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Meditation, Christian Values and Psychotherapy

Kristin Hansen, Dianne Nielsen, and Mitchell Harris

In recent decades meditation has been studied in the psychotherapy literature and incorporated into psychotherapy treatments (see Walsh & Shapiro, 2006, for review). As therapists who find meditation compatible with our Christian-based treatment approach, we have struggled to describe the integration of meditation and psychotherapy. In this article we first describe what meditation is, then consider its mechanisms of change, use in therapy or as a complement to therapy, and utility for therapists. The authors believe, consistent with Richards and Bergin's (1997) view, that meditation is a spiritual intervention that can be used in theistically framed therapy. Ongoing research continues to explore the role of meditation in bringing emotional healing (Hamilton, Kitzman, & Guyotte, 2006) and in encouraging openness to spiritual truths, values, and connection with God (Wachholtz & Pargament, 2005).

The application of meditation to mental health treatment has increased in recent years (Epstein, 1995; Kabat-Zinn, 2003; Walsh & Shapiro, 2006). The term *mindfulness*, derived from meditation practice, now appears in several mainstream psychotherapy approaches such as Marsha Linehan's (1993) Dialectical Behavior Therapy (DBT) and Steven Hayes' (2005) Acceptance and Commitment Therapy. Kabat-Zinn (2003), Dimidjian & Linehan (2003), and others (Sega, William, & Teasdale, 2002; Shapiro & Austin, 1998) have reported benefits of meditation as a therapeutic method for enhancing psychological health.

Meditation can be used as a solitary exercise, as an adjunct to therapy, or as a component within therapy sessions (Walsh & Shapiro, 2006). The authors of this article use and teach meditation in therapy groups and teach mindfulness in DBT groups. We also teach mindfulness and meditation skills to clients for use outside of individual therapy, and on occasion we use it in session with our clients. As therapists with a Christian value system who utilize meditation and mindfulness skills as part of our therapeutic practice, we want to describe where we see meditation fitting into our psychotherapy in a way that does not compromise our guiding moral framework.

We begin by describing meditation. We then discuss meditation's mechanisms of change in contrast to those of psychotherapy; explore some of the ways meditation can be used within and as complement to therapy; and describe the benefits of meditation use by therapists.

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We also provide case examples. Our discussion is from the perspective of Christian-centered therapists using meditation in, and as an adjunct to, psychotherapy. However, the content is likely to be relevant to therapists of other faiths and to secular therapists, who may, like Christian therapists, want to comfortably integrate meditation into their practice with greater awareness.

MEDITATION: EAST AND WEST

Siddhartha Gautama, the 5th Century B.C. founder of Buddhism, was believed to have achieved enlightenment through a process of inner self-understanding. For this reason he was known as the Buddha, or the "Awakened One." He did not claim divine revelation, nor did he promote a specific religion (Richards & Bergin, 1997). Rather, he preached the process of inner self-exploration in order to uncover the true self, or the *Enlightened Mind,* using what has come to be known as meditation (Epstein, 1995). Buddha's following developed over time into the present day religion known as Buddhism. Buddhism, like most Eastern religions, does not promote the existence of a single Supreme Being. Instead Buddhists teach the importance of following moral and ethical pathways to find happiness and enlightenment (Richards & Bergin, 1997). Buddhism encourages followers to ask the question "Who am I?" to discover their true nature and to meditate to relieve suffering (Epstein, 1995).

At the turn of the twentieth century, William James appreciated the psychological sophistication of Buddhism and predicted it would be the psychology studied in the future (cf. Epstein, 1995). During the last century, especially since the 1960's, Western intellectuals have increasingly incorporated Eastern philosophies and practices, including meditation into psychology. In addition to James, discussants include Carl Jung, Aldous Huxley, Alan Watts, Thomas Merton, and Joseph Campbell (Epstein, 1995). Psychology has been influenced by this interest in Eastern thought, with responses that were initially wary, then were cautious, and are currently explorational, including a focus on the complementarity of meditation and psychotherapy (Walsh & Shapiro, 2006).

Walsh and Shapiro (2006) express concern that meditation birthed from an Eastern philosophy loses sophistication when interpreted through the lens of Western theories grounded in individualism and naturalism. Even within the Western tradition, some psychologists have questioned individualism and naturalism as an appropriate grounding for psychology. These psychologists propose psychological theories that are more consistent with a spiritual rather than a material understanding of human nature (Richards & Bergin, 1997; Slife & Williams, 1995). Sharing these concerns, the authors find meditation to be a valuable method for deepening spiritual values while also deepening the therapy experience.

We utilize meditation in psychotherapy by drawing on traditions of both Eastern meditation and Western psychology, taking what we believe is truly Christian while discarding what is not. To be more specific, we utilize the meditation process toward a Christian end that *does affirm a single Supreme God of the Universe,* in contrast to an Eastern perspective that does not. We also embrace the Eastern philosophies that reject ego attachments and encourage harmonious relationships, which are strengthened by meditation. This allows us to recognize and go beyond Western materialism and individualism (Richards & Bergin, 1997; Slife & Williams, 1995).

MEDITATION: DEFINITIONS AND CLINICAL APPLICATION

In the research literature on meditation, Walsh and Shapiro (2006) define meditation as "a family of self-regulation practices that focus on training attention in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calm, clarity, and concentration" (pp. 228-229). Holland (2004) describes two main forms of meditation. Concentrative meditators attempt to achieve calm through focusing on an object, thought or sound to the exclusion of all else. This singular focus allows the mind to become steady, to rest, and to avoid wandering. Mindfulness meditators, in contrast, emphasize insight through awareness of the present moment, a process of self-awareness that nonjudgmentally accepts everything that arises in the mind and body. Mindfulness meditation uses a changing but observable process, such as the breath, as an anchor to steady the mind.

Mindfulness skills are different from mindfulness meditation. Mindfulness skills are taught and applied to

activities of life such as eating, conversing with others, and going about daily activities (Linehan, 1993). They involve paying full attention to whatever is occurring in the present moment, observing it but not holding onto it, and then paying complete attention to the next moment (Deger, 2007). Mindfulness skills, for example, help a client in distress think and feel before engaging in self- harm (Linehan, 1993). Mindfulness skills can be taught in DBT groups, but are more easily cultivated through a regular meditation practice.

In our individual and group therapies, we use mindfulness meditation. When we meditate, we invite our clients to be open to their Creator's presence and guiding influence. We invite them to attend to a Divine presence within. Meditation involves an internal listening or observing process--in contrast to prayer, which is a conversation. When meditating we are still for as little as a few minutes or as long as hours or days depending on our goal. For example, in our meditation and anxiety group we have students meditate for 25-30 minutes before processing the experience for an hour. Miller (1993) recommends such an approach. In addition to weekly meditation in group, students are encouraged to practice 5-10-minute meditations every day when convenient.

Meditation begins by getting into a comfortable position: sitting on the edge of a cushion on a chair, lying down on the floor, or sitting with one's back pressed flat against a wall for support. Position becomes more important with a serious practice of meditation, because certain postures facilitate the flow of energy in the body, and blocked energy can be felt. The longer a person practices meditating, the greater his sensitivity to blocks in energy becomes (Flickstein, 1998). Once in a comfortable position, the meditator closes his eyes. Turning the gaze inward focuses the attention to inward experience. Senses become heightened. Initially, the meditator may at first hear every small noise in the room. Eventually, attention is turned inward toward the breath with its rhythmic flow. Efforts are made to let go of any control of the breath. The meditator directs his mind to observing the breath with a nonjudgmental attitude.

As the meditator continues to sit still, thoughts and feelings rise to the surface of awareness. To the extent that thoughts and emotions are noticed, they are labeled and let go. Any attempt to hold on to or avoid thoughts or emotions is discouraged. Instead, the meditator is encouraged to greet all that arises from within with equanimity. A frequent experience in our meditation and anxiety group is to have students tell us, "I could not stop worrying about how I was breathing" or "I couldn't stop thinking about an exam I know I am not supposed to be thinking about." When students share these types of experiences, we express gratitude to the student for recognizing this internal experience and encourage the student to continue to observe and notice thoughts and feelings, even if the thoughts are "I shouldn't be thinking this" or "I don't want to be anxious." In summary, the practice is to simply sit still, observe, label and learn about oneself.

La Torre (2001) claims that every type of meditation practice has two similarities: focusing attention and maintaining a passive attitude towards feelings and thoughts as they arise. La Torre's emphasis on the meditator's passive attitude towards awareness, in our opinion, can create some concern for Christian therapists wanting to use meditation. Passivity implies a lack of agentic control and perhaps a giving over of one's self to forces beyond one's control. However, in our experience "passive" gives an inaccurate depiction of the meditational attitude. In fact, meditation is a completely active, agentic process. Deger (2007) describes it as "paying attention on purpose" and states that meditation is not "going into a trance, zoning out, a religious ritual, a psychedelic trip, [and] *not* not thinking" (p.2). The meditator uses agency to actively focus attention, and also uses agency in actively observing, acknowledging, and labeling thoughts and feelings. As meditation is practiced over an extended period of time, patterns of thought and emotion emerge (Epstein, 1995). Counterfeit emotion (McCullough, Kuhn, Andrews, Kaplan, Wolf, & Hurley, 2003) or negative patterns of thinking (Hamilton et al., 2006) that entice one away from a loving Creator become apparent as meditators shed light on their internal experience. Meditation used on one's own can be used to connect to the Divine on a regular basis, as a ritual of sorts. When used in a Christianity-based psychotherapy treatment, it is used to help a person learn more about thoughts, feelings, behaviors and spiritual values.

MECHANISMS OF CHANGE

Psychotherapy and meditation practices have similarities and differences. Both psychotherapy and meditation are methods for improving emotional

well-being, relationships, and the ability to find meaning in life (Epstein, 1995). Meditation and psychotherapy also share common mechanisms of change from both a secular and a spiritual perspective.

Goldfried and DaVila (2005, p. 426) describe some of the key mechanisms of change in psychotherapy that transcend particular schools of thought (e.g. psychodynamic or cognitive behavioral) and allow the therapist to both facilitate relationships and utilize appropriate techniques. Positive change in a client is achieved through the use of a few or many of the following practices–a list that the authors acknowledge is most likely not exhaustive–(a) instilling positive expectations for change in the client, (b) creating optimal therapeutic alliance, (c) helping the client increase awareness as feedback is received, (d) allowing corrective emotional experiences to occur, and (e) maintaining the client's learning through continued reality testing.

Unlike psychotherapy, meditation is a solitary exercise involving individual self-reflection rather than self-reflection with the therapist or other selected individual(s). The mechanisms of change in psychotherapy occur in the context of and because of a therapeutic relationship, while in meditation changes occur in the self because of the self. Relationship factors are not relevant to the practice of meditation unless meditation is used as an intervention during, or as an adjunct to, psychotherapy. In such cases, a therapist needs a strong alliance with a client to encourage him or her to try meditation and have hope that it will be productive. Meditation provides feedback for the meditator because he is looking for feedback, knowledge, and insight gained from watching his internal world. Through such inward observing, meditators experience corrective emotional experiences (e.g., learning to sit with unpleasant feelings and not push them away), and through continued practice these experiences occur over and over again, solidifying the learning (Miller, 1993). Positive expectations are created by corrective emotional experiences. The corrective emotional experiencing that occurs during meditation requires a more detailed explanation, but first we will examine how meditation produces change on a spiritual level.

Richards and Bergin (1997), in describing a theistic approach to therapy, emphasize the use of psychotherapeutic interventions that will "help clients affirm their eternal spiritual identity, follow the influence of the Spirit of Truth, and use the spiritual resources and influences in their lives so that they can better cope, heal, grow, and change" (p. 128). They suggest that change occurs along six dimensional constructs.

The first construct focuses on clients gaining access to their eternal spiritual core. Each of us has a mortal overlay that can obscure our *eternal core* through family and social abuses, biological deficiencies, and conditions of this mortal life. Theistically oriented therapists can help clients access their eternal spirit and gain the peace, happiness, and healing that come with such knowledge.

A second construct focuses on a client's gaining access to his or her agency when use of agency has been impaired by bad choices, others' actions, or biological influences. A third construct focuses on clients developing *integrity* rather than living in self-deception.

A faithful intimacy construct emphasizes clients developing relationships of loving intimacy, avoiding infidelity and boundary problems, which allows them to build positive mental health. Within the intimacy construct, therapists help clients and families form healing kinship ties rather than creating or living in isolation.

A fifth construct focuses on learning the positive use of power, influencing others for benevolent means rather than for authoritarian means that seek to control others and take away their agency. Within the power construct, therapists help individuals find opportunities for group and community identification and support rather than encourage social disintegration.

A final construct supports clients developing health and human welfare values, values that lead to positive mental health outcomes rather than promoting a therapeutic climate that considers all values relative and promotes uncertainty rather than knowledge, growth, and healing. Each of the above constructs allows an individual to be open to the influence of the Spirit of the Divine for guidance and direction in living a mentally healthy life (pp. 101-109).

From a theistic perspective, meditation produces change along many of the dimensions Richards and Bergin propose. Meditation helps strip an individual of his "mortal overlay" or ego so he experiences greater access to his eternal spiritual identity. Through this process, many of the other qualities Richards and Bergin identify as change promoting may also occur: increased access to agency, increased integrity, increased faithfulness in relationships with a better understanding of the benevolent power, a greater desire

for kinship, increased respect for the agency of others, and a greater sense of truthful values which can be guiding influences for happiness and greater connection to the Divine.

How then does meditation help to bring about such profound changes in both spirituality and psychological functioning? We will describe the mechanisms of change in more depth. To do so, we must first discuss emotion regulation.

Theories about emotion regulation teach that healthy emotional expression brings relief (McCullough, 2003). McCullough distinguishes between adaptive, or true emotional expression, which brings relief, and maladaptive, or counterfeit emotional expression, which leaves a person feeling worse for its expression. A person who can regulate his emotions well and is successful at experiencing and expressing true emotion, can use his emotions as a signal to know how to behave effectively on both an individual and an interpersonal level. For example, he knows how to mourn when experiencing loss or how to express anger in a productive and humble way when he feels it.

McCullough (personal communication, 2004) compares emotions to water in a tap, with the tap being our ability to regulate emotion. The right amount of water coming out of the tap represents the expression of true emotion, while a flow that is too strong or too weak can be compared to the counterfeits that result from too much or too little emotional expression. Water (or emotion) that is flowing too quickly from the tap cannot be modulated cognitively and leaves a person acting impulsively. A person who has the tap too far open (over-identifying with emotion) tends to create chaotic relationships. A tap that is shut off or just dripping (too little emotional expression) leaves a person unable to connect to others on an emotional level. A person who has difficulty experiencing and expressing emotion also has difficulty experiencing the feelings of others and thus tends to have difficulty connecting in relationships. A corrective emotional experience with feedback received in meditation or in therapy helps a person learn how to better adjust the tap and gain control over emotional expression - learning to open the tap if a person has difficulty experiencing emotion or to close the tap if emotions overflow.

The research literature suggests that mindfulness meditation enhances emotion regulation skills (Hamilton et al., 2006). In our experience, attention to thought patterns is part of what allows for corrective emotional experiences in meditation. Ruminative thought patterns can keep emotion suppressed (McCullough et al., 2003); they are a way of closing the tap. By recognizing a ruminative pattern, whether it is pleasing or distressing, the meditator is making the pattern conscious (Epstein, 1995). This allows the meditator to step outside of the ruminative dialogue and allow the blocked emotion to come to the surface. For example, the meditator might be avoiding a good feeling because of a belief that she is unworthy of good feelings, or she may be avoiding anger that might mean an unwanted confrontation. Allowing the emotion to come to the surface brings relief, healing, and a corrective emotional experience, which can also occur in therapy (McCullough et al., 2003; Miller, 1993). The only way for the meditator to continue blocking a feeling that the ruminative pattern has made conscious is to continue to consciously engage in the blocking thought pattern. This is like the rejected young woman who says she "just needs to stop thinking about her previous boyfriend" but doesn't want to stop thinking because then she will feel the sadness associated with the loss.

Sometimes becoming aware of emotion during meditation does not bring relief because the meditator has over-identified with an emotion: The tap is too far open. The emotion is functioning as a defense or counterfeit against the experience of deeper, more painful true emotion (McCullough, 2003). For example, a person may be attached to feeling sorrow as a defense against loneliness, fear, or anger. In this type of situation, rather than letting go of thought and allowing emotion, the meditator must allow the emotion to come and go, recognizing its impermanence. When a defensive or counterfeit emotion is released, a true emotion can surface that brings relief as it is experienced. In our experience we have found that meditation makes conscious links between thought patterns and emotion regulation. Other researchers are exploring similar ideas (see Hamilton et al., 2006), but further research in this area is warranted.

Experienced meditators talk of arriving at the "space between thoughts." They appreciate that training the mind through inward observation allows for a different experience of the contents of the mind and consequently

a different relationship to one's thoughts and emotions (Walsh & Shapiro, 2006). As we have described, this different relationship allows for a conscious observation of thought patterns and emotions. Walsh and Shapiro (2006) describe how awareness is refined by the "disidentification" process "by which awareness (mindfulness) precisely observes and therefore ceases to identify with mental content such as thoughts, feelings and images" (p.231). Learning to disidentify with and observe the contents of the mind is akin to what Freud called the "observing ego" (Epstein, 1995). We also compare this to Richards and Bergin's (1997) description of how the mortal overlay can cover and obscure an individual's spiritual identity. Bare attention is another term used by Mark Epstein (1995) to describe the disidentification process.

As with therapy, the improvement in emotion regulation and the disidentification with ruminative thought patterns produced by meditation have many spiritual implications for healing. Unhealthy attachments to positive and negative thought patterns may be what Paul is referring to when he discusses the "vain imaginings." (Romans 1:21). When the meditator can lay these vain images or idols aside, previously unexperienced emotion is brought to awareness. The meditator learns how to move from a state of being disconnected emotionally, or "hard- hearted" (Mark 16:14), into increased emotional sensitivity. Healthy regulation of emotion allows for the experience of "true" Divinely-given emotions. Having access to one's true emotions helps the individual to be guided by their emotions in relationships, for example, by avoiding harmful situations and comforting those in pain. Experiencing true emotions helps one know what brings the self and others joy. Improved emotion regulation and healthy thinking bring the individual closer to the Creator, allowing her to feel the influence of the Spirit of Truth guiding her life towards those things that will bring her joy, happiness, healing, and mental well-being.

Consistent with Richards and Bergin's (1997) constructs, agency and integrity provide healing in a theistically oriented therapy. With practice, the meditator gains more ability to use his agency to engage in healthy patterns of thinking and feeling. In turn, greater access to his own agency helps him appreciate how to respect the agency of others. Intimacy is improved. Integrity is also improved, as reality is continually tested and knowledge gained. Increased awareness makes it difficult for the meditator to go against the knowledge gained.

For example, a young woman in therapy recognized through meditation a deep loneliness she had been blocking through thinking pleasing thoughts and overindulging in pleasing foods. She was significantly overweight. Once she recognized her loneliness, the client then recognized her unhealthy pattern of thinking and eating and began to make changes. She was able to experience her loneliness rather than block it. When feeling lonely she would do something social rather than privately overeat. She experienced greater integrity as she became motivated by true feelings rather than self- protective thoughts and feelings that harmed her.

Another young woman in one of our meditation groups reported discomfort with being still and focusing inward during the meditation. Another group member shared with her his similar experience and told her how he silently screamed into the stillness while meditating. He encouraged the young woman to try this, and on another occasion she did. Afterwards, she reported to the group that she felt tremendous relief. In processing her experience with the group she recognized she had been afraid to be still and look inward because she had been repressing many angry feelings about her family. Looking inward meant recognizing her anger. Until she joined the meditation group she was constantly busying herself with distracting social activities. Silently screaming during meditation was the way she observed, experienced, and expressed her anger. Most likely this young woman's parents did not know they were causing her anger, but with this new information, she had newly acquired knowledge and could decide how she wanted to relate with her family around her anger.

Through the meditation process the mind becomes still, though the levels of stillness that can be achieved seem to be infinite. Judeo-Christian scripture teaches, "Be still, and know that I am God" (Psalms 46:10). With each meditative corrective emotional experience, the meditator gains hope and trust that more and more layers can be peeled away, and with this process greater integrity can be developed along with an increased access to the spiritual self. The meditator learns how to be still in the presence of the Creator, and learns of Divine stillness and rest, which is often hard to experience in a hurried, busy life. Thoughts and emotions come into awareness but are no longer equal

to, or capable of, consuming awareness. They are observable. The stillness allows the individual to experience truth and to know the goodness of being still.

When we ask clients to meditate, we ask that they do so with the intent of opening themselves up to their own divinity and to their Creator. As they do so, meditation becomes an active yielding of their awareness to what is occurring in every moment in the Creator's presence. The meditator begins to see what the Creator is placing before him in every moment. Such a process changes him because he can allow himself to be changed by and to be open to the reality his Creator wants him to see rather than false images he creates. Such a process of yielding to the Creator's Spirit of Truth is encouraged throughout scripture, in helping us become sanctified (1 Corinthians 1:2) and in helping us take off the "natural man" (1 Corinthians 2:6-16), or the mortal overlay referred to by Richards and Bergin (1997).

APPLICATION OF MEDITATION TO PSYCHOTHERAPY

According to Walsh and Shapiro (2006), many secular therapies combine mindfulness meditation with psychotherapeutic techniques, for example, Kabat-Zinn's (2003) well known mindfulness-based stress reduction (MBSR). Kabat-Zinn pioneered use of relaxation and stress reduction programs to treat chronic pain patients at the University of Massachusetts Medical Center (Kabat-Zinn, 1990). He uses meditation to teach patients to live more fully in the moment, not resisting pain but embracing it. Some other therapies that combine mindfulness meditation with psychotherapeutic techniques are mindfulness-based cognitive therapy for depression, dialectical behavior therapy, relapse prevention for drug abuse, mindfulness-based art therapy, acceptance and commitment therapy, and control therapy (see Walsh & Shapiro, 2006). All of these therapies make some use of meditation or mindfulness as a part of their treatment.

Lau and McMain (2005) explored how cognitive and behavioral therapies can be enhanced by mindfulness meditation. MBCT (mindfulness-based cognitive therapy), which teaches mindfulness in the context of cognitive behavioral therapy, can help with depression by bringing to light negative thought patterns that lead to relapse. MBCT "changes the awareness of . . . thoughts, rather than changing thought content" (p. 865).

DBT (Linehan, 1993) helps clients with a diagnosis of borderline personality disorder to become more accepting of their emotions and thoughts through mindfulness. Linehan describes mindfulness as a core skill, foundational for enhancing other skills, such as emotion regulation, distress tolerance, and interpersonal effectiveness. She describes a maladaptive cycle in which an individual experiences environmental overload, feelings of being overwhelmed, mindlessness, and unskillful action, which commonly result when an individual is unaware or in denial of herself or her world. All aspects of this undesirable pattern negatively impact all other components, with a self-maintaining and highly frustrating result. In contrast, an adaptive cycle includes mindfulness, skillful action, and feelings of empathy, compassion, or validation toward self and others, and helping an individual build "a life worth living." Mindfulness (self- awareness, presence and participation in the moment) allows an individual to make more adaptive choices and exercise agency more skillfully.

Meditation can be applied to psychotherapy by using it in session with a client. According to Bogart (1991), meditation serves as a "primer" for therapy, spurring "the desire for deeper self-understanding through therapy and actually leads…to an intensification of the therapeutic process" (p.385). A brief meditation, when used at the beginning of a session, can help to deepen the session by increasing a client's "here and now" focus. Clients become more present as the relaxing effects of meditation decrease anxiety and stress (Miller, Fletcher, & Kabat-Zinn, 1995; Shapiro, Schwartz, & Bonner, 1998). Being more present and less anxious can lead to a decrease in defensiveness and an increase in emotional vulnerability. Meditation and psychotherapy reinforce each other: as patients recognize thought patterns and experience their feelings in meditation, they are able to discuss those thoughts and feelings during the therapy session (LaTorre, 2001).

Meditation raises many questions that can facilitate spiritual growth in therapy: Where do thoughts and feelings come from? How can they be created? What is a person's relationship with the Divine? How can a person develop greater agency over her thoughts, feelings and behaviors? How can a person develop greater respect for the agency of others? What is the

difference between true emotion and a counterfeit emotion? Discussion of these and similar questions can help build a client's relationship with their Creator and help the client gain more access to Divine's healing truths.

Clients can be taught in session how to practice meditation on their own, thus carrying the benefits of meditation into their lives outside the therapy room. A therapist can spend the first five minutes of a session briefly teaching meditation, then ask the client to meditate for about ten minutes, and then describe the experience. A client's experience can provide the medium for in-session processing. Every session can begin with a brief meditation if client and therapist find it helpful.

Therapists can often be lured into a desire to appear insightful or intelligent to clients. Teaching meditation to clients puts knowledge and insight in the hands of the clients, rather than the therapist. Furthermore, the therapist will not be as likely to get in the way of knowledge and insight given to the client through Divine grace and healing. Rather than offering intelligent insights to clients--insights that might even take clients away from their divine nature–therapists can teach clients to become self-introspective and to gain knowledge for themselves through this process. Therapists can teach clients to develop bare attention and to break patterns of thinking and emotion that are self-defeating and self-serving.

Aside from its use within or without the therapy relationship, a meditation practice can and does influence relationships. We have alluded to this in our prior discussion, but we want to make this point explicit. As a client develops a meditational attitude, they approach life with less judgment and more focus. Rather than engaging with others in a reactionary manner and being triggered by another's comments, a meditator is able to listen with more detachment and can be more present to another than if he were consumed by his own thoughts and emotions. The meditator's relationships improve with practice as he gains insights into how to increase intimacy with others. For example, learning to sit with silence in meditation produces an increased ability to allow silence in relationships, thus increasing awareness of the other. The therapist can extend the client's developing meditational attitude and mindfulness skills to discuss relationships and explore how to improve them. The spiritual importance of relationships also becomes more evident to clients as they have better relational experiences resulting from meditation practice.

USE FOR CLINICIANS

Meditation is not only beneficial for clients in psychotherapy, but is also useful for clinicians. Clinicians who engage in their own meditation practice receive all of the benefits of meditation that clients do: clearer thinking, decreased stress and anxiety, increased access to emotion, increased ability to be vulnerable, increased creativity, greater access to their own psychological process without becoming self-involved, increased here and now focus, and increased ability to be attuned to clients. Mindfulness meditation may also help clinicians both model and "respond to patients with a relational attitude of acceptance and nonjudgment" (Lau & McMain, 2005, p. 867).

Maslach and Jackson (1981) have observed that clinicians in caregiving and service professions are especially vulnerable to compassion fatigue or therapist burnout. Two identified symptoms of this syndrome include emotional exhaustion and depersonalization of clients. Mindful meditation may directly reduce or prevent these symptoms. Meditation training can help therapists with burnout to revive their joy and energy in sharing more intimately with clients. They may also enjoy a deeper, more attentive level of caring for their patients, which we believe is rewarded with spiritual knowledge concerning the benevolent use of power and respect for another's agency. Approaching therapy with a meditational attitude can become a practice of mindfulness for the therapist.

Epstein (1995) discusses the benefit of meditation in developing "bare attention" for increasing a therapist's attunement to himself and to a client. When a therapist brings bare attention--the ability to better utilize his own observing ego--to a client, he becomes less reactive, as well as more impartial, nonjudgmental and open-minded. He can notice his thoughts without getting caught up in them, and he can observe emotions without running away or pushing them away. More energy is freed up to be purely present for the client, who feels relief when she experiences the bare attention of her therapist. The client can let down her guard and non-defensively share her experiences. While a skilled therapist can help a client move past defensiveness, meditation easily helps the client feel safe. Many

clients will become curious about their own non defensiveness. Held by the therapist's bare attention, the client has the emotional space to look at their own internal patterns of thinking and feeling, thus increasing their ability to use their agency to act, think, and feel differently. As clients learn to receive this gift, they become better at giving it, and their relationships begin to improve.

Epstein (1995) gives an example of a client, Maddie, who feared her impulse to cry. She felt crying was a sign of weakness, that it was unacceptable, inappropriate, and humiliating. Consequently she had retreated into an angry, defensive position. She had become her fear. Epstein used bare attention with Maddie to observe her anger and her unwillingness to be his patient. Epstein shared this observation with Maddie, who became ashamed of her feelings and began to cry. Crying with her therapist gave Maddie a genuine experience with her emotion. Since Maddie had expressed her true feelings, she accepted them and the fact that she was resisting her sorrow and her anger at being Dr. Epstein's patient. Through Epstein's ability to model the use of bare attention, Maddie became more vulnerable, more able to sit with unwanted emotion, more humble, and more capable of intimacy. With unwanted emotion brought to the surface, Maddie now had increased choices about how she responded: she could choose to stay in therapy or she could leave.

One of the authors of this article recently used "bare attention" with a highly anxious client. The therapist chose a stance of nonjudgmental observation to help the client stay with a sadness that she had been blocking by keeping very busy. The therapist engaged the client in a short meditation to help her continue to stay with the sadness. The therapist suggested that the client both be present to herself and feel herself in the presence of her Creator as she began the meditation. The client later reported that both of these suggestions provided a great relief for her. She was relieved to have permission to be with the sad part of herself and at the same time to feel the peace of being still in the presence of her Creator. Always on the move, always doing, the client was surprised to consider for the first time that perhaps her Creator would have wanted her to slow down, to be still, and to feel her sadness. In her hectic, sadness-avoiding lifestyle, she identified only with her happy feelings, rather than experiencing the full range of her emotions. The client repeated things that made her feel unhappy because she could not come to terms with the real sadness she was experiencing. Once the sadness was noted, she was aware of new possibilities for new choices. She had greater freedom to change her way of thinking and behaving and to bring about a truer happiness, where sadness was truly not present. For this client, the key to greater joy was paradoxically to recognize the denied sadness.

SOME CAUTIONS

Engaging in the type of mindfulness meditation we have discussed requires some cautionary notes. The literature mentions some side effects that have been recorded, including relaxation-induced anxiety and panic, paradoxical increases in tension, decreased motivation in life, boredom, pain, impaired reality testing, confusion and disorientation, feelings of being "spaced out," depression, increased negativity, tendency to be more judgmental, and feelings of addiction to meditation (Shapiro, 1992). As one would expect, these side effects reflect where a person has become stuck in his own meditation process. For example, a person may not be able to disidentify with certain thoughts or emotions and simply observe them. Or a person may paradoxically become more judgmental or prideful due to knowledge gained from the process. Therapists should exercise caution in using meditation with clients who have a history of sexual or severe abuse, as painful memories may surface more rapidly than would be helpful to the client (Miller, 1993).

Meditation can provide a means for those who have been traumatized to access and work through memories and painful associated emotion. Should memories or strong emotion be unveiled, the therapist's form of intervention should depend on the client's level of functioning and ability to integrate the surfacing memories and emotion. Meditation may be continued, halted, slowed, or even stopped, and interactions with a therapist may be increased (Miller, 1993) depending on client needs. With any client, the therapist must exercise caution and be prepared to journey with that client along the road to healing; recognizing when the client is mired in identification with a particular thought or feeling or is tormented by a memory that unexpectedly surfaces.

Despite the cautions, the side effects of meditation

are not surprising. As one begins to meditate, an inward journey begins. As emotions or thought processes are brought to light through the discipline of meditation, a painful awareness of unhealthy patterns of thought and/or the realization of denied emotion can surface. Such awareness can lead to change if the meditator is seeking to learn from his or her experiences. Such growth, as we have noted, can be a powerful tool for therapeutic change and spiritual insight. Furthermore, recent research shows that adding a spiritual component to meditating, such as repeating a phrase like "God is peace" or "God is good", rather than repeating the phrase "I am good" or "I am happy", can lead to less anxiety and more positive moods, spiritual health and spiritual experiences (Wachholtz & Pargament, 2005). Care should be taken in how one opens oneself up in the meditation process. From our Christian perspective, we reiterate our recommendation to meditate keeping one's Creator in mind, and, as demonstrated in this paper, research shows the benefit in doing so.

CONCLUSION

Contemplating, pondering and meditating can be spiritual means for connecting with the Divine and being present with one's Creator without the same focus of attention we have described here. We hope that the reader has understood that the type of meditation we describe is to be used as a therapeutic intervention or in personal practice with care and acknowledgement of one's values. From our perspective, healing can only happen through the power of a loving Creator, and meditation is a gift we can bring to our clients and to ourselves for greater closeness with the Divine. As Paul states,

> Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue and if there be any praise, think on these things (in Philippians 4:8).

Fortunately today's global communication allows access to Eastern meditative techniques. Such knowledge enhances understanding of Christian contemplative traditions, which have not been discussed here, and scriptural references to meditation, pondering, and contemplation. Meditation provides a method for spiritual intervention (Richards & Bergin, 1997) that can be used to enhance psychotherapy outcomes, increase therapists' mental well-being, and bring value conflicts to the surface; its effectiveness demonstrates the need for discernment of Christian values in Eastern philosophy and Western psychotherapy.

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