
Becoming Whole: A collaboration between experiential psychotherapies and mindfulness meditation

Ganz werden:

Eine Zusammenarbeit von Experientiellen Psychotherapien und
Achtsamkeitsmeditation

Volviéndose Pleno/a: Una Colaboración Entre Psicoterapias Experienciales y la
Meditación “Mindfulness”

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Abstract. In this paper I compare, contrast and discuss ways in which experiential psychotherapy and mindfulness meditation can complement one another. An exploration and comparison of the two perspectives is offered, including their views of human nature, the self, and emotions. It is proposed in this paper that Mindfulness meditation can be used as an adjunct to experiential psychotherapy or as a natural extension of psychotherapeutic work. Meditation offers an opportunity to transcend the self after a healthy sense of self and needs are established through therapy. In this way, psychological development can be viewed as a preliminary and necessary step to spiritual development.

Zusammenfassung In diesem Artikel vergleiche, kontrastiere und diskutiere ich Wege, wie Experientielle Psychotherapie und Achtsamkeitsmeditation einander ergänzen können. Eine Untersuchung und ein Vergleich der beiden Perspektiven wird angeboten, einschließlich ihrer jeweiligen Sicht der menschlichen Natur, des Selbsts und der Emotionen. Es wird in diesem Artikel die These aufgestellt, dass Achtsamkeitsmeditation als ein Zusatz zu Experientieller Psychotherapie verwendet werden kann oder als eine natürliche Erweiterung psychotherapeutischer Arbeit. Meditation bietet eine Gelegenheit, das Selbst zu transzendieren, nachdem ein gesundes Gefühl für das Selbst und für Bedürfnisse in der Therapie erarbeitet worden sind. Auf diese Weise kann psychologische Entwicklung als ein vorbereitender und notwendiger Schritt für spirituelle Entwicklung gesehen werden.

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Resumen. En este artículo comparo, contrasto y discuto maneras en las cuales la psicoterapia experiencial y la meditación 'mindfulness' pueden complementarse mutuamente. Se ofrece una exploración y comparación de las dos perspectivas, incluyendo sus visiones de la naturaleza humana, el yo y las emociones. Se propone en este artículo que la meditación 'mindfulness' puede usarse como un agregado de la psicoterapia experiencial o como una extensión natural del trabajo psicoterapéutico. La Meditación ofrece una oportunidad para trascender el yo luego de que a través de la terapia se establezcan una sensación sana del yo y de las necesidades. De este modo, el desarrollo psicológico puede ser visto como un paso necesario y preliminar al desarrollo espiritual.

Keywords: Mindfulness Meditation, Experiential Therapy, Spirituality.

Taking a moment to stop, breathe, and explore the depths of one's internal world is part of the process of growth and development. There are different avenues to allow greater connection within a person. The common one in Western psychotherapy involves participating in therapy. Experiential psychotherapy, in particular, includes a focus on a person's experiential track on a moment-to-moment basis. Eastern traditions also offer the practice of meditation to stop, breathe, and explore the depths of a person's intrapsychic world. Insight meditation, also known as mindfulness meditation, offers another way to develop awareness of one's in-the-moment experience.

In this paper I will examine experiential therapy and mindfulness meditation and will look at what these perspectives say about human nature, the self, and emotion. I propose that these systems be seen as complementary to personal and spiritual development, with each honoring the psychological and spiritual development necessary in the process of becoming whole. Mindfulness meditation can thus be viewed as a complement to experiential therapy, in that it helps the individual be with and be accepting of their experience. Meditation can also be viewed as an extension of therapy, as it helps a person let go of the illusion of self after a healthy sense of self-integration is established in therapy, thus connecting the person to a state of energy and spirituality that goes beyond the personal self, as well as a greater responsibility for humanity. A Buddhist-Experiential approach would therefore include both the psychological and spiritual development necessary for wholeness.

EXPERIENTIAL THERAPY

Experiential therapies have been demonstrated as successful in the treatment of depression (Elliott *et al.*, 1990; Greenberg and Watson, 1998) and utilized in the treatment of anxiety (Wolfe and Sigl, 1998) and post-traumatic stress disorder (Elliott *et al.*, 1996). Two major forms of experiential therapies will be referenced in this paper. The first is focusing as conceived by Gendlin (1996). The second is process-experiential therapy as formulated by Greenberg and colleagues (Greenberg, Rice and Elliott, 1993; Greenberg and Paivio, 1997; Greenberg and Watson, 1998).

Focusing is a bodily-oriented process of self-awareness, which is presented in a sequence

of basic steps (Cornell, 1996; Gendlin, 1996). Leijssen (1990) proposed that focusing is not a technique or a skill, but rather a more general attitude that emerges spontaneously with preparation and a supportive environment. According to Leijssen, the therapist and client clear a space inside to open and quietly remain 'present with the not yet speakable, being receptive to the not yet formed' (1990, p. 228).

Process-experiential therapy was formulated by Greenberg and colleagues (Greenberg *et al.*, 1993) and represents an integration of Rogers' (1957) client-centered and Perls' (1969) gestalt approaches to psychotherapy. Process-experiential therapy is focused on bringing emotions and their associated action tendencies into awareness (Greenberg *et al.*, 1993; Watson, Greenberg and Lietaer, 1998). The goal of this approach is to help clients integrate their emotional and cognitive experiences, so they can make sense of their experience and function more adaptively in their environment. The primary assumption in the process-experiential approach is that the awareness of feelings, recognition of needs, and the development of skills to fulfill these needs is central to healthy functioning. A central principle in experiential therapies is that human beings are aware, reflexive, experiencing organisms that are directed towards growth, holistic functioning and the creation of meaning. The assumption is that human beings possess a growth tendency that directs experience towards survival and evolution (Greenberg *et al.*, 1993; Maslow, 1971; Rogers, 1961). While the growth tendency is present in all human beings, it requires an adequate relational environment to be realized. Hence, part of the goal of experiential therapies is to provide a safe and supportive therapeutic environment for the tendency towards growth to be accessed and expressed.

MINDFULNESS MEDITATION

Mindfulness is the basis of insight meditation (Killackey, 1998; Rosenberg, 1998). While mindfulness begins as an actual technique, it evolves into a way of being in the world (Hahn, 1976; Kabat-Zinn, 1994). Mindfulness is the primary aspect of insight in Buddhist philosophy and facilitates the path to enlightenment (Killackey, 1998).

Enlightenment is viewed as the ultimate state of freedom and actualization, according to Buddhist principles (Brandon, 1990). It involves the shedding of expectations and beliefs, and is experienced as a freedom from suffering. It does not mean an absence of emotional or physical pain *per se*, but rather an absence of the suffering that comes from responding to pain with resistance or grasping.

Suffering, according to a Buddhist perspective, is a consequence of attachment to a particular state or stable sense of self. Suffering also emerges from viewing experiences, thoughts and sensations as fixed and static. True freedom comes from viewing the transient nature of experience, and relating to our pain and distress, and joy and happiness, with an attitude of non-attachment, compassion, loving kindness and acceptance.

Buddhist philosophy and mindfulness meditation involve a way of being with a person's experience. It is not about altering or changing experience, but rather is about opening and

being with one's emerging experience in a non-judgmental and compassionate way (Kabat-Zinn, 1990, 1994; Santorelli, 1999). Mindfulness meditation is a technique or way of being towards internal experience and life in general, incorporating this attitude of acceptance, non-attachment and loving kindness. The compassion and acceptance developed in meditation is viewed as ultimately valuable as the basis of compassion and acceptance towards others (Dalai Lama, 2001).

Meditation, in various forms, has been practiced for over 2,500 years (Goleman, 1977; Hesse, 1971; West, 1987). A particular form of meditation — mindfulness meditation, also referred to as Vipassana or insight meditation — is focused on insight into the nature of intrapsychic functioning (Bogart, 1991; Rosenberg, 1998). Mindfulness involves a development of awareness and an open and willing acceptance of all internal states that arise during meditation. While the breath is used as an anchor point to return attention when the mind wanders, there is no effort to constrict attention during mindfulness meditation. Instead, attention is expanded to include as many mental, emotional and physical experiences that arise, as they occur, from a stance of calmness and neutrality, without elaboration, judgment, censorship, interpretation, attachment or conclusions (Engler, 1986; Miller, 1993). The goal of mindfulness meditation is the understanding of the impermanent, unsubstantial and transient nature of experience.

What is Mindfulness?

Mindfulness is based from the Pali term *satipatthana*, with *sati* generally meaning 'attention' or 'awareness' and *patthana* meaning 'keeping present' (Thera, 1973). To be completely mindful is to be aware of the full range of experiences that exist in the present moment (Marlatt and Kristeller, 1999). Mindfulness reflects the capacity to observe and be with experience without getting overwhelmed. An expansion of self and sense of luminosity or spaciousness are aspects of mindfulness (Epstein, 1995; Welwood, 2000).

Mindfulness meditation involves sitting straight, following the breath, and letting thoughts and sensations come and go without trying to control or direct them (Goldstein, 1994). By observing and opening to our experience without judging or resisting, we gain a more intimate sense of the area of our life where we feel afraid, fixated or grasping.

Meditation provides an opportunity to allow the confusion to be there, rather than sorting out the confusion as therapy does (Welwood, 1985). Bringing the attention back to the breath allows a central focus, so as not to get lost in the confusion of our experience (Rosenberg, 1998). We eventually learn to sit through all the perils of our thoughts and experience, and maintain a stillness and alertness no matter what we think or feel. Through practice, we learn to tap into a deeper, wider awareness, which feels expansive and enlivening, and this provides a holding space while we open to and ride the ever-changing nature of our experiences.

Much of the empirical data on the clinical effects of mindfulness meditation suggests its effectiveness for treating a variety of stress-related, somatically based problems (Bogart, 1991). For example, meditation has been suggested to have a positive effect in the treatment of

chronic pain (Kabat-Zinn *et al.*, 1986). A smaller number of studies have emerged examining the effects of mindfulness meditation on emotional and psychological issues. For example, mindfulness meditation has been linked to improvements in general psychological symptoms (Astin, 1997; Kutz *et al.*, 1985), anxiety (Kabat-Zinn *et al.*, 1992), and as a treatment in preventing relapse into depression (Teasdale *et al.*, 2000).

Numerous explanations have been proposed to account for the therapeutic changes that occur in mindfulness meditation. These include being present (Bogart, 1991; Miller, 1993), reciprocal inhibition (Bogart, 1991; Goleman, 1976; Wolpe, 1958), experience of the transience of emotions and thoughts and sense of self (Goldstein, 1994; Marlatt and Kristeller, 1999; Teasdale *et al.*, 2000), development of an observer of self-experience (Deikman, 1982; Marlatt and Kristeller, 1999) and cognitive retraining, including the suspension of habitual construing and loosening of emotional blockages (Delmonte, 1990, 1995).

EXPERIENTIAL THERAPIES AND MINDFULNESS MEDITATION: A COMPARISON

A summary of themes comparing experiential therapies and mindfulness meditation can be reviewed in Table 1. This section will comprise an elaboration of the similarities and differences between experiential therapies and mindfulness meditation, as based in Buddhist philosophy, in order to understand the overlap between these approaches and how the differences can enhance a collaborative approach.

Both experiential therapies and mindfulness meditation emphasize the importance of the *acceptance of experience*, which is the basis of freedom from suffering, according to Buddhist principles. Goldstein (1994) described three aspects to mindful acceptance in meditation: (1) allowing everything to emerge in the mind and body without resisting; (2) noting how we relate to internal experience through thoughts, emotional reactions and physical sensations; and (3) a softening of inner defenses to experience.

Experiential techniques utilize more active interventions to become more accepting of experience. Experiential approaches serve to examine and amplify resistance to experiencing, in order to find ways of using that internal resistance to consolidate with experience, which eventually helps clients to become more accepting and encouraging within.

In other words, experiential therapy views *acceptance as the goal* of the process of heightening self-awareness, whereas mindfulness meditation is a *process of accepting* experience. 'Therapeutic presence', an essential foundation of experiential therapies, is similar to mindfulness in the therapist, as it allows the therapist and the client to open, become aware and accept their in-the-moment experience (Geller and Greenberg, 2002).

Both approaches are aimed at training a person in *developing awareness* and contact with their experiential world on a moment-to-moment or *present-centered* basis. Both approaches consist of an active process of opening up to a person's internal world and heightening awareness and contact with one's inner, in-the-moment experience (Naranjo and Orenstein, 1976).

Table 1. Comparison of Experiential Psychotherapies and Mindfulness Meditation

Themes	Experiential Therapies	Mindfulness Meditation
Role of Acceptance Experience	Basis for self-integration (acceptance as goal of process)	Relieves suffering in and of itself (acceptance as the process)
Temporal Focus of Awareness	In the present	In the present
Change Process	Contact and symbolization	Contact sufficient (with openness and acceptance)
Attitude toward the Unknown	Positive	Positive
Process Orientation	Experience and self as unfolding process	Experience and self as unfolding process
Subjective Experience	Primary	Primary
Learning and Development	Experiential learning	Experiential Learning
Self as Expert	Given a safe environment, person as source of self-awareness	Given a safe environment, person as source of self-awareness
Therapeutic Environment	Relational	Individual
Goal	Resolving Conflicts; Self-integration	Letting be (nonreactivity); Self-transcendence
Purpose of Growth	Integration of Self	Serving Others
Human Nature	Wholistic, essentially growth seeking	Wholistic, essentially good and pure
Self	Changing process	Changing process and illusive
Emotion and healthy functioning	Expression of primary emotion and needs	Disidentification from emotion and needs; Contact with basic aliveness underneath emotion

Experiential therapy, like many forms of therapy, relies on the unfolding and articulation of preverbal experience that is implicit in clients' feelings and behaviors. Clients are encouraged to make meaning of their felt experience, and the *symbolization of experience* in awareness is central to completing a shift that may have occurred in awareness or experience. When a shift does happen, the tendency is to use that energy to articulate their experience and situation, and address the application of the inner changes with the person's surroundings.

Hence, the main idea in experiential therapy is to facilitate direct *contact and symbolization* of clients' internal experiential worlds. While *contact* is emphasized in mindfulness meditation, *expression is not*. The central task in meditation is to open oneself to all of one's experience with positive qualities, such as acceptance, compassion, loving kindness and non-judgment. This is seen as sufficient to transform negative emotions. Mindfulness meditation provides us with a way of connecting to a basic sense of aliveness, and opening further to this energy without speaking or trying to do anything with one's emerging experience. Mindfulness provides a way to simply rest in the energy that is revealed through a shift, to rest in a sense of basic aliveness, and appreciate that this aliveness is an open, free and 'empty' core of our nature (Welwood, 2000).

Both experiential therapies and mindfulness meditation are ways of becoming *comfortable with the unknown* in our lives, out of which new ways of being and new knowledge can arise (Welwood, 1980). There is not a specific ideology within each system, but central to each is encouragement to go beyond habitual core beliefs through direct contact with experience. Both perspectives hold the premise that our core way of looking at the world, if fixed, static and self-deprecating, can be harmful and inhibiting to natural growth and the accommodation of new experiences. Through contact with the fluidity of cognitive and emotional experiencing, we can go beyond the rigidity to create new perspectives that are adaptive and growth promoting.

The emphasis in both perspectives is on the experiential *process as it unfolds*, rather than the specific content that arises. Both approaches are aimed at helping people change their relationship to their experience. The content of the experience that is expressed or experienced is less important than the process of how they are with the experience.

Both experiential psychotherapy and mindfulness meditation rest on the assumption that it is how we *subjectively experience* the external world that is of the greatest importance (Naranjo and Orenstein, 1976). Subjective experience is viewed as primary for gathering data on experience. It is important to note that Buddhist philosophy and experiential theories are more concerned with perception than knowledge, as it supposes that our experience, while seeming real, is actually inaccurate (Claxton, 1987; Delmonte, 1990). In this way, both perspectives assume a constructivist and phenomenological view, emphasizing that it is the subjective experience of reality that is of the greatest importance.

Experiential learning and development are emphasized in both perspectives. For example, the knowledge described in Buddhist teachings can be understood only through the experiential practice of meditation or exploring a person's own internal world for the truth in the teachings. The Buddha himself was said to often respond to disciples' questions with encouragement to not believe his words, but to discover within self-experience what is

true (Hesse, 1971).

Both perspectives put forward the notion that people are *experts on themselves*, on their own experience, and on how to activate change. Bohart and Tallman (1998) described the premise of change in experiential therapies as clients' intrinsic capacities to solve their own problems. According to Bohart and Tallman (1998), experiential therapy basically provides a client with a structured and safe space and time to take a deep breath, step back, and focus on their internal world. Mindfulness meditation similarly provides this time and space to quiet external surroundings and to enter into an internally safe and protected space. Through the supportive environments provided in each perspective, one in the office of the therapist and one on the meditation cushion, a person's natural ability to access self-knowledge can emerge.

The differing environments between experiential therapies and mindfulness meditation reflect a difference between a *relational versus individual therapeutic environment* or mode for self-acceptance and self-knowledge. Experiential therapies offer awareness of current experiencing in an interpersonal context. From an experiential perspective, internal experience is most accessible when supported by a positive therapeutic relationship (Greenberg and Van Balen, 1998). Mindfulness meditation suggests that contact with self-experiencing is sufficiently accessible when alone with one's self in a meditative state. However, relationships to others are central to a Buddhist perspective and a natural outcome to meditation. The Dalai Lama (2001) mentions that meditation should be practiced in 'profound contemplation', while not forgetting the suffering of others nearby or globally (p. 54).

However, experiential therapists provide clients with an opportunity for interpersonal exploration and learning in a way that meditation does not provide. The relationship can be a source of exploration and discovery of a person's personal issues and difficulties. Although Eastern traditions generally make use of the 'master' or 'guru', who uses daily interaction to reflect information back to the meditator to illustrate what they are doing (Tart and Deikman, 1991), active use of the relationship as a source of inner learning is not central to a Buddhist approach.

Further, the aim of experiential therapies is to resolve conflicts experienced between two parts of self and to promote *self-integration*. The importance and subtlety of resolving conflicts is not sufficiently dealt with in the meditative tradition (Tart and Deikman, 1991). A meditative approach is more focused on *letting be*. The practice of letting be, which is allowing thoughts and feelings to arise while continuously returning to the breath, is a practice of allowing vulnerability and openness to whatever comes along.

Russell (1986) pointed out that meditation helps people to achieve a more expanded awareness and higher states of consciousness, while psychotherapy is centered on resolving emotional problems. Welwood (1980) summed up the difference in stating that the aim of psychotherapy is self-integration, while the aim of meditation is *self-transcendence*.

These differences may reflect the differing purposes of the two approaches. While experiential psychotherapies are basically oriented towards clarifying clients' own experience and *self-integration*, in this way mindfulness goes a step further. Mindfulness meditation focuses on our internal barriers of letting the world into us, in order to achieve greater

connectedness with others and be of *service to others*. The development of a more expansive and inclusive perception of the world is the foundation for compassionate action and service, which is the aim of meditation and spiritual practice in general.

BUDDHIST AND EXPERIENTIAL THEORIES: HUMAN NATURE, THE SELF, AND EMOTION

The relationship between experiential therapy and mindfulness meditation with respect to three assumptions of human functioning, human nature, the self, and emotions, will be examined in this section (see also Table 1).

Human Nature

Humanistic psychology, from which experiential perspectives have in part emerged, is similar to Buddhism in that both perspectives hold that human beings have untapped potentials within them (Ray, 1986). Underneath the qualities of mindfulness is the fundamental Buddhist belief that people are inherently pure and good and embody the Buddha nature. Buddhism emphasizes rediscovering our Buddha nature 'buried like a lotus in the mud' (Ramaswami and Sheikh, 1989, p. 440).

Experiential perspectives have diverted somewhat from humanistic theories, and in turn differ from Buddhism, in that human beings are not necessarily viewed as pure and good, but as oriented towards survival, growth and the creation of meaning (Gendlin, 1996; Greenberg *et al.*, 1993). Experiential perspectives view the growth tendency as biological and oriented towards greater complexity via exploration, differentiation and integration of experience (Greenberg and Van Balen, 1998).

What these perspectives share is a view that the human being is a holistic entity that consists of an integration of body and mind. This is where experiential therapies part from most other Western psychologies, which are based in dualistic thinking where the body is seen as the opposite of, and separate from, the mind. In experiential theory, however, the body is viewed as the total human being that exists prior to any body/mind split (Gendlin, 1996; Leijssen, 1990). The body is a sensor of experience, and an indicator of meaning, and is more complex than rational thinking. While Buddhist philosophy views the body and mind as an integrative whole, it also views the human being as not body or mind.

Overall, both perspectives share the belief that human nature is essentially growth promoting. Experiential approaches view the growth tendency as a biological tendency to survive and satisfy one's needs in a complex social environment (Greenberg *et al.*, 1993). Buddhist perspectives promote human nature as having a core of purity and wisdom that just needs to be opened and recognized.

Self

Both experiential theories and Buddhist philosophies view the self as changing and always in process. For experiential psychotherapy, the self is a constructive process that is formed as each new interaction and experience in the world is incorporated into the perception of self (Greenberg and Van Balen, 1998). The self operates by means of a dynamic relationship between a person's emotional experiencing and conceptual knowing.

Similarly, Buddhism sees the self as a fluid and flexible process that is constructed and composed of passing sensations, feelings, perceptions and consciousness (Killackey, 1998). The notion that experience, and a stable sense of self, are illusive is the basis of the Buddhist approach (Rinpoche, 1992). By experiencing the transient nature of self and experience, people who practice meditation learn to be less affected by the changes that occur intrapsychically and in life, and to gain a greater sense of groundedness and trust in whatever is being experienced.

A difference between the approaches revolves around the role of self in emotional health. Experiential psychotherapy helps people connect to the self and gain a clear and healthy sense of identity and autonomy, and to value and accept their self-experience and needs (Gendlin, 1996; Greenberg *et al.*, 1993). In contrast, the meditative approach emphasizes that true inner freedom and liberation come from the realization that there is no such entity as the self (Killackey, 1998). Buddhism denies the existence of self as a distinct notion (Ray, 1986), and in fact suffering ceases when we realize that strivings for self-identity are futile.

Epstein (1988, 1995), a therapist practicing from a psychoanalytic and Buddhist perspective, noted that the fate of the self in Buddhist meditation has not been clearly delineated in Western psychological terms. The tendency of theorists has been to present a developmental schema in which meditation takes a person beyond the self (Walsh and Vaughn, 1980). This view reflects the process aspect of the self and ego as a 'complex and sophisticated matrix of structures, functions and representations rather than as a single entity that can be readily abandoned' (Epstein, 1988, p. 62). Epstein described how meditation can promote change and development within the self, producing a reflexive attitude that is not obsessed with the solidity of the self.

Epstein (1988) emphasized that what is truly revealed in Buddhist perspectives is that the 'I' is constantly changing. This is similar to experiential perspectives on self. The basis of the Buddhist concept of 'anatman' is 'the idea of persisting individual nature' (Guenther, 1974, p. 207) that is demolished through insight meditation. The self is not eliminated; it is revealed as that which it has always been, a reflexive and changing process of awareness (Epstein, 1988). There is an ability, which Epstein (1988) defined as a part of the ego, that experiences a sense of stability amidst the witnessing and experiencing of the ever-changing nature of self and experience.

In sum, both perspectives share the notion that the self is a process, constantly constructed in relation to experience and environment. However, the goals of each approach in relation to the self are different. From an experiential perspective, a new construction of self that accommodates moment-to-moment experience is part of achieving internal integration,

adaptation, and need satisfaction. In mindfulness meditation and Buddhism in general, it is the realization of the illusion of a stable and static self, and the advanced disintegration of a self, that is the goal of this approach.

Emotions

An experiential approach to emotions involves the contact and symbolization in awareness of emotional experiencing. As stated previously, access to experience and the symbolization of current emotional experiencing is crucial to changing emotional schemas of the world and cognitive–affective reactions.

Eastern perspectives in general view emotions like the weather: natural consequences of human living and yet changing and temporary at the same time. Atwood and Maltin (1991) stated that: “The best way for patients to handle unpleasant feelings is to recognize them, to accept them, and to go about their business. In time, unpleasant feelings will pass’ (p. 375). There are two primary views with respect to emotions in Buddhism and mindfulness meditation. One is the perspective that emotions can be seen as a component of the mind and a negative mental state (Deikman, 1982; Rinpoche, 1992). By connecting to a positive mind state we can diffuse the negativity and infuse more positive feeling (Goleman, 1976).

The second perspective on emotions in the Buddhist literature is that emotions are separate from cognition alone. Opening to and contacting the experience of emotions, from a stance of compassion, acceptance and expansiveness can open one to a sense of inner integration and greater connection with the world (Welwood, 1985, 2000; Santorelli, 1999). Of the two perspectives, this view is more similar to an experiential approach to emotions and to healing in general, and will now be discussed.

The difference between an experiential approach and the meditative approach to emotions is what needs to be done in order for change to occur. From an experiential perspective, emotional experiencing needs to be contacted and symbolized in awareness so that a client can access their core emotional schemes and discover a much wider range of cognitive–affective meanings and responses. This provides a gateway to deeper core beliefs about self, which can allow a shift on a bodily level and an associated shift in emotional and cognitive perspectives, which then allow one to make different choices in the world based on satisfying self-needs.

From a meditative perspective, the person needs to open up to emotions directly, without trying to discover their meaning (Welwood, 2000). When surges of emotions are experienced, the practice in meditation is to maintain stillness, open up to the energy of the emotions, acknowledge their presence, and return to the breath. Through this process, the meditator experiences that underneath the emotional intensity is a state of calm and expansiveness. Here ‘our personal life problems empty into larger universal life currents’ (Welwood, 1985, p. 84). This allows for the discovery of a freer, more open awareness and basic aliveness that is always available, even when caught up in the intensity of emotional experiencing. Suffering, from a Buddhist perspective, comes from resisting or over-identifying with our emotions — becoming our pain and depression (Kabat-Zinn, 1990; Killackey, 1998).

Both perspectives provide a way of learning to live emotions in their immediacy without judging or reacting against them. Emotions are viewed as problematic only when we react against them or judge them as separate from ourselves. Letting emotions in allows us to let the world in and brings greater connectedness with self and others (Santorelli, 1999).

In sum, emotions are viewed as adaptive and central to healthy human functioning in experiential perspectives and mindfulness meditation. In experiential therapy, contact and expression of emotions at a primary level can be helpful signals of a person's basic concerns and needs, as well as indicators of whether emotional needs are being met. Hence, emotional awareness can contribute to maintaining a sense of homeostasis. In mindfulness meditation, emotions are viewed as sensations that are separate from a person's basic existence. It is the opening to the energy of emotions from a place of calm and stillness that allows us to experience the true depth of our nature, a sense of basic aliveness. As well, meditation allows a greater ability to experience the range of emotions from a place of calm and equanimity. Both perspectives support a healthier relationship with our emotions, one filled with compassion and acceptance, as a way of developing healthy functioning within self and with the world.

COLLABORATION OF EXPERIENTIAL THERAPY AND MINDFULNESS MEDITATION

Experiential therapies, like most Western therapies, focus on personal feelings and needs. Most Eastern traditions highlight a larger awareness that surrounds people's personal world. A Buddhist–Experiential approach to therapy would include both kinds of awareness. Going to the essence of clients' experiences and how life situations affect them at their core would honor the complexity of cognitive–affective processes that make up a person. At the same time, going beyond the personal to a basic sense of aliveness and connection to a larger sense of energy and expanded awareness, opens up the heart to a much wider range of experience and support. This can provide a true awakening and integration of the emotional and spiritual aspects of one's being.

The risk in meditation is the tendency to use practice as a way of detaching from experience or avoiding important and necessary emotional work. Welwood (2000) utilizes the term 'spiritual bypassing' to describe this issue. Similarly, a limitation to a strictly experiential or any therapeutic approach to emotions is the tendency to make the exploration of emotions an ongoing project, or the end itself (Welwood, 2000). This can prevent people from discovering the expansive sense of aliveness that is at the very core of their being, which is revealed beneath the emotions.

Hence, the partnership of psychotherapy and meditation is important, as an awakened state involves a balance between contact with one's experience and contact with a sense of energy and aliveness beyond one's experience. Experiential psychotherapies help expand a person's sense of who they are, by integrating the parts of the self that were in conflict or not in awareness. This helps clients to generate personal stability, agency, self-respect, and an

enhanced sense of what their experiences and needs are and how to satisfy them. Mindfulness meditation can take people one step further. Meditation provides a way of inquiring into the nature of the 'I' and going beyond it to experience a larger sense of aliveness and universal connection, a state of transcendence (Welwood, 2000). Delmonte (1995) stated that "Transcendence is also understood to mean transcending the split between the experience of the self and the universe, i.e., becoming one with everything" (p. 237).

Similarly, meditation could be a useful aid to psychotherapy. Meditation loosens defenses and allows the emergence of painful and repressed material (Delmonte, 1990, 1995; Goleman, 1976). Delmonte (1990, 1995) explained that the suspension of habitual cognitive construing, which is part of allowing experiences to arise without judgment or alteration in mindfulness meditation, allows non-verbal and pre-logical material to emerge. This liberates somatic and primary process material to come into conscious awareness. This painful material can then be explored in a deeper way, with the support of a positive therapeutic alliance in experiential therapy.

Mindfulness meditation can also aid experiential therapy, as it teaches a direct way of being with emotions and experience with acceptance, compassion and expansiveness. This allows a client to contact the depth of experience necessary for change and integration in experiential therapy, while maintaining a sense of trust and groundedness. Meditation provides a powerful tool that the client can carry with them to develop comfort in being with their pain and emotional experience.

Mindfulness meditation can be also viewed as an important next step to experiential therapy. First, it can help people connect to this sense of basic aliveness while disidentifying with emotional concerns. Second, during the process of therapy, it can help people to view emotional experience from an expansive state of being and hence to feel the depth of experience while not getting stuck or overwhelmed by it. Finally, experiential therapies can help a person to work through emotional conflicts and develop a sense of self-integration; meditation can then help to further a person's spiritual development and foster experience of a larger state of awareness and energy that goes beyond the self.

While meditation may offer the possibility of spiritual development that goes beyond experiential therapies, it can be most effective when emotional and psychological development has been achieved and conflicts have been resolved. A sequential approach to therapy and meditation may be most fitting in this perspective. It is important to first respect the developmental tasks of a person emphasized by experiential therapies: resolving unfinished issues, making emotional contact and symbolizing experience in awareness, appreciating self and needs, enhancing skills to meet needs, and increasing self-esteem and personal integration. Then, the person can take on the tasks of meditation: disidentifying with emotional and self-concerns, connecting to a basic state of aliveness and energy and subsequently generating compassion for others. In both experiential therapy and mindfulness meditation the client reduces internal suffering and generates compassion for self. Self-compassion, as well as further meditation practice, can also generate compassion on a global level and the emergence of a desire to relieve suffering for humanity.

Experiential therapy offers the integration of the self, while mindfulness meditation

offers the letting go of that integrated self a connection with a larger state of energy that goes beyond the personal, and can subsequently stimulate the desire to reduce suffering in others. A Buddhist–Experiential approach can thus help to generate greater connection within one’s self, with others, and with the universe as a whole.

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