those who take up meditation tend to be more anxious, neurotic and to report more problems than the population at large (DelMonte, 1990). Those with dissociated-identity disorders, as well as psychotic, narcissistic, schizoid, paranoid and socially phobic individuals, i.e. those who are already having difficulties in the social domain, and whose ability to "read" other people's emotions and to empathise is impaired, may inadvertently come to use meditation as a schizoid defence to escape even further from others and end up feeling even less connected and thus more isolated.

Furthermore, immature or traumatised people with very poorly integrated personalities may use meditation to "escape" into a split off sub-personality which is less orientated to the outside world. In other words, when meditation practice induces solitary escapist dissociation, poorly adapted "alter-egos" may emerge in those whose personalities only hold together rather loosely.

It thus is argued that the deliberate fostering of non-attachment to the external world, i.e. to mundane reality, may lead to a pathological detachment (or indifference) in those who are already emotionally and socially frail. Likewise, deliberate dis-identification from the contents of one's consciousness can also be used as a mal-adaptive defence by those whose self-identity has remained underdeveloped and thus never blossomed. In other words, when special techniques are used to foster non-attachment and dis-identification this can, for some, have varying degrees of pathological dissociation as its outcome. This is not to argue against the obvious benefits of adaptive non-attachment, dis-identification and mindfulness as practised by the majority of meditators   However, it does suggest that with more vulnerable individuals, i.e. those with poor ego-strength, psychotherapy may be indicated to help build up their ego-strengths before they embark upon prolonged meditation practice, as the latter is about learning to side-step identification with one's over-reactionary and egotistic mind. It should be easier to meditate successfully with reasonably well-integrated ego functioning. Paradoxically, one needs considerable ego-strength in order to successfully suspend reactionary ego-functioning by means of meditation. There can be no real transcendence of one's discursive mind with its illusionary ego to a nondualistic "no thought" state until it is maturely developed as a healthy "tool", otherwise one embarks on a path of increasing symmetrical confusion in Matte Blanco's (1988) terms.

In my own practice in a psychiatric hospital I never commence mindfulness training without first engaging in psychodynamic psychotherapy, often for many months or even years. Eastern concepts, such as mindfulness, are gradually introduced to check on how they are being received. Some patients may then be referred on to one of our mindfulness groups. This is more likely to be the case after discharge from the hospital. In this case they usually attend as day patients for a two months' course. Other patients may prefer individual instruction in mindfulness sometime after discharge. It is not wise to teach mindfulness to very depressed, manic or psychotic patients, or to patients with borderline, narcissistic, or histrionic personality disorders. Likewise patients actively abusing alcohol or drugs need to seriously abstain before being given training in mindfulness.

Tom (a pseudonym) was a middle-aged man with a history of bi-polar mood disorder. As a result of his mood swings he had several uncontrolled incidents with his wife, children and female work colleagues – especially when hypo-manic as he usually became verbally aggressive. This had serious consequences for him, and his victims. Unfortunately, Tom had little insight into his outbursts and tended to rationalise his behaviour by blaming others for "provoking" him. With a couple of years' psychotherapy he gained sufficient insight into his behaviour and was able to link this to his very poor relationship with his rather "cruel" mother in his childhood. Tom became increasingly interested in Eastern philosophies, meditation and mindfulness as he progressed in psychotherapy. He gained significant insight into, and control over, his mood swings to the point that these acting out incidents all but ceased, and he was able to reduce his

mood stabilising medication to good effect. Tom kept in touch in annual follow-up sessions and remained well with respect to his initial presentation. Tom is just one example among many.

Conclusion

In general, practices like meditation, yoga, Gestalt therapy and psychoanalysis, by encouraging quiet adaptive introspection, circumspection and mindfulness, can, with many people, serve psychological growth (Eros) by encouraging the development of a more reflective self through explorations of our instinctive and conditioned embodiment, the furtive aspects of consciousness, the clutching nature of our attachments and identifications, and our rigid, obsessional and dualistic thinking. The resultant growth in self-awareness yields perspective and thus should help clarify our deeper desires and choices.

However, all techniques can be used inappropriately by the vulnerable. Thus meditation can encourage dis-engagement and demotivation with respect to the external world and lead to an escape into an inner-self, to the detriment of social engagement, emotional attachments and cathexis. Here, the satisfaction associated with either love or work cannot be properly experienced as the individual, in the premature grasp of Thanatos, forgoes compassion and the interactional aspect of living. The defensive pursuit of escapist "transcendence" can itself become a form of selfish ego-striving. Such escapist "transcendence" is really a maladaptive form of dissociation. There is also the danger of seeking, and achieving, some premature enlightenment for those with poor ego strength, as this can be associated with overwhelming levels of abreaction and/or ego confusion.

The challenge facing all of us as self-conscious and reflective beings, with the help of the Taoist Yin/Yang metaphor of balance, is how to build up and forge an internal sense of self without overly identifying with it, and how personally and socially to sustain this fragile sense of self and attain a continuity of deeper identity while living in the shadow of impermanence and discontinuity. The ancient practices of meditation, yoga and the like, as well as the contemporary practices of the psychodynamic psychotherapies, offer us some choice out of many possible approaches in dealing with this challenge, but no approach is without its own limits and risks.

Our quest for knowledge and fulfilment has two principal orientations – namely those typified by introversion (Yin) and those by extraversion (Yang). Both are valuable and neither should be neglected. It is a question of equilibrium. Introversion naturally implies introspection and elaboration of our subjectivity and self-awareness, whereas extraversion involves circumspection and adaptation to cultural reality, thereby enhancing social awareness. Such extraverted adaptation to social reality more typically occurs during the first half of life. On the other hand, with introspection one is connected inwardly with our essence, that is, the mystery of the self. Such introspection tends to become more important to us as we age, but can be precipitated earlier at any stage of life, especially if in crisis.

Circumspection is the sine qua non of enhancing our sense of relatedness to external form, i.e. to social convention and to languaging. Inwardness (subjectivity) and outwardness (objectivity) can be complementary (Nino, 1997).. Put psychodynamically, self-psychology

should be balanced by object relations. It may be tempting to escape from harsh external reality by taking refuge inwardly into illusions and even delusions. Likewise, one can remain in exile from one's true core-self (essence) by being overly adapted to and concerned with external reality, and by developing a false-self or facade. Bridging the chasm between our inner (Yin) and outer (Yang) worlds allows for a two-way flow that enriches both in the process, and brings them more into harmonious alignment. Taoism shows us that all polarities, Yin/Yang dualities, such as between inner and outer, personal and social, earthly and transcendental, and the like, are ultimately illusions, as Yin and Yang are interacting and inter-flowing parts of a nondual whole.

A final point is that the Western obsessive focus on individualism, with the forging of a strong individual identity, can create a neurosis around the loss of this over-valued persona or mask. When we identify with this mask we are identified with a limited, dualistic and false self. The traditional Eastern emphasis on developing a social sense of collective identity, i.e. an awareness of social interpenetration and of inter-dependence, which does not overly focus on individualism, may facilitate attempts to dis-identify from over-invested egoism. The aim of meditation, yoga, (and other Eastern techniques) and most forms of depth psychotherapy, especially Jung's Analytical Psychology, is not to become autonomous, emotional islands, but rather to be more in touch with the personal, social and spiritual aspects of living. Here Jung's (1958) views on the "collective unconscious" show potential for collaborative growth with nondual psychology.

Some individuals use mindfulness meditation to foster a personal relationship with the spiritual domain, and as a preparation for an after-life. However, this quest is enhanced by wholeheartedly including the relational aspect of our spirituality in our daily living (engaged Buddhism), by practising compassion, loving kindness, inter-being and the like. We can thereby evolve our capacity to perceive, and to relate to, the deeper unitary essence - both in ourselves and others.

References

Alexander, F. (1931). Buddhist training as an artificial catatonia (the biological meaning of psychic occurrences). *Psychoanalytic Review, 18*, 129-145.

Assagioli, R. (1965). *Psychosynthesis: A manual of principles and techniques.* New York: Hobbs, Duram & Co.

Balint, M. (1958).   The three areas of the mind. *International Journal of Psycho-Analysis, 39*, 328-340.

Barnes-Holmes, D., Cochrane, A., Barnes-Holmes, Y., Stewart, A. (2004). Offer it up and psychological acceptance: Empirical evidence for your grandmother's wisdom? *Irish Psychologist, 3l* (3), 72-78.

Bion, W. R. (1970). *Attention and interpretation*. London: Tavistock.

Bion, W. R. (1974). *Brazilian lectures*. Sao Paulo: Imago.

Birtchnell, J. (1997). Attachment in an interpersonal context. *British Journal of Medical Psychology, 70*(3), 265-279.

Brown, D.P. & Engler, J. (1980). The stages of mindfulness meditation: A validation study. *Journal of Transpersonal Psychology, 12* (2), 143-192.

Bruckner, P. (2000). *L'Euphorie perpetuelle*. Paris: Grasset.

Carrington, P. & Ephron, H.S. (1975). Meditation as an adjunct to psychotherapy. In S. Ariety & G. Chrzanowski (Eds.), *New dimensions in psychiatry: A world view* (pp. 262-291). New York: John Wiley & Sons.

Castillo, R.J. (1990). Depersonalisation and meditation. *Psychiatry, 53*, 158-168.

Coltart, M. (1992). *Slouching towards Bethlehem: And further psychoanalytic explorations.* London: Free Association Book.

Crepmair, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W. & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized double-blind controlled study. *Psychotherapy and Psychosomatics, 76,* 332-338.

Creswell, D.(2008). Mindfulness meditation slows progression of HIV. *Brain, Behavior, and Immunity, 22*(6), 797-1008.

Davidson, R.J., Kabat-Zinn, J., Schumacher, J., Roserkranz, M.S., Muller, D., Santoreli S.F., Urbanowski, F., Harrington, A., Bonus, K. & Sheridan, J.F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine, 65*, 564-570.

Deatherage, G. (1975). The clinical use of mindfulness meditation techniques in short-term psychotherapy. *Journal of Transpersonal Psychology, 7* (2), 133-134.

De Botton, A. (2003). *The art of travel.* London: Penguin Books.

De Silva, P. (1990). Buddhist psychology: A review of theory and practice. *Current Psychology, 9*(3), 236-254.

DelMonte, M.M. (1981). Suggestibility and meditation. *Psychological Reports, 48*, 699-709.

DelMonte, M.M. (1984a). Response to meditation in terms of physiological, behavioural and self-report measures. *International Journal of Psychosomatics, 31* (2), 3-17.

DelMonte, M.M. (1984b). Meditation: Similarities with hypnoidal states and hypnosis. *International Journal of Psychosomatics, 31*(3), 24-34.

DelMonte, M.M. (1985). Anxiety, defensiveness and physiological responsivity in novice and experienced meditators. *International Journal of Eclectic Psychotherapy*, *4*(1/2), 1-13.

DelMonte, M.M. (1989). Existentialism and psychotherapy: A constructivist perspective. *Psychologia, 32*(2), 81-90.

DelMonte, M.M. (1990). The relevance of meditation to clinical practice: An overview. *Applied Psychology: An International Review, 39*(3), 331-354.

DelMonte, M.M. (1995a). Meditation and the unconscious. *Journal of Contemporary Psychotherapy, 25*(3), 223-242.

DelMonte, M.M. (1995b). Silence and emptiness in the service of healing: Lessons from meditation. *British Journal of Psychotherapy, 11*(3), 368-378.

DelMonte, M.M. (2000). Non-attachment, dis-identification and dissociation in meditation, Qi-gong and hypnosis: mal-adaptive Adaptive or mal-adaptive? In Wang Weidog, Yuji Sasaki & Yutaka Haruki (Eds.), *Bodywork and psychotherapy in the East* (pp. 105-112). Delft, The Netherlands: Eburon.

DelMonte, M.M. (2003). Mindfulness and the de-construction of attachments. *Constructivism in the Human Sciences, 8*(2), 151-171.

DelMonte, M.M. (2004). Ways of understanding: Meditation, mysticism and science – bridging the gap between East and West. In M. Blows, S. Srinavasan, J. Blows, P. Bankhart, M. DelMonte & Y. Haruki (Eds.), *The relevance of the wisdom traditions in contemporary society: The challenge of psychology* (pp. 1-23). Delft, The Netherlands: Eburon Publishers.

DelMonte, M.M. & Kenny, V. (1985). An overview of the therapeutic effects of meditation. *Psychologia, 28*(4), 189-202.

De Mello, A. (1990). *Awareness.* Michigan: Zondervan.

Dworkin, B.R., Filewich, R.J., Miller, N.E., Craigmyle, N. & Pickering, T.G. (1979). Baroreceptor activation reduces reactivity to noxious stimulation: Implications for hypertension. *Science, 205*, 1299-1301.

Epstein, M. (1990). Psychodynamics of meditation: Pitfalls on the spiritual path. *Journal of Transpersonal Psychology, 22*(1), 17-34.

Ferry, L. (2006). *Apprendre a vivre.* Paris: Plon.

Fonagy, P., Steele, M., Steele, H., Higgitt, A., & Target, M. (1994). The theory and practice of resilience. *Journal of Child Psychology and Psychiatry, 35*, 231-257.

Freud, S. (1900). *The interpretation of dreams*. New York: Basic Books Inc.

Freud, S. (1912). *Recommendations to physicians practising psycho-analysis* (Standard Edition). London: Hogarth Press.

Freud, S. (1930). *Civilisation and its discontents* (Standard Edition). London: Hogarth Press.

Galin, D. (1974). Implications for psychiatry of left and right cerebral specialisation. Archives of General Psychiatry, *31*, 572-583.

Guenancia, P. (2009). L'evenement du dualism. *Philosophie, 31*, 44-45.

Griffin, D. (2001). Loss as a lifelong regenerative learning process. *Psychodynamic Counselling, 7*(4), 413-430.

Hayes, S.C. & Smith, S. (2005). *Get out of your mind and into your life: The new acceptance and commitment therapy.* New York: Harbinger Publications.

Hendricks, C.C. (1975). Meditation as discrimination training: A theoretical note. *Journal of Transpersonal Psychology, 7* (2), 144-146.

Holmes, J. (1997). Attachment, autonomy, intimacy: Some clinical implications of attachment theory. *British Journal of Medical Psychology, 70*(3), 231-248.

Hillesum, E. (1942). *Het verstoorde leven: Dagboek van Etty Hillesum 1941- 1943. (The disturbed life: Diary of Etty Hillesum 1941-1943)*. Amsterdam: Uitgeverij Balans.

Jung, C. (1958). *Psychology and religion: West and East*. New York: Pantheon Books.

Kabat-Zinn, J. (1996). Mindfulness meditation: What it is, what it isn't, and its role in health-care and medicine. In Y.Haruki, Y.Ishii & M. Suzuki (Eds.), *Comparative and psychological study of meditation* (pp. 161-170). Delft, The Netherlands: Eburon Publishers.

Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness.* New York: Hyperion.

Kelly, G. A. (1955). *The psychology of personal constructs*. New York: Norton.

Kelly, T. (2007). Individuation in a consumer society: Acquiring versus becoming. Paper presented by the Irish Analytical Psychology Association, Trinity College, Dublin, 20th April, 2007.

Keogh, C., Barnes-Holmes, Y. & Barnes-Holmes, D. (2008). Fused or de-fused? Getting to grips to what your mind is telling you. *The Irish Psychologist, 35*(1), 1-8.

Khan, M. (1977). On lying fallow: An aspect of leisure. *International Journal of Psychoanalytic Psychotherapy, 6*, 397-402.

Klein, M. (1928). Early stages of the Oedipus conflict. In M. Klein and J. Riviere (Eds.) , *Love, guilt and reparation and other works 1921-1945* (pp. 86-198). London: Vintage.

Kretschmer, W. (1962). Meditation techniques in psychotherapy. *Psychologia, 5,* 76-83.

Krishnamurti, J. (1991). *Meeting life: Writing and talks on finding your path without retreating from society*. San Francisco: Harper.

McGee, D., Browne, I., Kenny, V., McGennis, A., & Pilot, J. (1984). Unexperienced experience: A critical reappraisal of the theory of regression and traumatic neurosis. *Irish Journal of Psychotherapy*, 3(1), 7-19.

McWilliams, S.A. (1984). Construing and Buddhist psychology, *Constructs, 3*(1), 1-2.

Magee, B. (1987). *The great philosophers*. London: BBC Books.

Mascaro, J. (1962). *The Bhagavad Gita*. London: Penguin.

Matte Blanco, I, (1988). *Thinking, feeling and being*. Routledge: London.

Meares, A. (1978). Vivid visualisation and dim visual awareness in the regression of cancer in meditation. *Journal of the American Society of Psychosomatic Dentistry and Medicine, 25*(3), 85-88.

Moncayo, R. (2003). The finger pointing at the moon: Zen practice and the practice of Lacanian psychoanalysis. In J. D. Sanfran (Ed.), *Psychoanalysis and Buddhism: An unfolding dialogue* (pp. 331-386). New York: Wisdom Publishers.

Nino, A.G. (1997). Assessment of spiritual quests in clinical practice. *International Journal of Psychotherapy, 2*(2), 193-212.

O'Donoghue, J. (1997). *Anam Cara: Spiritual wisdom of the Celtic world.* London: Bantam Press.

Pelled, E. (2007). Learning from experience: Bion's concept of reverie and Buddhist meditation. A comparative study. *International Journal of Psychoanalysis, 88,* 1507-1526.

Perls, F.S., Hefferline, R.F. & Goodman, P. (1973). *Gestalt therapy: Excitement and growth in the human personality.* London: Penguin.

Rubin, J. B. (1985). Meditation and psychoanalytic listening. *Psychoanalytic Review*, *72*(4), 599-613.

Schwartz, G.E. (1983). Disregulation theory and disease: Applications to repression/cerebral disconnection/cardiovascular disorder hypothesis. *International Review of Applied Psychology, 32*, 95-118.

Shafii, M. (1973a). Silence in the service of the ego: Psychoanalytic study of meditation. *International Journal of Psycho-Analysis, 54*(4), 431-443.

Shafii, M. (1973b). Adaptive and therapeutic aspects of meditation. *International Journal of Psychoanalytic Psychotherapy, 2*, 364-382.

Song, T. (1998). History of Qi-gong. Paper presented at the 5th Conference of the Transnational Network for the Study of Physical, Psychological and Spiritual Well-being, April 1998, Beijing, China.

Speeth, K. R. (1982). On psychotherapeutic attention. *Journal of Transpersonal Psychology, 14*(2), 141-160.

Szasz, T.S. (1972). A psychologist's experience with transcendental meditation. *Journal of Transpersonal Psychology, 3*, 135-140.

Teasdale, J. (2000). A mindfulness-based cognitive therapy for prevention of relapse and recurrence in major depression. Paper read at the 6th conference of the Transnational Network for the Study of Physical, Psychological and Spiritual Well-being, Noordwykerhout, The Netherlands.

Thich Nhat Hanh (1975). *The miracle of mindfulness.* London: Rider.

Thich Nhat Hanh (1991). *Peace is every step: The path of mindfulness in everyday life.* London: Rider.

Thich Nhat Hahn (2003). *Creating true peace: Ending conflict in yourself, your family, your community and the world.* London: Rider.

Tolle, E. (1999). *The Power of Now.* Novato, California: New World Library.

Tolle, E. (2005). *A new earth: Awakening to your life's purpose.* London: Penguin Group.

Todorov, T. (1996). *L'homme dépaysé.* Paris: Editions du Seuil.

Van der Kolk, B. & Fisher, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and explanatory study. *Journal of Traumatic Stress, 8*, 505-525.

Wang, W. (1998). Study of the psychology and the behavioral science of Qigong. In M. DelMonte & Y. Haruki (Eds.), *The embodiment of mind: Eastern and Western perspectives* (pp. 95-101). Delft, The Netherlands: Eburon Publishers.

Warrenburg, S., Critis-Christoph, P. & Schwartz, G.E. (1981). *Biobehavioural etiology and treatment of hypertension: A comparative outcome study of stress management and diet change approaches*. Paper presented at the NATO Symposium on Behavioural Medicine, Greece, July, 1981.

Watts, A.W. (1957). *The way of Zen*. Harmondsworth, Middlesex: Penguin.

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