MINDFULNESS AND PSYCHOANALYTIC PSYCHOTHERAPY
A Clinical Convergence

Peter Lin, PhD
St. Joseph’s College

Henry M. Seiden, PhD, ABPP
Forest Hills, NY

Mindfulness techniques originating in centuries-old Buddhist meditation practice are increasingly being used in Western psychotherapy. This article focuses on the use of one such mindfulness rubric: “the four steps”—in which Chan (the Chinese term for Zen Buddhism) practice and psychoanalytic psychotherapy process can be integrated clinically. A case example is presented. In this case the therapist was a Taiwanese immigrant and a practicing Buddhist, the supervisor an American psychoanalytic psychotherapist. The supervisory exchange was an important aspect of this convergence of Eastern and Western thought.

Keywords: mindfulness, Zen (Chan) Buddhism, psychoanalytic psychotherapy, integration, supervision

In the past several decades, mindfulness training, a discipline at the heart of Buddhist practice, has increasingly been integrated into Western psychotherapy practice. For example, a survey conducted by Cook (cited by Simon, 2007) among 2,281 psychotherapists showed that the third most favored orientation was mindfulness psychotherapy. Of the therapists surveyed, 41.4% said they used this approach with their patients. In addition, the number of articles that have been published on mindfulness-based interventions like: Dialectical behavior therapy, Mindfulness-Based Stress Reduction, and Acceptance and Commitment Therapy has increased enormously in recent years (see Williams & Kabat-Zinn, 2011). Although the bulk of these articles have come from cognitive behaviorists, today Buddhist based mindfulness intervention has increasingly attracted the attention of psychoanalytic theorists (e.g., Epstein.

Peter Lin, PhD, Department of Psychology, St. Joseph’s College; Henry M. Seiden, PhD, ABPP, Private Practice, Forest Hills, NY.

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Correspondence concerning this article should be addressed to Henry M. Seiden, PhD, ABPP, 101-20 Ascan Ave, Forest Hills, NY 11375. E-mail: hmseiden@verizon.net
1995, 2007; Magid, 2002; Rubin, 2003; and Safran, 2003 among others). Of course, early psychoanalysts like Carl Jung (see forward to Suzuki, 1964) and Fromm and colleagues (Fromm, Suzuki, & De Martino, 1970) were interested in Buddhism and mindfulness many decades ago.

Mindfulness, however, was never meant to be only a clinical method. It was developed as a means of bringing the dharma, the teaching or essence or “way” of Buddhism, that is, a “nondualistic wisdom” or “non self-referential awareness” into the Western mainstream. (The meaning of “nondualistic wisdom” will be discussed in greater detail in what follows.) Mindfulness, in this sense, is a lifestyle and a way of being.

**Mindfulness**

The term, mindfulness, is deceptively simple; it is difficult to define precisely (Chiesa, 2013). In the current literature it is used variously to describe a psychological mechanism, a scientific construct, and methods of cultivating a frame of mind (Germer, 2013).

The best known operational definition, “paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally,” was proposed by Jon Kabat-Zinn (1994), who has been largely responsible of popularizing mindfulness for Western psychologists. When one is mindful in this sense, thoughts and feelings are observed as events in the mind, without over-identifying or reacting to them in an automatic, habitual pattern.

A more developed operational definition has been proposed by Bishop et al. (2004), who see mindfulness as involving two components. The first involves a self-regulation of attention allowing for a focus on immediate experience and increased recognition of mental events in the present moment. The second component involves adopting a particular orientation toward the experience of the present moment, one characterized by curiosity, openness, and acceptance.

Mindfulness has been proposed as one of the common factors in different psychotherapy orientations (Dunn, Callahan, & Swift, 2013; Martin, 1997). Mindfulness, as a transtheoretical clinical process, is seen as a state of psychological freedom that helps the individual to embrace, move toward, and come to terms with his or her distress.

Within the past three decades two schools of thought with respect to clinical applications have come to prevail: one developed by Kabat-Zinn and his colleagues, and one promoted by Langer and her associates (Hart, Ivtzan, & Hart, 2013). These are sometimes inconsistent with each other and the two strands of research rarely address each other’s work. Langer’s concept of mindfulness grows out of Western cognitive science. Kabat-Zinn’s approach is influenced heavily by Eastern Buddhist philosophy. Langer’s interventions are aimed largely at disrupting habitual cognitive states by activating brief mindful states through stimuli that induce intentional self-regulation of attention. Such induced mindful thinking by use of brief instructions has led to better learning skills and creativity. In contrast to Langer et al., Kabat-Zinn and his colleagues focus on the effect of mindfulness meditation on actual clinical problems.

Further muddying the waters, in Western clinical practice mindfulness techniques are often used with little or no attention paid to their roots in the accumulated wisdom of
Buddhist psychology. However, even with respect to the Buddhist origins complications abound.

To begin with, **smrti** is the Sanskrit term conventionally translated as mindfulness. However, this translation is incomplete. **Smrti** normally means “memory,” but Buddhists assign a new meaning to this word that can be best described as “lucid awareness.” Further, **smrti** only describes one aspect of mindfulness. Another term that maps the field of mindfulness is **samprajaña**, which means “clear comprehension,” that is, understanding. Thus, to practice “right mindfulness,” **smrti** needs to be integrated with **samprajaña** (Bhikkhu Bodhi, 2011). To complicate things further, different Buddhist traditions may apply these differently in practice (Dunne, 2011).

The Buddhist meditations practiced by different schools can be classified as **śamatha** and **vipaśyanā** — or calming and insight (Guo Gu, 2012). **Śamatha** (concentration meditation) cultivates calmness through focused attention. **Vipaśyanā** (insight meditation) helps one to gain insight into the nature of the mind through open awareness. Although mindfulness meditation was used originally to describe **vipaśyanā** today American mainstream psychology uses mindfulness to describe both **śamatha** and **vipaśyanā** (Germer, 2013).

More complication still: Different Buddhist traditions use different training strategies. There are at least two basic approaches to training: the “gradual” (constructivist) approach and the “sudden” (infiniteist) approach (Dunne, 2011). In the gradual approach, **śamatha** and **vipaśyanā** are practiced sequentially. First one stabilizes the mind using concentration meditation, then one tries to gain insight into the nature of the mind through insight meditation. In contrast, the sudden approach does not practice **śamatha** and **vipaśyanā** sequentially but simultaneously. Chinese Zen Buddhism or **Chan** utilizes the sudden approach, and the common techniques are **mo zhao** (silent illumination) and **hua tou** (observing critical phrase). (The implementation of **smrti** is also somewhat different in the gradual and sudden approaches, although an elaboration of this distinction is beyond the scope of this article.)

In what follows, we will not limit our definition of mindfulness to **smrti**. Following the suggestion of Kabat-Zinn (2011), we will use the term, “mindfulness,” as an umbrella term for the teachings of Buddha or the “marrow” of **dharma**. However, because what follows grows out of **Chan** (the tradition in which the first author of this article practices), our thinking will reflect the sudden approach.

Psychoanalytic Psychotherapy

Practitioners of psychoanalytic psychotherapy will agree on its central elements (the importance of emotional expression, the exploration of developmental history, the empathic presence of the therapist, the exploration of resistance, that is, the reluctance to deal with painful affects, the exploration of transference as if reflects the interpersonal history of the patient). There are indeed differences of emphasis and application—depending on such factors as the needs of the individual patient, his or her diagnostic status, the clinical context and of course the training and theoretical leanings of the practitioner. Much discussion has been devoted to the ways in which psychoanalytic psychotherapy and the Freudian psychoanalysis from which it is historically derived are or are not the same thing (see for a recent example, Aron & Starr, 2013).

However, all psychoanalytically informed treatments, derived as they are from the method of free association, put a premium on encouraging patients to address in an
emotionally experiencing way their own lived experience. All—from classical, to interpersonal, to relational, to intersubjective, to those that offer themselves as integrative with other forms of intervention—and regardless of their differences in technical and theoretical emphasis, agree that it is the aided moving into experience and not away from it that is of the essence in the treatment exchange.

McWilliams (2004) in the introduction to her book on psychoanalytic psychotherapy comments that: “the overarching theme among psychodynamic approaches is . . . that the more honest we are with ourselves, the better our chances for living a satisfying and useful life. Moreover . . . that honesty does not come easily to us” (p. 1). It is difficult to face directly what is painful or guilty or shameful in ourselves. We need a helpful process and a guide, a therapist or a teacher. In this respect mindfulness as it grows out of Chan practice and psychotherapy as it is practiced in our Western clinics and consulting rooms begin with the same clinical challenge.

Chan and Psychoanalytic Psychotherapy

This article will deal with an example of mindfulness in clinical application in psychoanalytic psychotherapy. Our aim is twofold: first, to demonstrate the remarkable convergence of what would seem to be quite different methods (and of course quite different theoretical underpinnings)—emphasizing as each does the turning toward distress rather than turning away from it in the effort to alleviate it. Second, to indicate (however incompletely) the depth and richness that can be provided by awareness of the Buddhist origins of the mindfulness method.

It should be noted that the discussion and case presentation that follow are the product of an interesting, and perhaps unusual, cross-cultural collaboration. The first author and therapist is a Taiwanese immigrant and a practicing Buddhist in the Chan tradition. A licensed American psychologist, he was born into and raised a Buddhist and is an active member of a Buddhist community. The second author supervised the treatment. He is an American psychoanalytic psychotherapist, a secular Jew with heretofore only a reading familiarity with Buddhist ideas. It is no overstatement to say that the psychotherapy practice of each has profited from the relational exchange between them.

Clinical Use of Mindfulness: The Four Steps

In practical application mindfulness can be thought of as encompassing four steps—a formulation introduced by Chan Master Sheng Yen (Sheng Yen, 2008; Sheng Yen & Stevenson, 2001), who developed this rubric as a way of guiding meditation practice. It is important to point out that this rubric is regarded as an “expedient means” (upāya). Chan tradition does not usually refer to steps or stages. These steps are only a means to an end. The key teaching in Chan is that we are intrinsically awake and our mind is originally free from “vexations.” We are already free, but we need to practice to realize it (Guo Gu, 2014). These four steps are steps toward such a realization.

The steps are: face it; accept it; deal with it; let it go. These are recurring aspects of a process. A Chan practitioner will expect to go through the four steps again and again in meditation practice—as training for going through them again and again in the ongoing experience of life. This would be all experience be it positive or negative. In clinical application, the four steps are a powerful way of addressing the experience
of psychological difficulty: psychological pain, trouble or distress, depression or anxiety—that is, all and any of those things that would bring a patient to psychotherapy.

_Facing it_ involves helping the patient to become aware of his or her thoughts and feelings in the present moment. It is essential in identifying the important issues, in helping to cultivate an awareness that will allow the patient to discover what is behind too easy, habitual formulations of what may be wrong. _Face it_ urges the patient to a gentle meta-awareness, to watch thoughts and feelings without merging into or being overwhelmed by those thoughts and feelings. The aim is to help him or her create space for unpleasant sensations, feelings, urges, and thoughts, allowing mental contents to come and go without trying to change them. The presence of the therapist is important in keeping things both gentle and on-track here.

_Accepting it_ is a process wherein the therapist helps the patient to begin to understand and become familiar with and accepting of his or her story—to see that the thoughts and feelings of the present moment are the voices and the sounds in a kind of ongoing internal theater. Such acceptance involves realizing that the nature of this theatrical narrative is the expression of an arbitrary experience of self, one that is only one among many possible ways of being. When negative emotions arise, the patient is helped to accept them, to regard them with interest and attention without either grasping them or rejecting them.

_To deal with it_ in Chan is to transform the self. The larger aim is to realize that all self-narratives are fictions, fleeting and “impermanent” (Epstein, 1995, 2007). When this process is being accomplished effectively, the narrow sense of self diminishes; the boundaries between self and other dissolve and the individual experiences the “great self” (Gu, 2012; Guo Gu, 2012). Paradoxically, the transformation of the self involves the realization that there is nothing to transform. The purpose of Chan is not a narrow rewriting of a personal narrative or reframing of experience through interpretation, but finding a new way of being (see, Germer, 2013).

In a clinical context, this third step is an outcome of the ongoing meta-awareness begun in steps one and two. With more distance and perspective on the arbitrariness of the inner narrative, transformation becomes possible. Dealing with it involves helping the patient tell the story of self in a new way or at least in other and better ways.

_Letting it go_, in Chan is to realize “no-self” (Sanskrit: anatman) and “emptiness” (Sanskrit: shunyata), that is, to let go of arbitrary and essentially illusory notions of who and what one is. When the construction of the self is fully understood, Chan understanding has it, one realizes that the natural state of mind is “nondualistic” and is originally without judgment or division, including a division between self and not-self. In Chan this is the view of sudden enlightenment (Guo Gu, 2014). The ability to rest the mind in its natural state and function nondualistically is the hallmark of Chan wisdom (Safran, 2006).

In clinical terms, the notion of “no-self” for non-Buddhists is likely to be difficult to grasp and intellectually problematic. However, in practical clinical terms it can be a matter of letting go of excessively rigid and judgmental notions—both of self and others. There can be a softening of the excessive ambition and narcissism and of the painful guilts and shames and anxieties that patients carry around with them. There can be a letting go of excessive and burdensome self-centeredness, whether taking the form of self-pity, self-blame, or even self-regard. The clinical outcome is a self-acceptance; one based not on
unexamined narratives of self, that is, on illusion or rationalization or false-self, but on a gentle appreciation of the nature of one’s humanness.¹

Although the first two steps are much alike in Chan practice and in psychoanalytic psychotherapy, the third and fourth steps are where the differences will lie. The Western aim will be to focus on developing a new narrative that is healthy and adaptable. The Eastern aim is to recognize that “the narrator” is only one of the many functions of the mind. Furthermore, the aim is to walk a path that is less attached to the narrator (“being nobody” as opposed to “being somebody” as Engler (2003) puts it.²

Important to say, Buddhists stress not only the freedom from suffering but the compassion for all sentient beings that comes with mindfulness. That is, out of the recognition that one is only one among, and interconnected with, all sentient beings. Compassion in this sense is nonself-referential. It extends to others and to one’s self in equal measure. In Chan, true compassion is a function of this nondualistic wisdom; its hallmark is the “absence of vexations.” It is not sweetness but a kind of selflessness (Guo Gu, 2014). In effect the boundary between self and other disappears.³

It is reasonable to say that although arising out of an entirely different theoretical understanding, compassionate interpersonal interactions (based on empathic exchange) are, arguably, the hallmark of successful psychotherapy—Eastern or Western.

Case Discussion

Typically psychotherapy clients come to treatment in search of symptom relief—and with only a vague notion of how that is to be accomplished. Often, as a consequence, the first task of the psychotherapist (Eastern or Western) is educational. What this means for a

¹ A comprehensive discussion of the concept of “no-self” and “emptiness” is beyond scope of this article. However, several psychoanalytic writers have addressed its meaning and clinical implications. For example, Safran (2006) explores the implication of Buddhist nonduality in psychoanalytic practice. Epstein (1995) describes the dynamic of Buddhist meditation and how it challenges the temporal and spatial dimensions of self-representation. Engler (2003) examines the concept of self from both Buddhist and psychoanalytic perspectives and elaborates on the notion that you need to “be somebody” before “being no-body.” Magid (2002) introduces two Zen meditation practices—koan (a “top-down approach”) and just sitting (a “bottom-up approach”) and the relationship of meditation to the realization of no-self. Rubin (2003) points out the common biases (“eurocentric” and “orientocentric” views) that complicate the dialogue between Buddhism and psychoanalysis and proposes a balanced model of integration. Readers interested in no-self from a Chan perspective are referred to Master Sheng-Yen’s work (Shen-Yen, 2001, Shen-Yen & Stevenson, 2008). It is important to understand that the experience of no-self is not possible of verbal description. A Chan aphorism is, “Don’t mistake the finger pointing at the moon for the moon.” Buddhists will understand that all the writings and theories about the experience are only the finger that is pointing at the moon. In a similar vein, Fromm et al. (1970) held that discovering one’s unconscious is not an intellectual act, but an affective experience that is hard to describe: The process of bringing the unconscious to consciousness is a series of widening experiences that are felt deeply and transcend theoretical and intellectual formulation.

² Different theorists have tried to integrate the concept of no-self in psychotherapy creatively. For example, Engler and Fulton (2012) make reference to the concept of “no-self” in Internal Family Systems (IFS).

³ This is a complex matter involving the recognition that there are different levels of compassion to be attained, a discussion of which is beyond the scope of this article. However, on a practical level, it involves a recognition that in the process of helping others, they will be helping us—helping us to free ourselves from the concept of “I am helping” and thereby freeing us from our self-referential perspective to the ultimate benefit of all (Guo Gu, 2014).
mindfulness approach, as, of course, for a psychodynamic one, is orienting the patient to a fundamental precept: that freedom from distress cannot be found by running away from symptoms, it can be found by turning toward them. Interestingly—and in parallel—what student psychotherapists and supervisees are likely to need first is education into the psychotherapy process, what it is and what it is not. However, what they are likely to need the most help with is attending to, that is, turning toward their own often-problematic feelings that arise in the treatment exchange. In the discussion that follows we will make reference to the importance of turning toward experience in all three parties: patient, therapist, and supervisor.4

The patient, Eva, was an attractive blond woman in her late 20s, born and raised in a wealthy suburban Southern California community. She had moved from California to New York, where she was seen in once a week psychotherapy—referred by her insurance company and in an independent practice setting—for a period of 18 months.

She came to treatment suffering from what seemed to be a (perhaps too quickly diagnosed) reactive depression, that is, to the loss of a boyfriend. The life narrative and characterological issues had yet to be uncovered. She told her therapist that she had lost interest in the friends she liked to be with and in all the things they liked to do together. In addition, she often had thoughts about killing herself. When he inquired as to the cause, she said she had lost her fiancé, Nick, who she said she thought was “perfect” for her. Nick had everything she had ever dreamed of: social status, physical appearance, and personal charm. They had become engaged and had discussed marriage. However, Nick suddenly decided without any apparent warning to quit the relationship. This decision had come just a few days after their last discussion of marriage. By the time treatment started Eva said she had given up on having Nick back and said she just wanted help getting over her painful loss.

She revealed—significantly—that one way she had these days of coping with her depression was to go to bars at night after work, dressed provocatively and inviting attention. She often ended up having one-night stands and she frequently had strangers following her home and harassing her.

Getting Eva to face her distress instead trying to find a way to push it away was the initial therapy challenge—interestingly for both therapist and patient. The therapist in response to Eva’s impulse-laden adaptation felt his need to rescue her and some anxiety about being able to do so. He felt the immediate problem-solving pressures and at the same time appreciated the larger terms of the problem(s) to be solved. It was here that the supervisor, in his own turning toward the exchange between himself and his supervisee, felt called upon to support the therapist with respect to the importance of being true to both his Buddhist background (however incompletely understood by the supervisor) and to the method of psychoanalytic intervention. A calm steadiness would be required of all three.

Important to say, with respect to the supervisory relationship: it began when the therapist was a student in a clinical health psychology graduate school program and was assigned to the supervisor as part of his training. It continued after the therapist’s

4Our own supervisory discussions often took place at a local dim sum restaurant—not a usual setting for psychoanalytic supervision but significant in terms of a cross-tradition dialogue. In Chinese Kung Fu, for example, true knowledge of the martial arts (often more important than the actual physical practice) would often happen in conversation over dim sum. The disciples of the Kung Fu master typically take their teacher out for dim sum after the work out—where all share the tea, dumplings, and small plates arrayed on the round table—for the real lessons. Similarly, Zen masters’ teachings were often transmitted during daily life over meals and walks in the country.
graduation with his seeking out psychodynamic supervision from the supervisor who had become his mentor and friend. The growth issue for the therapist was to find his way toward an integration of psychodynamic psychotherapy with his own Chan practice. Both therapist and supervisor understood that this would depend on developing an increasingly deep understanding of both traditions (the one “native,” the one new)—and that the integration of these would be his life’s work.

To achieve the first step—the facing it, for Eva, the supervisor recommended that therapist trust his own mindfulness training and not rush into a symptom reduction or behavior modification or advice giving mode, however compassionate. He could be most helpful by facilitating a deeper engagement with the nature of her distress and her despair, a process entirely consistent, of course, with psychodynamic method.

The therapist was encouraged to work explicitly in his four steps rubric. He introduced it early in the therapy exchange. He asked Eva to think about things this way: her depression was “garbage” (a common Buddhist metaphor) and the task of therapy was to recycle the garbage and transform it into “gold,” that is, useful insight that would help her to understand herself better and be free of the painful feelings that were burdening her. The very first step in recycling the garbage was to face it, to consider what was the worst feeling about her break-up, to face what hurt the most. (One of the interesting aspects of this three way cross cultural interaction was for each the surprising metaphors that seemed to spring most readily to mind in the others. For Western readers, the therapist’s metaphors are likely to stand out in the description of the therapy process that follows.)

The therapist advised Eva to be curious and to watch her feelings when she found herself thinking about going to bars. He encouraged her to observe her promptings without acting on them or rejecting them—as if they were “plates of sushi moving past customers on a conveyor belt in a sushi-go-round restaurant.” The hope was that this key attitude from Chan, an interested but “nongrasping, and nonrejecting” one, would help Eva to be with her urges without acting on them. He raised many questions for Eva to consider. For example, using a chess analogy, how did Eva put herself into this “self-mate” position? Did her insistence that her boyfriend be perfect push him away? How had she misread him so badly? Why would she put herself in a position where if she lost his love, her life was not worth living?

With repeated encouragement and practice, Eva began to discover that her driven desire for men’s attention was not just about escaping depression, but also had to do with a fear of loneliness and abandonment. This fear, it would turn out, could be traced back to her parent’s estranged marriage.

Chan practice tends to place less emphasis than does psychodynamic treatment on the deliberate discovery of personal history. Chan assumes that the past, although important in shaping the present, is manifest if unstated in the present—and that, in time, will reveal itself. The supervisor felt called upon to remind the therapist that in psychodynamic perspective acceptance of deep emotional pain (step two of the four step rubric) could only be achieved successfully if the patient had a better conscious understanding of her own history.

There was much to understand. The supervisor encouraged the therapist to ask Eva questions about her history. She shared some facts: she had been on antidepressants since

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5 In Buddhism, the history of a person is appreciated through the notion of “dependent arising” or pratītyasamutpāda. A discussion of this idea, which has implications for an understanding of the fictional nature of “self,” and of “karma” (i.e., how the intentions and actions of an individual shape the future intentions and actions of that individual), is beyond the scope of this article.
the age of 15; and she had had a somewhat promiscuous cheerleader’s late adolescence. She had had numerous boyfriends, each of those relationships ending unsuccessfully. It turned out that one of those boyfriends had been Asian and that Eva had lived in Korea for a year teaching English.

The obvious potential transferential and countertransferential issues could not be explored as fully as might have been wished, much less worked through adequately, in this treatment situation. However, it was important, the supervisor reminded the therapist, to be alert to some things: Eva had told him, for example, that she had a “high sex drive” and that she would feel comfortable “dating another Asian man.” The therapist, in turn, found Eva to be playful and entertaining. He was able to remark usefully on her despairing conviction that men could only want her as a “party girl”; and that she felt that if she did not want to be rejected, she would have to be “fun.” He was well aware that he was another likely candidate for such acting out; and that there would be a safety for Eva in his being clear about his unavailability. Further there was a, perhaps unconscious, cross-cultural factor: the fact that her therapist was so obviously “other” might serve as a defense against her sexualized wishes for her father’s love. Somewhat paradoxically, this otherness could also become a kind of permission to act out. The therapist’s alertness to his own countertransference (indeed, his own mindfulness) would be of paramount importance.

The history that emerged when Eva began to examine it was telling. When she was young her father had divorced her mother. She had become entangled in her father’s fight with her mother—and was often used as a pawn. She was left feeling (as, the supervisor pointed out, children inevitably would be) that it was her failing that she could not keep her parents together. She would feel that she was not lovable enough.

She had experienced her father’s leaving as an abandonment. She came to discover that she had come to expect that all the men in her life would abandon her. Her mother had contributed to this narrative by telling her that all men were incapable of loyalty—and could not be trusted. Her mistrust was significant (and could be assumed to have reached characterological proportions): If a man did not abandon her yet, it meant he just wanted to use her. In this context Eva was able to begin to see that she had provoked Nick’s abandonment—only then to become depressed by it.

Eva’s dynamics would perhaps be familiar ones to clinicians of any theoretical persuasion—but certainly to psychodynamic psychotherapists. Because she carried the conviction that she was unlovable, she avoided intimate relationships by having many superficial and/or promiscuous ones. “I think I’ve dated all the single men in New York City,” she said. When she did have boyfriends who lasted more than a little while, they would be (unconsciously) selected to be either unavailable or unpredictable. The supervisor was able to offer the therapist a more developed theoretical psychoanalytic underpinning (theoretical psychodynamic formulation being a thing less interesting than lived experience to Chan practitioners): that this is a familiar counterphobic defense against abandonment: “If I am already abandoned, I do not have to be afraid of abandonment.”

Eva did come to see what had happened with Nick: She had clung to him. She smothered him and heatedly attacked him over minor separations. Ultimately, her possessive and controlling behavior pushed him away.

Now the question of dealing with it. From either a psychoanalytic or Chan point of view it would be clear: To change her distress-filled life, Eva would need to face herself, and to start by facing her depression so that she could discover what was at the core of it. In doing so she would come to see that her feeling that she was unlovable was a self-fulfilling false narrative. Eva would have to learn to recognize that the story she had
been telling herself chronically (if unconsciously) was not an inevitable one and not the only one and that she need not be trapped in it.

To recognize the consequences of her maladaptive narrative, Eva was asked to imagine that this negative self-story was like “a neighbor’s dog that barked at her every day on her way to work.” If she could just pass by the dog without overreacting to it (or overidentifying with it) eventually the dog would not bark. Furthermore, the more familiar she was with this dog, the more likely it was that she could become friends with it. With this new way of thinking about things, not only did she learn to create space around her heretofore unexamined narrative of unlovableness, she was also able to generate some empathy for her mother, who had much the same feelings about men (and likely for much the same reason).

By the end of the treatment, Eva was able to enter into a new serious relationship with a man and, it seemed, to do so without the sabotaging acting out which had characterized her previous relationships. The new boyfriend she selected seemed to be a good-fit and not unavailable by default. Although at times she had (familiar and ancient) fears of being abandoned and had the urge to cling to and smother her new partner, with her therapist’s help she was able to remind herself not to react in her habitual pattern. This was done by bringing her back to mindfulness and encouraging her to make use of what were now her four steps.

With respect to facing and accepting her fear-driven habit of anxious clinging, Eva found the following image helpful: “If you are holding a cup of tea in your hand but worrying too much about spilling it and gripping it too tightly, you cannot enjoy your tea.” And as for letting it go: As Eva became more familiar with her habitual (and characterological) prompts and with the story she had been telling herself, she began to realize that maybe this was not who she really had to be. The therapist encouraged Eva to ask herself the next question: “If you are not your feelings and urges, than who are you?” The therapist suggested to Eva that her feelings and ideas of self are “like the clouds in the sky.” However, “she is not only the clouds: she is the whole sky.”

In supervisory discussion, both supervisor and therapist were able to agree that the nearest a Western patient was likely to get to embracing the Buddhist ideal of no-self in the matter of relationships would be a recognition that other people are recruited to play the roles of characters in one’s dramatic narrative, that is, recruited to support and justify the (arbitrary) notions we have of who we are. Thus, Eva could come to see that her experience with Nick had supported an unfortunate definition of herself—a definition she could now afford to let go of.

By the end of treatment, Eva was better able to maintain her relationships and to be mindful of her fear of abandonment. She had let go substantially of her old habitual defenses and found new ways of accepting her old (and always reopening) wound. Although there was room for improvement still, she had gained insight into herself and this insight had given her some freedom from her old compulsive pattern. A year after termination, Eva wrote to the therapist to tell him that she was newly engaged and thought she was ready for still further challenges in her life.

In the therapy relationship, she had come to learn that instead of running away from her despair, she could gently respond to her distress with understanding and “kindness.” By learning to hold her difficult emotions in loving awareness, she began to uncover the rigid dysfunctional narrative that had been plaguing her. The process of transforming symptoms into insight had begun. It was served by a mindfulness that would now be her responsibility to maintain throughout her life.
Conclusion

In this article, our purpose has been to give psychoanalytic psychotherapists some understanding of the important ways in which the practices of Chan and psychoanalytic psychotherapy converge. The convergence is illuminating. Each method, although clearly different and despite arising in very different cultural contexts (and formulating the theoretical underpinnings quite differently), centers on the turning toward the experience of distress rather than away from it in coming to terms with it, transforming it and alleviating it.

We have tried to indicate, if necessarily incompletely, the Chan origins of the use of mindfulness and to acquaint those psychodynamic clinicians who may not be familiar with mindfulness practice with its clinical usefulness. In doing this we have drawn on the continuing mutual discovery of commonalities in practice between therapist and supervisor. Speaking quite different philosophical languages (not to mention daily languages), we found that we were speaking nevertheless to what we believe is common human experience.

For all three parties in this case, that is, for patient, therapist and supervisor, the key to growth, however, lay not in theoretical formulation, however wise. The key for the patient was a gentle, guided turning toward experience, embracing it, accepting it and dealing with it. This for therapist and supervisor was a mutually facilitated learning (in the relational sense as set forth, e.g., by Sarnat, 1992, among others). It required an appreciative, unthreatened, experiencing of each other’s “way”—and openness to the learning opportunity presented by the interaction with the other.

We think it is fair to say that while the patient learned to let go (at least to some useful degree) of a dysfunctional definition of self, the therapist achieved a deeper grasp the importance of integrating the wisdom of his Chan training with the psychoanalytic discipline he was learning. (This was an achievement not so different from that necessary for anyone learning the art of psychotherapy: integrating where we come from with what we are learning to do and be.) The supervisor found both a greater depth and an experiential clarity in what he had thought he already knew. In particular, he found a powerful metaphor in the four steps for understanding and articulating the psychotherapy process for himself.

Although the ultimate goals of Chan practice and psychoanalysis would seem to be quite different, Chan has something important to offer to Westerners who may well find it difficult to accept the idea that no-self is a goal to strive for. So much of our Western striving, ambition and indeed accomplishment comes out of establishing and maintaining a strong sense of self. However, the reminder that our narrative of self, while functional, is nevertheless a kind of fiction is useful. The reminder works against the temptation to excessive self-regard in the patient, of course, but also in the clinician. It is humbling in a useful way to make a little less of one’s pains and one’s failures—but also, too, of one’s competence and one’s accomplishments.

Psychotherapy of whatever stripe takes place in a larger societal and cultural context. Readers of this article will be no strangers to an appreciation of the fact that psychoanalysis for Freud was grounded in a 19th century vision of human beings struggling to come to terms with and rise above their animal natures. More contemporary psychoanalytic visions are grounded in the perception that our problems are essentially social and that psychoanalytic psychotherapy takes place in an interpersonal context and takes the interpersonal exchange as its fundamental fact.
Appreciation of the way in which Chan practice and psychodynamic psychotherapy converge provides a still different spiritual and intellectual context. The struggle can be seen to be with mind itself. Consciousness, it may be said, is the issue. It is the source of our greatest satisfaction but also our greatest torment.

References


