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BUDDHIST MEDITATION AND PSYCHOTHERAPY – POINTS OF  
COMPARISON EXAMINED

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## ABSTRACT

*The aim of this research is to examine potential points of comparison between contemporary Western Buddhist practice, on one side, and psychodynamic and person-centred psychotherapy on the other. The research selected a number of points: the desired outcomes of both disciplines; their central attentional methodologies; the nature of the experience of self that results from applied practice in both schools; and the question of whether and how both disciplines may be conducted in relational or solitary modes. The dissertation found potential points of comparison between person-centred therapy and Buddhist meditation: Rogers' conception of the fully functioning person has been compared to the Buddhist goal of enlightenment, in terms of the scope for personal transformation. Additionally, his process conception of psychotherapy points to a profound change in perceived sense of self, comparable to the Buddhist concept of 'not-self' – a more fluid form of self-identification. The research also discovered strong parallels drawn between the evenly divided attention advocated by Freud, and the rigorous, open attention required in mindfulness meditation. Finally, the dissertation demonstrated that the distinction normally drawn between meditation as a silent, solitary practice, and psychotherapy as a dialogic, dyadic encounter is not wholly valid. Practices such as Focusing and Insight Dialogue incorporate core aspects of both meditation and psychotherapy, blurring the distinction between the two.*

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# 1: INTRODUCTION

Forty years since the Buddhist practice of mindfulness meditation was first incorporated into mindfulness-based stress reduction (Kabat-Zinn, 2013), it has been woven into a wide range of other approaches (Kostner, 2015). The growth in Western Buddhist<sup>1</sup> practice over recent decades has led to an expansion of interest in the potential use of meditative practices in various psychotherapeutic orientations (Bogart, 1991). Buddhism and psychotherapy have been compared as methodologies to reduce or even eliminate suffering (Olendzki, 2015). And a number of writers have investigated the points of contact between psychotherapy and the broader constellation of Buddhist psychology and (Olendzki, 2015; Hoffer, 2015a).<sup>2</sup>

Writers and practitioners have followed a number of specific avenues of enquiry. Bogart (1991) raises the question of whether meditation, by giving access to areas of experience not generally touched on by psychotherapy, may boost the effective of therapeutic intervention (Bogart, 1991). Speaking from a psychoanalytic perspective, both Epstein (1984) and Weber (2015) have drawn attention to Freud's emphasis on 'evenly-suspended attention' as a crucial tool in the analyst's repertoire, comparing it to the non-judgemental awareness of Buddhist meditation.

Hoffer compares the goals of psychoanalysis and Buddhist practice, arguing that practitioners of both seek to perceive reality with less distortion (Hoffer, 2015a). Coltart (2015) notes that many people explore meditation practice as a way to resolve psychological, emotional issues; once these are adequately resolved, they drop their practice. They do not seek to go further along what she terms the path of liberation or spiritual growth. In this analysis, Coltart distinguishes the goals of psychological development and spiritual growth as fundamentally distinct. And Kostner (2015) differentiates the

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<sup>1</sup> 'Buddhism' is a broad label. For this thesis, it is taken to mean the emerging form of Western Buddhism, which has combined practices of Zen (originally from China and Japan) and Theravada Buddhism (from south-east Asia) in a largely secular approach (Batchelor, 2017).

<sup>2</sup> This thesis distinguishes between Buddhist practice and meditation. While meditation is regarded as an essential element of Buddhism, the philosophy is also composed of a core ethical outlook and a particular view of experiential reality (Batchelor, 2017).

core nature of the practice in the two disciplines: she notes that sitting alone on the cushion, the meditator plays the role of both analyst and analysand. The idea that the presence of an involved other makes psychotherapy inherently different from psychotherapy appears an intuitive one. However, even this fundamental difference can be bridged. For instance, the meditative practice of Insight Dialog seeks to bring relationship into reflection, with the meditator conducting a contemplative exploration of Buddhist teachings with a partner (Kramer, 2007). Focusing, the therapeutically related creation of Eugene Gendlin, has been combined with Buddhist mindfulness practices to form mindful focusing (Gendlin, 2003; Rome, 2014).

This dissertation will explore specific points at which Buddhist practice and ideas meet those of psychotherapy – of both psychodynamic and person-centred orientations. Chapter 2 will investigate whether the outcomes of therapy and meditation practice can be compared. The chapter will also examine a key element of practice of meditation and of psychoanalysis – the role played by trained attention. Chapter 3 will scrutinise the parallels between the concept and experience of the self as described in Buddhist terms and in psychotherapy. And Chapter 4 will seek to demonstrate that what are commonly understood as the distinguishing features of meditation (solitary, silent introspection) and of psychotherapy (a verbally mediated dyadic relationship) can be shared by both disciplines.

## 2: BUDDHIST MEDITATION AND PSYCHOTHERAPY: GOALS AND METHODS

Any attempt to describe the subjective aspect of human life is going to encounter challenges.

Speaking of attempts to draw parallels between Buddhism and psychoanalysis, Fogel notes that the problems of finding a common language are ‘enormous’ (Fogel, 2015, p. 144). Investigating Buddhism alone, or psychoanalysis, is difficult. However, issues of cultural and personal unfamiliarity, along with the difficulty of understanding the experiences denoted by the terms used makes comparing the two an even more complex task.

Both psychotherapy and meditation have forms of practice. The reasons why people undertake either discipline differ, naturally, between individuals. However, experienced practitioners of both schools point to what are the expectations in terms of outcome when practice is engaged in. Psychoanalyst and Buddhist practitioner Delia Kostner has compared both fields of her practice: the ‘psychological, phenomenological and introspective nature of classical Buddhism’ making it a natural choice to investigate from a psychoanalytic perspective (Kostner, 2015). She notes that: both disciplines seek to resolve suffering; both are highly experiential in nature; and both adopt a neutrality of approach to look at internal experience, with the goal of gaining insight. However, while the frame of reference of psychoanalysis is a personal one, that of Buddhism is ultimately an ‘understanding of the universal human condition’ (Kostner, 2015, p. 28).

Psychoanalyst Axel Hoffer ascribes to Buddhism the goal of learning to experience reality as it is, putting aside any wishes for it to be otherwise. The practice of meditation enables a person to better observe how the mind avoids reality, and helps in perceiving reality with less self-generated distortion (Hoffer, 2015b). He draws a parallel with this and psychoanalysis. Psychoanalytic theory takes the view that human beings perceive reality in an ‘idiosyncratic’ way (Hoffer, 2015b), as a result of unconscious processes; the process of psychoanalysis, in an analogous manner, helps the analysand gain a less distorted view of reality.

Kostner says of Buddhism that like psychoanalysis it sets out to understand how the mind works and how this operation creates suffering, and maintains that suffering. Where the two practices diverge, however, is in their end goals. Going beyond the Freudian goal of ‘common unhappiness’ (a goal common to most psychotherapies), Buddhism – Kostner notes – seeks to eliminate suffering altogether (Kostner, 2015).

The accuracy of such a reading of the goal of Buddhist practice is however contested by Buddhist scholar, Stephen Batchelor (Batchelor, 2017). He maintains that the end of suffering is not the goal; rather, it is freedom from reactivity – our knee-jerk responses to circumstances.<sup>3</sup> His description of reactivity resonates in a modern psychotherapeutic context. Human beings seek stimulation to ease the sense of an inner void ‘rooted in feelings of existential incompleteness and inadequacy’. This reactivity leads people to ‘inflate the ego and affirms one’s importance in the world’ (Batchelor, 2017, p. 75).<sup>4</sup> A cascade of proliferating thoughts, a ceaseless rumination, is launched. However, freedom from reactivity, if gained, brings a permits a more fluent, fresh capacity to respond. According to Batchelor, this freedom is accessible to anyone who strives for it, not only resolute meditators. This understanding feels quite different from the more otherworldly idea of eliminating suffering; it also brings Buddhist practice into the more accessible, human realm in which psychotherapy operates.

If the potential outcome of enlightenment is more within reach than is commonly understood, perhaps psychotherapy has greater transformative potential than it is often credited with. This thesis maintains that the stated end-goal of person-centred psychotherapy echoes the goal of enlightenment. Carl Rogers’ notion of the fully-functioning person describes someone who is more open to their experience, with every sensation ‘completely available to awareness’; living has a more existential quality, taking place fully in each moment (Rogers, 1961, p. 188). And in Rogers’ view, the massively

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<sup>3</sup> Reactivity is Batchelor’s translation of the Pali word *tanha*, which literally means ‘thirst’ or ‘craving’.

<sup>4</sup> This also sounds like a contemporary description of narcissism, which Epstein views as being a key concern of Buddhist teaching, albeit using different language (Epstein, 2013).

greater sense of self-trust such a person has is justified: their behaviour is constructive, and more socialised, even if it may be non-conformist. The good life' lived by such a person is not a state of being, but rather a process. And the route to entry into this process is through a therapeutic relationship that meets Rogers' core conditions. And this link between person-centred approaches and Buddhist practice has also been drawn by Bazzano (2011), who describes the Buddha as a fully-functioning person.

If the route to full functioning is an accepting therapeutic environment, the analogous practice in Buddhism is mindfulness meditation. For Kostner, this equates to the 'systematic examination' of how the meditator creates their internal psychological reality on a moment-by-moment basis (Kostner, 2015, p. 26) An experiential understanding of this self-generated internal landscape can enable the individual to work on a de-automatisation of their habitual unconscious responses to phenomena. With this understanding, the person can change beliefs that have been part of their makeup; ultimately, the promise is of 'freedom from the general unsatisfactoriness which taints all experience' (Kostner, 2015, p. 27). The clinical conception of mindfulness is as a 'moment to moment awareness of present experience with acceptance of whatever happens in the psycho-physical field'' (Kostner, 2015, p. 26). However, she comments, such is the enthusiasm to promote mindfulness as another therapeutic tool that its original, greatly more complex meanings have been side-lined, to the extent where it is essentially seen as a 'synonym for attention' (Kostner, 2015, p. 26). Batchelor expands on these original meanings. He describes mindfulness as more than a passive observation of experience. Rather, mindfulness actively *explores* what he describes as 'the pulsing, sensitive and conscious material of life', seeking a 'potentially transformative relationship' with it (Batchelor, 2017, p. 236).

The attentional quality of Buddhist mindfulness has been investigated by those writers who have experience of both meditation and psychotherapy. Psychotherapist and Buddhist practitioner Mark Epstein notes that the quality of listening in the analytic session had received renewed interest as

popular and professional fascination with Asian attentional disciplines grew (Epstein, 1984). Epstein returns to the roots of thinking on the nature of attention by reflecting on Freud's calling for an 'evenly suspended attention' (Freud, 1912 in Epstein, 1984). Compared by Epstein to Buddhist mindfulness practices, which seek to adopt an observational stance to all elements of inner experience, Freud's approach called for an 'impartial attention' to everything that took place in the analytic session – concerning the patient and the analyst's internal experience (Freud, 1909, in Epstein, 1984, p. 194). Accompanying this impartial attention is the absence of any attempt to focus on or understand the content of the exchange. While seeking to avoid conscious reflection, the approach advocated is still highly disciplined, not as Epstein says, 'mere passive attention or merely allowing the mind to freely wander' (Epstein, 1984, p. 195). What Freud proposes is perhaps as unfamiliar, from the perspective of everyday attention and engagement, as Buddhist meditation: the analyst's unconscious becoming able to attune itself to the patient's. Moreover, this attention must be maintained throughout an analytic session. As Schachtel notes, this is difficult: in reality, analysts often 'listen' while entertaining their own thoughts in the form of interpretations and diagnoses (Schachtel, 1969, in Epstein, 1984). He notes that this is similar to the experience of anyone who has sat down to meditate: the meditator soon discovers that their attention is constantly waylaid by thoughts and fantasies. And – of importance both in Buddhism and psychoanalysis – Schachtel highlights that this internal distraction has the result of preventing us from seeing the other person as they really are (Schachtel, 1969, in Epstein, 1984).

Epstein argues that this form of attentional discipline in psychoanalysis has been marginalised over the decades; Bion, he maintains, is one of the few writers in the field to have promoted a radically muscular attentional stance. Epstein notes that Bion both retained the spirit of Freud's formulation and sought to expand it. Like Freud, Bion viewed attention as a discipline requiring practice (as do Buddhist practitioners). To enable the analyst to remain receptive to what had yet to become visible in the analysis, Bion said that it was vital to set aside 'conscious attempts at recall', as well as the desire

for 'knowledge, security, understanding, pleasure, or the desire to help...' (Epstein, 1984, pp. 202–203).

Speaking of this attentional training, Epstein notes that practice in Buddhist meditation could be adapted to enable a wider adoption of Freud's attentional discipline (Epstein, 1984). Indeed, Hoffer, in summing up the discussion on the interrelationships between Buddhism psychoanalysis notes that the contributors to *Freud and the Buddha: the couch and the cushion* all agree that meditation can help analysts' capacity to respond with compassion and equanimity (Hoffer, 2015a).

### 3: IN SEARCH OF THE (NOT-)SELF

Interlinked with its practices, Buddhism has a number of guiding principles. One of its best-known ideas – that of ‘non-self’ or ‘not-self’<sup>5</sup> – is also one of its most perplexing. From the perspective of this thesis, however, it may also be a core element of therapeutic progress. Epstein notes that the philosophy’s central tenet of the ‘voidness of self’ has sparked considerable interest among psychoanalytic thinkers (Epstein, 2008, p. 211). However, he states, both Buddhist practice and psychoanalysis have found that the experience of self – compelling at first glance – becomes more problematic upon close investigation. And Buddhist scholar Alan Watts notes that the idea of ‘not-self’ has generated considerable confusion among psychoanalytic thinkers. He indicates that despite Jung’s long-standing interest in Asian philosophies, he grappled with the concept of the ‘egoless’ state: ‘so long as there is awareness of something, there must be somebody who is aware’ (Jung, 1970 in Watts, 1975, p. 95).

Kostner points toward a more nuanced notion of self-identification than what Jung saw as a complete absence of consciousness of self. She comments that, as a defence, human beings frequently identify themselves with all manner of aspects of their lives; from there, they build a sense of self (Kostner, 2015). From a similar perspective of Buddhist and psychoanalytic practice, Sara Weber speaks of how possessiveness of self-concept can get between people and their immediate experience; mindfulness practice can dissolve this possessiveness (Weber, 2015). Over time, this dissolution can result in a state of being not identified with notions of I, me or mine; Weber compares this to Bion’s notion of ‘O’, a state characterised by an unmediated, more fluid sense of experience (Weber, 2015). Epstein (2008) notes how Schafer speaks of ‘ego’ rather than ‘the ego’, with ‘ego’ being used an umbrella term for a number of functions. He notes that ‘ego’ is immediately reified as soon as it acquires the

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<sup>5</sup> ‘Not-self’ is a translation of the Pali word *anatta* (Batchelor, 2017).

definite article. Schafer says that ‘there can be no “the” about the ego’ (Schafer, 1973). ‘Ego’ is not an entity, ‘fixed and homogeneous’ that engages in action: it is action or, rather, certain kinds of action.

As might be expected, the challenges in reaching an experiential understanding of this more fluid, less rigid sense of self are considerable. Epstein stresses that before the meditator can get to this point they must fully experience their ‘self’: only by acknowledging the deepest, most intimate feelings of selfhood is it possible release into an experience of no-selfhood (Epstein, 2015). In this regard, Epstein continues, psychotherapy is highly effective: if the client feels safe enough, they have the space to confide in the therapist precisely those deepest feelings of self. This in turn can permit the experience of a quality of release that may be quite unexpected to the client – fully possible, however, if the therapist is him or herself attuned to that possibility.

Self has a particular quality, notes Epstein (2008). Reflection reveals that it can be both subject and object: a person can observe their experience. Psychiatrist Arthur Deikman echoes this when he contrasts the ‘observing self’ with the ‘object self’: emotions, memories and thoughts are the content of consciousness; but ‘the core sense of personal existence – the “I” – is located in awareness itself, not in its content’ (Deikman, 2002, p. 10). This observing self, that which is aware of the content of experience, cannot itself be observed: it can only be experienced directly. Epstein notes that in the process of attempting to reach this unreachable self, the meditator encounters numerous self-representations, all of which ultimately fail to be recognised as the essential self (Epstein, 2008). In therapeutic terms, Epstein states that the process reduces a meditator’s narcissistic defensiveness while simultaneously strengthening their awareness, this reinforced awareness ‘holding’ the meditator; the significance of this will be discussed in a moment. Moreover, as self-representations are encountered and let go, a greater sense of subjective awareness correspondingly develops, allowing ‘oneself to simply be without worrying about keeping oneself together’ (Epstein, 2008, p. 218). Epstein draws a clear parallel between this freedom from concern about self-maintenance and

Donald Winnicott's idea of 'unintegration'. Epstein notes Winnicott's view of this as a necessary stage in infant development: in the presence of the mother's 'ego-supportive function' the infant is free to relax in a state of unintegration (Winnicott, 1962 in Epstein, 2008, p. 220). This permits a person to develop a 'capacity to be' and to feel real. Where an inadequate parenting environment exists, the child develops a false self, a thinking mind that can *function*, but is limited in its capacity to *experience* deeply. The true self is hidden and made inaccessible. Epstein views meditation and therapy as both being routes to this true, subjective, self. It is the false self – or selves – that are examined in the process of meditation, and their constructed nature recognised; the 'holding function of awareness' (Epstein, 2008, p. 221), developed in solo meditation, with a teacher, or in a therapeutic situation, facilitates this.<sup>6</sup>

Without referencing Buddhism or Eastern philosophies, Carl Rogers describes a conception of therapeutic change that strongly echoes the profound re-experiencing of the self just described. His 'process conception of psychotherapy' charts a movement over the long term from the experience of a fixed, rigid self, caught up in its unexamined constructs, to a 'changingness' – self as experienced process, a flow (Carl R. Rogers, 1961). As clients progress through therapy, constructs become more loosely held, and come to be recognised as constructs. Feelings flow more freely, spontaneously relating to present-time events. The client is 'very much closer to his [sic] organic being, which is always in process' (Rogers, 1961, p. 143).

Rogers' conception points to a profound shift in the experienced nature of self. From this perspective, therapy comes to look less like the relief of symptoms and more like a process of realisation – 'liberation', as often phrased in Buddhist terms. (This was suggested in the discussion on the 'fully functioning person' in the last chapter.) Most pertinently (for the purposes of this chapter), Rogers says that '... the self becomes increasingly the subjective and reflexive awareness of experiencing. The self is much less frequently a perceived object...' (Rogers, 1961, p. 153). This suggests the

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<sup>6</sup> As the next chapter will demonstrate, other practices may also permit this.

resolution of an experienced internal duality. The sense of identification, or de-identification, is notable: problems, says Rogers, are no longer experienced as objects that are ‘problems’. Rather, the client is living their experience; some aspects of that may happen be difficult.

Rogers’ stressing of the experience of self as process is echoed by Buddhist teacher Stephen Batchelor. He describes the self – as it comes to be understood through practice – not as a solid persistent object, but rather a ‘fluid, contingent process just like everything else’ (Batchelor, 2010, in Kostner, 2015, p. 45). However, the realisation of self-as-process is not for Batchelor an aesthetic exercise; rather, it is fundamentally therapeutic (although he may not explicitly describe it as such). The created sense of self is constantly acting in opposition to the world outside of it, engaged in a push-pull relationship with sources of pain and pleasure, trapped in the increasingly complex task of managing the resulting distress (Batchelor, 1998). However, the magnitude of the task of liberation is such, according to Batchelor, that the idea held in the West of the solitary meditator striving for their own enlightenment is both unfeasible and ahistorical. Early Buddhist practice was forged in communities and, Batchelor maintains, should be placed in such a context again (Batchelor, 1998). This thesis maintains that contemporary psychotherapeutic practice may be viewed as a route to doing just that; in addition, meditation can be practiced in a more directly relational way, with a resultant blurring of the boundaries between the two approaches. The next chapter will examine this.

## 4: FOCUSING AND INSIGHT DIALOGUE: SELF-CONDUCTED THERAPY AND MINDFULNESS IN RELATIONSHIP

The previous two chapters explored the parallels between Buddhist mindfulness meditation and psychodynamic psychotherapy. Despite these parallels, it still seems reasonable to conclude that the final, fundamental difference between meditation practice and psychotherapy remains the nature of the practices themselves. Meditation is a private, solitary undertaking (even in traditional meditation in a group, the process itself is silent, without interaction). Therapy – in contrast – takes place in therapist-client dyads or in groups; a relational activity, it involves normally substantial dialogue (psychoanalysis was, after all, dubbed ‘the talking cure’). However, that core distinction no longer appears valid in light of the existence of meditative and therapeutic approaches that blur the boundaries of the two disciplines. This chapter will examine two such practices: Focusing, as developed by Eugene Gendlin, and Insight Dialogue, developed by Gregory Kramer and Terri Fallon. Gendlin’s practice of focusing was developed in a therapeutic capacity, but is also used outside of formal therapeutic contexts as a solo practice, or in informal dyads (Gendlin, 2003). Meanwhile, interpersonal or relational mindfulness, such as the Insight Dialogue approach, takes meditation practice into a specifically relational form (Kramer, Meleo-Meyer, & Lee Turner, 2008).

The practice of Focusing can be viewed as a specific attentional form, comparable to mindfulness meditation. In Focusing, the client attends to an unclear, fuzzy somatic sense of *something* inside themselves, one that holds meaning; Gendlin termed this the ‘felt sense’. A therapeutic encounter using Focusing may be characterised by clients’ tentative, halting descriptions as they seek to put a precise label to this felt sense (Rome, 2014). Focusing grew out of Gendlin’s observation that psychotherapy was not being effective for substantial numbers of clients (Gendlin, 2003). Those who were most successful were able to access a perceptible somatic feeling. Gendlin differentiates focusing from a client’s getting in touch with their feelings and what he terms the ‘content-free quiet of meditation’ (Gendlin, 2003, p. 8). He describes the felt sense as ‘the body’s sense of a particular

problem or situation' (Gendlin, 2003, p. 10). However, it doesn't just come by itself: Focusing is the process whereby the person makes contact with that felt sense, which initially is entirely unclear. Moments of insight in the process (known as a 'body shift') are also discernibly somatic sensations.<sup>7</sup> Because it is a process, which proceeds from sensed shift to sensed shift, Focusing requires an ongoing, actively directed attention on the part of the practitioner to their inner experience: Gendlin stresses that the practitioner of Focusing must be in 'control of the process, to stop yourself from drifting' (Gendlin, 2003, p. 103). This can be compared to the analytic inquiry that Epstein notes of Buddhist mindfulness meditation (Epstein, 2013). Focusing also requires a particular attitudinal stance: one of 'receiving' (Gendlin, 2003, p. 61). And central to it is the quality of non-identification with the content of the felt sense: as Gendlin says 'You *have* it. You *are* not it' (Gendlin, 2003, p. 61). Again, this parallels the Buddhist meditative stance of non-identification with the contents of experience.

However, despite the genesis of Focusing in therapeutic work, Gendlin takes an a-therapeutic approach to its application. Gendlin believed that the power of the technique, and the innate capacity of the human being, makes it possible for non-therapists to use it with each other or by themselves (Gendlin, 2003). He sought to pin the elements of Focusing down and make them teachable to anyone. Gendlin certainly believed that Focusing functions very well as a relational process: he maintains that it helps to have another person present when one is focusing – even at the other end of a phone. That person, however, can be a friend, not necessarily a therapist. Gendlin does maintain that for specific issues, therapy is still necessary. However, part of the purpose of his seminal title *Focusing* was to make effective therapy accessible outside of the therapy room – even as a solo practice.

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<sup>7</sup> The focus on the body is an interesting one, paralleling as it does the inclusion of the human body as one of the 'four foundations of mindfulness', a central platform of Theravada Buddhism. The four foundations are the four areas of being to which mindfulness can be directed; the other three are feelings, mind and objects of mind (Batchelor, undated).

Gendlin goes on to describe how his own practice of therapy changed as a result of his experience with Focusing. He moved away from letting his clients ‘talk and talk’ and instead taught clients how to focus while he would ‘keep them company’ as they did so (Gendlin, 2003, p. 8). Frequently it is after a spell of silence in focusing that the focuser may talk ‘at length’ (Gendlin, 2003, p. 117). Indeed, Gendlin notes, focusing can proceed even if both parties remain in total silence. The distinction drawn at the start of this chapter between silent meditation and dialogic psychotherapy appears to be turned on its head: a therapeutic approach can be conducted in silence, and may be conducted solo. The defining characteristics of meditation as against psychotherapy start to look less inherent in each practice, and more situational.

If therapeutic approaches can be silent, and solitary, so also can meditative practices be dyadic and conversational. Developed by Gregory Kramer and Terri Fallon, Insight Dialogue is a form of dyadic or group meditation that involves conversation as a key practice. It can be practiced in face-to-face encounters or even via Skype and similar communication technologies. Although Insight Dialogue diverges sharply from traditional Buddhist practice in introducing (guided) conversation into the meditative space, its understanding of Buddhist psychology is a very traditional one, stemming from Kramer’s work with Asian Buddhist teachers (Kramer et al., 2008).

In the practice, conversation proceeds with listening and speaking taken in turns. The theme chosen is a key element of emotional and relational life, whether phrased in ‘Buddhist’ terms or not: ageing, relationships, compassion – the list is extensive (Kramer et al., 2008). Topics are chosen to ‘encourage a reevaluation of one’s assumptions and behaviour patterns and to foster deeper insight into the human condition’ (Kramer et al., 2008, p. 201). Crucially, a key object of meditation is the interpersonal experience of speaker and listener, both in the periods of spoken conversation and of shared silence. Normally preceded by a period of conventional silent meditation, the protocol for Insight Dialogue is rigorous. In the first step, *Pause*, practitioners are instructed to take stock of

physical sensations, thoughts and feelings. Listeners aim to stop reacting to and identifying with feelings and thoughts, creating a space between the speakers' words and their response). In *Relax*, practitioners allow a state of bodily calm in order to accept difficult thoughts and feelings. The guideline *Open* instructs the practitioners to extend their mindfulness from themselves to the other. *Trust Emergence* directs the practitioners to drop any agendas, remaining flexible to – and with – what comes up. With *Listen Deeply*, they listen to meaning, attend fully, and attune to themselves and to the other. And following the guideline *Speak the Truth* they work to say what they are experiencing, in a spirit of emotional authenticity balanced with discernment. This sharing of the work among the participants gives Insight Dialogue a key advantage over solitary mindfulness practices: if a person is struggling with staying with the guidelines, their partner(s) can help them navigate back.

Kramer's influence steered the development of Insight Dialogue as a contemporary meditation approach firmly rooted in the ancient Theravada tradition of southeast Asia. However, just as traditional solitary meditation has migrated into clinical psychotherapy settings through the vehicle of MBSR, so too have the findings of Insight Dialogue been applied in clinical settings.<sup>8</sup> Kramer et al (2008) note that teaching therapists meditation is an effective way to help them become more accepting and self-aware, and more available to the client. However, the authors stress, solitary meditation is not ideal as a training ground for a relational practice such as psychotherapy. Skills and attitudinal change may transfer across with some success. However, the rough and tumble of an interaction with another human being – in a potentially intense therapeutic encounter – demands a different type of balance. The practice of Insight Dialogue, based in classical *vipassana* techniques,<sup>9</sup> seeks to cultivate mindfulness in moment-to-moment relationship. The benefits of interpersonal

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<sup>8</sup> An offshoot of the approach, Interpersonal Mindfulness Program (IMP) is modelled on Mindfulness-Based Stress Reduction. In a similar fashion, it has stripped a considerable amount of the traditional teaching and complexity of the original and made it into a more portable, clinical format. It was designed with particular groups in mind: mainstream populations not interested in Buddhist ideas or other 'spiritual' undertakings, seeking to improve their daily functioning (Kramer, Meleo-Meyer, & Lee Turner, 2008).

<sup>9</sup> 'Vipassana is a direct and gradual cultivation of mindfulness or awareness' (Gunaratana, undated).

meditation can transfer more readily and more directly into non-meditative interpersonal situations than those gained in solitary meditation (Kramer et al., 2008). Training in interpersonal mindfulness can support therapists in their relationships with clients: they can be more present for the client and better accepting of the client and of themselves. Inevitable challenges in the therapeutic encounter can be navigated with greater skill: the therapist can better accept and hold feelings of not knowing what to do (while feeling that they should) as well as aspects of countertransference. And the therapist can benefit from the skill that Insight Dialogue brings in refraining from responding automatically: they can allow a space between internal reaction and external response. As the authors put it ‘The mindfulness and calm concentration of meditation are repurposed for relationship...’ (Kramer et al., 2008, p. 206). And so an ancient meditation approach is updated and in turn adapted for use in modern psychotherapeutic training.

## 5: CONCLUSIONS

This dissertation has compared Western Buddhist practice and psychotherapy on a number of fronts: the nature of the two approaches, as introspective approaches, is comparable. It has been demonstrated that both schools seek to reduce or resolve suffering. A distinction frequently drawn between Buddhist practice and psychotherapy is that Buddhism works toward a more fundamental reordering of the human being; however, Roger's idea that the individual could engage in a process of self-actualisation as a fully-functioning person runs counter to the idea that bigger ambitions are restricted solely to Buddhism. The dissertation has also reviewed literature that compares the use of specific attentional strategies to achieve those aims – specifically, mindfulness meditation and the use of evenly divided attention in psychoanalysis. It has examined how the self is conceived in both Buddhism and psychotherapy, comparing Roger's process conception of change to Buddhist ideas of self as process. Finally, it has critiqued the idea that meditation and psychotherapy can be sharply differentiated as solitary, silent meditation, and relational, verbalised psychotherapy. Practices such as Focusing and the relational meditative practice of Insight Dialogue point to the lack of validity of such absolute distinctions.

As is evident from this dissertation, a considerable number of psychotherapeutic practitioners have either practised Buddhist meditation or have compared Buddhist practice with their own field. Although mindfulness-based interventions are not the subject of investigation in this dissertation, the growth of interest in that field is striking, as demonstrated by the growth in the number of scientific articles on mindfulness in recent years (Shonin, Van Gordon, & Griffiths, 2013). This, together with the perception by psychoanalysts that their meditation practice had a beneficial impact on their client work (Hoffer, 2015a) suggests that interest in meditation practice may grow among psychotherapists of all orientations. Therapists are also likely to be encouraged to adopt meditation in light of the support that Kramer et al. (2008) indicate that it can offer them. However, it is not just meditation that *may* in the longer-term attract more practitioners. Westerners are increasingly awakened to at least the

concept of personal transformation through Buddhist; it is arguable that, so inspired, they may look to the possibilities of indigenous Western psychotherapeutic practices for just such transformation. Rogers' concept of the fully functioning person provides a clearly demarcated destination, unlike the goal of enlightenment, which deters many by its often contradictory conceptualisation. As indicated earlier, aspects of Rogers' outlook – in terms of his view of the experience of the self and the extent of possible transformation – can be compared to Buddhist ideas of not-self and enlightenment. More explicitly, however, Rogers spoke of the element of the transcendent late in his life when he advocated the power of presence as a therapeutic agent. Carl Rogers, in Rogers and Yalom (1995), declares his belief that at his best, his capacity for presence is such that it alone has a profoundly beneficial effect on the client,<sup>10</sup> explicitly referring to it as a mystical phenomenon. However, perhaps more in keeping with the ethos of Buddhist mindfulness practice, to just be with whatever manifests in experience, Gendlin (1990, p. 205) – discussing working in a therapeutic capacity – speaks very simply of the need to be 'present as a living being'.

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<sup>10</sup> The spirit of Rogers' words is lost, rather, in paraphrasing. He did not ascribe special capabilities to himself; rather, the implication is that a congruent human being can manifest such a presence.

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