



## Mindfulness and clinical psychology

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Does mindfulness offer more to psychology than a useful therapeutic technique? This paper argues that it can also establish a state of presence which is understood in relation to the practice of phenomenology. Mindfulness is then both linked to a Western intellectual tradition and offers that tradition a systematic method. This is an opening for psychological investigation of the non-conceptual basis of everyday experience. The combination of this theoretical stance with the increasingly widespread practical training of clinical psychologists in mindfulness has broad implications for clinical practice; this is illustrated in relation to the descriptive approach to clinical problems, qualitative research, and reflective practice.

### The place of mindfulness

Mindfulness has quickly become of such general interest and seems to be such a clinically fertile concept that it is worth asking why its practical application has not been wider than as an element in therapy programmes. It is argued here that this is because it has been assumed that mindfulness need provoke no fundamental review of practice, that it has previously been tacitly understood but is now better identified, that it usefully groups a number of more familiar particulars, or that it is a newly identified part of what was seen more generally. In all these cases, it can now be assimilated to existing knowledge by the usual processes of definition and measurement.

The alternative is to suggest that mindfulness is a qualitatively new topic which has become available to our psychology because of the coincidence of developments in consciousness studies with interest in Buddhist practice and knowledge. This change might be expected to have wider repercussions, enlarging our notions of psychological method and knowledge. This is the view taken here and some suggestions are made as to the practical implications in core areas of clinical practice.

Most of the work to incorporate mindfulness into (generally clinical) psychology has assumed the first of these alternatives and this is considered first. Such a development within the existing framework begins with definition and measurement.

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*David Childs sadly passed away on the 9th March 2011.*

### **Within the framework: Definition and measurement**

Contributors to a recent review of clinical mindfulness agreed the definition ‘awareness of present experience with acceptance’ (Germer, Siegel, & Fulton, 2005, p. 7). Earlier collaboration on a consensus definition has proposed a similar two-component model: ‘the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment.’ and ‘a particular orientation toward one’s experiences in the present moment, an orientation that is characterised by curiosity, openness, and acceptance.’ (Bishop *et al.*, 2004, p. 232). This self-regulation involves ‘sustained attention, attention switching and the inhibition of elaborative processing’ (p. 233). These definitions sound more like mainstream psychology than does ‘a nonconceptual seeing into the nature of mind and world’ (Kabat-Zinn, 2003) although it will appear below that this definition relates strongly to a philosophical and research tradition.

The Bishop *et al.* consensus is criticised by Hayes and Shenk for restrictively assuming a particular cognitive psychology framework. They also point out the implication of an operational definition: ‘If Bishop *et al.*’s definition of mindfulness is correct, then any method that increases attention to the present moment and an attitude of acceptance is a mindfulness method.’ (Hayes & Shenk, 2004, p. 250). As they show, the effect is the opposite of that intended. In Acceptance and Commitment Therapy (ACT), the process of learning to distinguish thought from reality (‘cognitive defusion’) can be achieved by a number of attention and acceptance techniques unrelated to meditation, which by the definition should now be considered as mindfulness. This shifts emphasis from a particular meditation-linked practice of mindfulness closer to the assumed source of its therapeutic effect. This would suggest that the most relevant direction for research is to identify the processes critical for therapeutic change which are enabled by mindfulness rather than to focus on mindfulness in itself.

This is consistent with the first approach outlined above, mindfulness as it were translated into its active elements.

Mace suggests three modes of action which he calls dechaining, resensing, and decentring. These respectively might be expected to relieve problems related to habit disorders, experiential avoidance, and impulse control (Mace, 2008, p. 107). Under this analysis, the specific meditative experience that characterizes Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990) and related methods becomes important as quality control of those particular interventions rather than of psychological interest in its own right.

Attempts at measurement might be expected to both follow and to improve definition, or at least to clarify terms for debate, but in this respect have generally been disappointing. Some attempts at measurement are limited by having been developed in relation to a particular therapy. For example, Dialectical Behaviour Therapy uses mindfulness as part of the programme to help control fluid and frightening emotions and the Kentucky Inventory of Mindfulness Skills (Baer, Smith, & Allen, 2004) emphasizes the specific skills which are learned. The Southampton Mindfulness Questionnaire (Chadwick *et al.*, 2008) assesses ‘decentred awareness’, ‘allowing attention to remain with difficult cognitions’, ‘accepting difficult thoughts/images and oneself’, and ‘letting difficult cognitions pass without reacting’, all aspects or outcomes of mindfulness particularly relevant to its design for a specific use in a context of cognitive behaviour therapies.

Measures may also suffer from poverty of content. The Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003) is well regarded; it can be shown to be psychometrically respectable, it correlates with measures of plausibly related constructs, yet is also

sufficiently independent of them. However, as revealing the nature of mindfulness, it is limited to self-report of everyday examples of inattention: 'I find it difficult to stay focussed ...', 'I forget a person's name ...', 'I rush through activities ...' (p. 826). Positively phrased versions of these items provided a usable scale but were found less statistically sound. They still have low face validity: 'I recall names ...' sounds a long way from mindfulness. Brown and Ryan (2003) comment on their choice of negatively phrased items for MAAS, quoting earlier work on the problem of describing mindfulness: 'It is easier to point out what is *absent* in it' (p. 826).

Descriptive language is at the heart of the difficulty, Brown and colleagues suggest that the reason may be that psychology has tended to be concerned with the content of consciousness while mindfulness is concerned with consciousness itself, with awareness for its own sake rather than as given particular direction: 'mindfulness, as perceptual presence, is not about achieving well-being; it is purposeless in this sense' (Brown & Ryan, 2003, p. 844). It seems as though the tendency to define and measure mindfulness in terms of therapeutic processes may be because the alternative is too awkward. It is hard to engage with what is better described negatively, with consciousness without content and the positively purposeless. This very difficulty, and the consequent limitation which has been described, point to the alternative view of mindfulness, that it is an impetus to the expansion of psychological thinking rather than a topic which can be identified and assimilated within the existing framework.

### **Extending the framework**

The awkward features of mindfulness in what has been reviewed so far are more consistent with Kabat-Zinn's definition: 'a non-conceptual seeing into the nature of mind and world' (Kabat-Zinn, 2003). This implies a different form of knowledge, the 'non-conceptual', and a topic of wider scope. His operational definition: 'the awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally to the unfolding of experience moment by moment' (Kabat-Zinn, 2003, p. 145) defines an 'operation' which is practised in meditative training. The resulting awareness is concentrated on or occupied by an experiential (sensory, emotional, cognitive) present which lessens the impact of analysis and evaluation. Brown, Ryan, and Cresswell (2007) take a similar view, seeing mindfulness as prolonging an early stage in information processing: 'to prolong that initial contact with the world' (p. 212), although it is probably closer to most people's experience of mindfulness training to see the process as one of learning to weaken discursive and evaluative thinking, a post-conceptual clarity that comes from dropping goal-based evaluation for attention to a present.

Mindfulness described as an active simplification in search of 'non-conceptual seeing' sounds very like the method and goal of phenomenology. Exploring this connection will suggest that mindfulness can strengthen phenomenological method and phenomenology be the theoretical context in which mindfulness can offer something new to psychology.

### **Phenomenology and presence**

The central tradition of phenomenology is rather close to the idea of cognitive defusion referred to earlier; a sensitivity to how personal interest colours our experience and some ability to 'withdraw projections' as a psychoanalyst might say or, as in ACT, to question

assumptions: 'Who do you believe: your mind or your experience?' (Hayes, 2004, p. 18). The phenomenologists' slogan is: 'To the things themselves'. The aim is a return to direct experience, to describe a bare reality independently of attitude or response to it (Moran, 2000). There are two characteristics that help to define phenomenology. First is its method, which replaces conceptual thought by attentive waiting.

Second, and corresponding to the first, is an attitude to knowledge as 'given' rather than as worked out through concepts and theories. The phenomenologist's attitude of waiting is not innocent in the sense of offering a blank space. It is expectant, not of factual knowledge but of an understanding based on an intuition achieved through the reduction, a direct engagement with the world, suspending analysis and assumptions. The early notion that this would reveal ultimate truths has generally given way to an emphasis on finding a level of description appropriate to immediate human experience. This change of emphasis is a shift to valuing knowledge less for abstraction and more for its closeness to practical action in a physical and social world.

It is important to consider whether intuition in the phenomenologist's sense is already familiar to psychologists, if an existing framework is to hand. In discussing the psychological concept of intuition, 'affectively-charged judgements that arise through rapid, non-conscious and holistic associations' (Hodgkinson, Langan-Fox, & Sadler-Smith, 2008, p. 4), the authors suggest that intuition can be understood in terms of a dual-process theory. This draws on the tradition of dual-process research, contrasting one process which is fast but slow to change, context-based and largely out of awareness with another which is relatively slow but flexible, explicit, and language based (e.g., Sloman, 1996). Intuition would be seen as a product of the first process, which is assumed older in evolutionary terms and particularly adapted to fast reactions in the face of opportunity and threat. Can mindful knowing be described as a practice of intuition in this dual-process sense? The qualities of mindful phenomenology: the alertness, the emphasis on waiting, and the distancing of personal emotional involvement suggest that this is different and not simply to be seen as an access to tacit or overlearned information.

Phenomenologists do not wish to promote their inquiry as an alternative to science or its results as more valid. The claim is that this experience is an easily neglected starting-point for study, in what Edmund Husserl called 'the lifeworld'; 'the world in which we are always already living and which furnishes the ground for all cognitive performance and scientific determination' (quoted in Moran, 2000, p. 12). Merleau-Ponty, a phenomenologist who anticipated the detailed use of psychological research in contemporary philosophy of mind, argues that knowledge must ultimately be founded on this lifeworld experience. The relevance of mindfulness is that it locates us within the current lifeworld with awareness, a state of presence. Presence may be described as the state in which consciousness itself is experienced, knowing the lifeworld as a part of living it. This is an enlargement rather than a shift to detached observation. Merleau-Ponty sees it as preceding and including what might be distinguished as subjectivity and objectivity.

'The phenomenological concept of presence refers to a pre-reflective first-person perspective . . . intimately linked to a sense of immersion in the surrounding world: subject and object are two abstract moments of a unique structure which is presence.' (Merleau-Ponty, 1962, p. 430).

The concept of lifeworld may help to clarify an ambiguity in the mindfulness literature between mindfulness as the awareness and acceptance of experience and mindfulness as the particular state of presence. The former may be seen in attempts to describe

therapeutic effect, the latter in descriptions of mindfulness itself. Writing on the relation of phenomenology to Zen teaching, Shaner (1985) has suggested that this is best understood as two ‘reductions’. The first establishes awareness with acceptance; this would be the recognition of mind in the construction of experience, that it is not an objective reality (mindfulness as broadly defined by Hayes). The second reduction establishes the state of presence, the state which is said to be preconceptual or to precede the distinction between subjective and objective, a basis for new understanding. This corresponds to the descriptions by Kabat-Zinn and Merleau-Ponty. So by this analysis, mindfulness can first offer awareness of lifeworld and then, by a further refinement, a more radical stance in which consciousness and world are not divided. The establishment of mindfulness in the first sense can be seen as the therapeutic agent while cultivation of presence goes further to offer the foundation of the lifeworld to psychological investigation.

The philosopher Martin Heidegger claims that if this foundation is not adequately investigated and understood, the scientific knowledge derived from an objective approach will, as it were, blow back and occupy the lifeworld itself. We begin to experience ourselves objectively and consign what is then called subjectivity to a separate realm of arts, spirit, and recreation. Psychological science will be tempted to ungrounded objective methods: ‘the physicist’s atoms will always appear more real than the historical and qualitative face of the world’ (Merleau-Ponty, 1962, p. 23) but will become correspondingly distorted by neglecting the preliminary task of establishing appropriate accounts of experience. Heidegger was so convinced of the importance of such a starting-point for psychology and psychiatry that he gave medical seminars over several years on its establishment and implications (Childs, 2007; Heidegger, 2001). A generation later, with a significant number of psychologists familiar with mindfulness and so potentially with the practice of presence, this may be the time to reconsider presence as an approach to knowledge and as a method of inquiry.

### ***The quality of mindful knowledge***

As is suggested by the term intuition, what becomes known has less to do with new facts than with an enhanced personal understanding. What was entirely obscure may begin to become explicit, new aspects and associations are found to what was familiar. To illustrate this, I have taken the problem of describing ‘now’, plausibly an important foundation for any investigation of the nature and action of mindfulness. What is the phenomenal now? A moment’s thought will illustrate how difficult it would be to answer this question with an unambiguous definition. Is ‘now’ whatever I am experiencing? Suppose that I am day-dreaming or even asleep and dreaming, is that the present or is the present the neglected environment to which, startled, I might return? Is it only now when I think about time? When I am really concentrating? When I stop concentrating and look around? Is there a ‘The Now’ or many individual ones? Is there a now if there’s nobody there?

Taken phenomenologically, the problem can be argued to solve itself. ‘Now’ does appear, less through asking the question than by literally looking for the answer. As I stop questioning and attend (in the senses both of alertness and of waiting) here and now to what ‘now’ might be, I find that it defines itself. The natural starting-point of any consideration of consciousness is the pause to lift one’s eyes from this reading and take the hit of awareness or its more gradual dawning as the fog of preoccupation thins. The quality is of ‘being here’ rather than of ‘looking at’. Here and now is an awareness of

myself along with everything else. There is always a now, an experience of the present moment available to us.

It is at this point that the unavoidably practical and experiential nature of the topic begins to have an impact. Applied to reading this paper, the description of the present moment offered here begins with a personal experience, requiring the same open and attentive attitude as is learned in mindfulness practice. It is not refined to a definition but builds as an accumulation of careful expressions. Such phenomenological accounts are appropriate to the lifeworld. They are not intended to be objective but are not therefore arbitrary. They may be judged by tests of correspondence. The first test is that the description is judged by the person making it to correspond to what they want to communicate. The second is whether the description is found by another person to correspond to, clarify or to illuminate their own experience. The third, that this description corresponds to others or finds a place in a wider account or narrative. As reader it is worth trying to see whether the experience as described above is shared, this is relevant to deciding the possibility and acceptability of grounding a shared inquiry on this type of account.

### ***Presence as a form of enquiry***

One of the limitations of phenomenology has been that while its authors are much quoted for particular insights, its method falls short of an agreed practice. It is here that the practical emphasis of mindfulness training can make an important contribution. Establishing presence offers a standard starting-point for phenomenological investigation. Presence is both a condition for the investigation and itself the central feature of the method. That is, to establish presence is necessary to ensure that the practice is indeed phenomenological and the attentiveness of presence is also the centre of the practice itself. Knowledge is said to arrive as attention is centred on the matter of concern and it forms or collects rather than being worked out. This is not straightforward but it is also an understanding claimed to be available to anyone who waits for it to appear. Here Simone Weil even offers the method to schoolchildren:

‘Attention consists of suspending our thought, leaving it detached, empty and ready . . . In every school exercise there is a special way of waiting upon truth, setting our hearts on it, yet not allowing ourselves to go out in search of it’ (Weil, 1959, pp. 72–73).

In Mindfulness-Based Cognitive Therapy, Segal and colleagues explain their advice to stay present with difficulties:

‘It allows the process to unfold, lets the inherent ‘wisdom’ of the mind deal with the difficulty, and allows more effective solutions to suggest themselves.’ (Segal, Williams, & Teasdale, 2002, p.190).

An investigation that begins by carefully establishing a state of presence is rather different from what is usually understood as a research method. Any claim to phenomenological knowledge by such means must assume that presence is attained and held. At least, the practitioner must be able to achieve this, recognize it and re-establish it when needed. These are practical abilities and do require learning and practice. Both the state itself and the ways of losing it will become familiar from meditative practice, as will the particular method of allowing its return. Some criteria can be proposed based on the attempts to define mindfulness:

There is awareness of immediate experience and inhibition of elaborative processing.

There is an open and accepting 'beginner' attitude, inhibiting existing knowledge. There is an ability to sustain this state, allowing for accumulation or 'thickness' of description.

The possibility or even the likelihood of misunderstanding, hurry or self-deception mean that these qualities will need to be supported by some kind of check; this topic is considered as a part of the later discussion of supervision.

## **Clinical consequences**

The question is how a phenomenology that has been given methodological sharpness by mindfulness and which is coupled with a mindful presence given application through phenomenology have a practical impact in clinical practice. What are the clinical consequences of the more confident and thorough attention to the lifeworld which becomes possible when mindfulness training is given wider scope as a basis for enquiry and knowledge? Three areas of clinical work are considered for the effects of a training that puts mindfulness at the centre of practice.

### **Clinical description**

The phenomenological attitude requires an emphasis on description. This is not to be confused with the careful description of symptoms, the sense in which 'phenomenology' is often used in psychiatric practice. The phenomenological 'thing itself' has to be the client's own best expression of their experience. The clinician at this stage resists not only translation to symptom language but the employment of any professional construct, whether about the quality of the person (notions such as insight or self-esteem) or about their relation to the world (narcissistic or impulsive). Clinically, this means attention to the particular, an accumulation of local information. The attitude is well summarized by reconsidering the definition of mindfulness and reapplying this to the clinician's attitude to the client: 'the self-regulation of attention so that it is maintained on immediate experience . . . a particular orientation toward one's experiences in the present moment, an orientation that is characterised by curiosity, openness, and acceptance' (Bishop *et al.*, 2004, p. 232). It is important to understand what a phenomenon is in this context; the lifeworld so described is the world as interpreted and given shape and value in an individual life (Spinelli, 1989).

Fulton (2005) has reviewed a range of ways in which mindfulness training supports clinical practice: to maintain attention, to bear affect, to trust intuitions of the client's mind and 'not to know'. The clinician who is able to establish a state of presence with the client has available both the knowledge which results and the attitude towards that knowledge which respects it as such rather than hurrying to an interpretation or construal. The response under these conditions will be most likely to enrich the client's account rather than interpreting it. This open attention also makes it easier for the clinician to understand through awareness of their own reaction the ways in which the client's particular experience may have become structured through crucial interactions, an intuition that might in analytic terms be considered an anticipation of the transference. A lifeworld description encourages a clinical formulation based on the

personal significance and wider context of concerns and the individual's own sense of what would count as relevant improvement. This attitude has more general implications, the lifeworld is the starting-point for understanding personal distress as a way of being; embodied practical and social action becomes an alternative to the biomedical foundation for psychological explanation.

Is there any point of connection with the more orthodox clinical psychology assessment literature? In a recent paper, where he looks at the description of concerns from the perspective of assessment theory, Chalkley (2004) has argued that initial clinical interviews should be concerned with 'sampling content' rather than 'measuring constructs'. The phenomena thus assembled come to resemble 'lines of a description' rather than 'parts of a definition' (p. 209). This content, which can form the items of a personal questionnaire (Shapiro, 1961), is necessarily unique to the particular patient. Although Chalkley makes no reference here to the lifeworld, he argues that by employing ordinary language it becomes possible to 'tap a rich vein of material', alerting the clinician to patients' ways of seeing themselves and their relationship to the world, and to considerations of meaning and significance.

Building a description in this way allows the clinician to represent the range of a person's concerns and to be faithful to their specificity while the descriptive statements can also be used to construct an individualised assessment of change.

### **Research**

Most psychologists have heard of phenomenology through qualitative data analysis in methods such as Interpretative Phenomenological Analysis (IPA), (Smith & Osborn, 2003). IPA is phenomenological in its direct investigation of a topic with a minimum of presupposition and in allowing a structure to be inferred from the data before applying psychological understanding. What is suggested by presence as method is an additional emphasis on the basic stance of the investigator.

Advice to 'take your time' and to be 'immersing yourself in the data' (Smith & Eatough, 2006, p. 332) can become a more definable practice and theoretically grounded attitude. Application of mindfulness training to a cultivation of presence allows both a more personal understanding of the research method and a strengthened link to the philosophical sources. This would apply to the way in which the chosen field is initially surveyed and to the manner in which information is collected. The mindful researcher becomes not only unprejudiced but consciously and skilfully present. This is particularly important as researchers will not necessarily have the clinician's practice in waiting as a way to deepen contact with their informant and to enable access to feeling and connections. It strengthens the collaborative nature of such inquiry by also raising the question of the informant's stance towards their own experience. It would be plausible in many situations to consider explicitly introducing informants to a more open and attentive attitude to their topic. As suggested earlier, this investigation requires a capacity for openness rather than a professional expertise and there is no reason why both participants should not develop their ability in the same way.

Mindful inquiry is an attitude in which to examine information to infer a structure, respecting structure that seems to arrive complete as well as its conscious synthesis by the step-by-step grouping of themes. The benefits for a method such as IPA are in a richer evocation of the phenomenal lifeworld and an extension of the phenomenological method into its analysis.



### **Reflection and supervision**

The 'reflective practitioner' has become an ideal of health professions, with applied psychology no exception. This encourages recognition that the medical and social sciences are practised in a particular cultural and social context and applied through the often tacit assumptions and values of the practitioner. In principle, reflection is encouraged as an opportunity to broadly consider how theory, skill, values, and context interact to produce care as actually delivered and to see if the espoused values of the service really make a difference (e.g., Ghaye & Lillyman, 2000). In practice, it is common to find in reflective practice a more anxious emphasis on avoiding personal or cultural insensitivity. Research has distinguished this kind of reflexive self-consciousness, which can be associated with indicators of poor psychological functioning, from the more open observational stance of mindfulness (Brown, Ryan, & Cresswell, 2007). In considering how to get the best of both of these forms of reflection, it is necessary to introduce the mindful stance of clinical presence in balance with the more focused critical observation. The contribution of mindfulness training is to enable the state of presence to be a starting-point to establish the broadest base for reflection.

Similar considerations apply to the supervision of clinical work, Jones and Childs have suggested a three-level model of practice with a different supervisory requirement at each (Jones & Childs, 2002). The third, foundation, level concerns experientially based practice and emphasizes openness to the client. The principles of attentive openness and description apply to both the clinical report and the supervisory meeting itself, both participants mindfully practising a careful and attentive waiting for knowledge. The supervisory question corresponding to this level of inquiry is whether clinical practice is remaining true to the experiential knowledge on which it is based.

### **Science of the ordinary**

The lifeworld is ordinary. It does not require, indeed will be obscured by, technical interpretation. It requires space to manifest, a space which is provided by time, the attentive waiting characteristic of mindfulness. Unlike our self-awareness, this presents a unified world, favouring a different kind of understanding and thought. The acceptance of mindfulness as a professional practice in clinical psychology opens the way to deliberate application of the often fleeting and unconsidered experience of presence.

Inquiry of this kind has in the past been considered both as a potential school or movement in psychology and as a way to ensure that the theoretical constructs and questions of any particular scientific psychology remain relevant (Kockelmans, 1973). It is the second case which is developed here. The method of establishing presence has been described in terms of a foundation. It is the extension of psychology into the informal, helping to establish the lifeworld more fully before it is questioned by the familiar experimental methods. It is open to the less rational aspects of experience, to unjustified and intuitive knowledge.

As an increasing number of psychologists develop an interest in mindfulness, for many of them this will include some form of personal training and practice. The ideas outlined here suggest that this can go beyond its specific uses in therapy to a place at the core of clinical practice and that there is an intellectual tradition within which such development is legitimate and which indeed would see a psychology without such a foundation as impoverished. There is also scope for a fresh view of specific clinical topics; a recent introduction to the collaboration between phenomenology and

cognitive science discusses body schema, schizophrenia, non-conscious functioning, and theory of mind (Gallagher & Zahavi, 2008). As well as opportunities here to represent clinical experience more richly, there is an opening to link with vigorous branches of contemporary thought.

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