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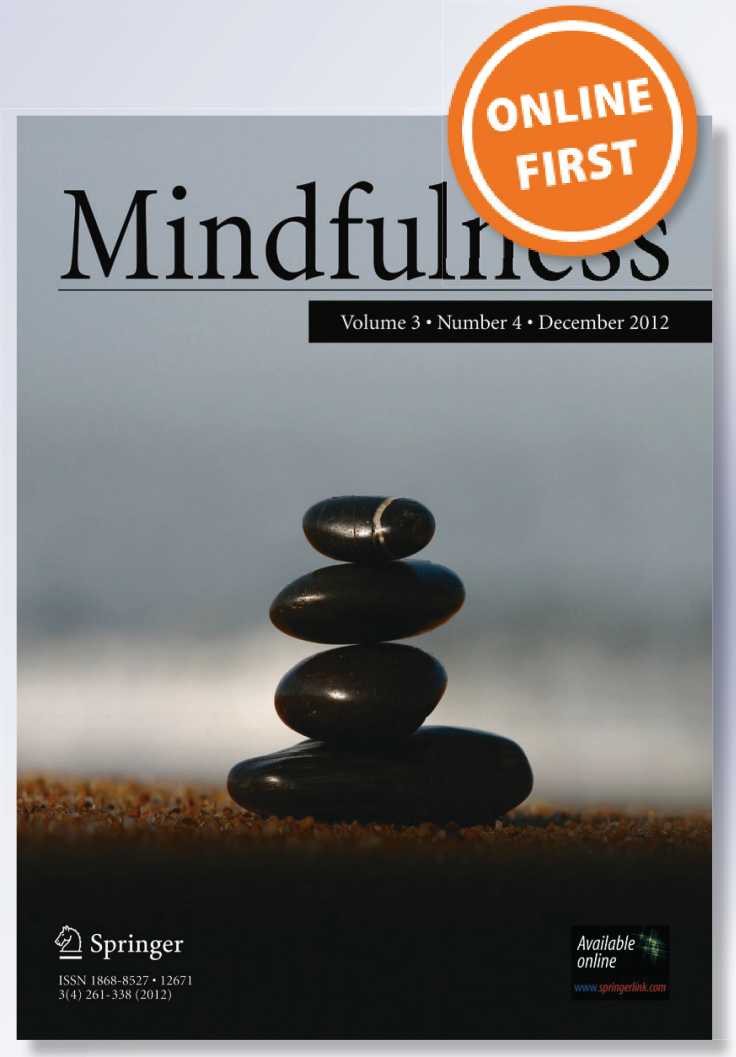

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ORIGINAL PAPER

Rethinking Mindfulness in the Therapeutic Relationship

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Abstract Mindfulness in the Buddhist context does not stand alone as a tool or technique to reduce and relieve stress. On the contrary, mindfulness is seen as a part of a contextualized set of attitudes, exercises, and practices that are employed to facilitate a deeper understanding of the illusion of a solid and separate self, which is believed to be a fundamental source of suffering. This paper explores how a contextually embedded and culturally informed understanding of mindfulness and the spiritual nature of this practice may help enhance therapeutic presence and the therapeutic relationship. First, it presents a review of the empirical literature discussing therapists' mindfulness and the therapeutic relationship with an emphasis on the therapists' presence. Second, it offers a critique of how mindfulness has often been understood in a reductionist fashion as an attentional technique instead of a mode of being. Third, it articulates a contextually embedded view of mindfulness, including its inherent transformational aspects. This paper argues for a revision of the current understanding of mindfulness in mainstream psychology, particularly in relation to the therapeutic relationship.

Keywords Mindfulness · Therapeutic relationship · Psychotherapy · Buddhism

Introduction

The importance of the therapeutic relationship and the therapist's quality of presence has been acknowledged at least as far back as Freud's (1912) advice to clinicians to cultivate an evenly hovering attention while working with their patients. According to Fritz Perls, the therapist's "attention in and of itself is curative" (as cited in Shapiro and Carlson 2009, p. 18). Additionally, Carl Rogers (1957) emphasized the therapist's unconditional positive regard for the client and an "empathic understanding of the client's internal frame of reference" (p. 96) as key elements of the therapeutic process. Research has confirmed that these elements are common to most therapeutic schools and that one of the strongest predictors of successful therapeutic outcome is the therapeutic relationship (Lambert and Barley 2001). Therapeutic relationships characterized by empathy, unconditional positive regard, and congruence between therapist and client exhibit the most beneficial outcomes (Greenberg et al. 2001; Lambert and Barley 2001). The therapist's capacity to be fully present, attentive, and attuned to the client seems to be a key element for the patient's recovery and growth, as well as for the therapist's effectiveness and well-being (Shapiro and Carlson 2009). Despite increased recognition of the importance of the therapist's quality of presence for effective psychotherapy, little research has focused on how this quality can actually be developed.

Mindfulness training, one of the few strategies introduced to cultivate therapeutic presence and enhance the therapeutic relationship, has received increasing attention during the last decade (Hick and Bien 2008; Shapiro and Carlson 2009). This has led authors such as Martin (1997) to propose mindfulness as a common factor in successful therapy. Mindfulness, a concept adopted from Buddhist psychology and practice, has been described as a particular way of purposefully paying attention to present-moment experience in a non-judgmental and accepting way (Kabat-Zinn 1990). For didactic purposes, this definition can be divided into three main aspects: intention, attention, and attitude (Shapiro et al. 2006). Intention refers to the purposefulness involved; attention, to the act of directing awareness to

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whatever arises in present moment experience; and attitude, to an open and nonjudgmental stance toward the object of attention.

During the last three decades, an impressive number of mindfulness-based approaches have been developed for therapeutic purposes with diverse clinical and non-clinical populations (Baer 2003). More recently, mindfulness practices have been adapted to help psychotherapists enhance their capacity to be fully present with promising preliminary results (Grepmair et al. 2007; Hick and Bien 2008; McCollum and Gehart 2010). Despite this growing attention to mindfulness-based approaches, the literature largely overlooks the implications of importing an Eastern cultural and spiritual practice into Western psychology, mainly through a cognitive and behavioral orientation. A number of authors (e.g., Kabat-Zinn 2003; Khong 2009; Rosenbaum 2009) have voiced concerns that mindfulness practice runs the risk of being de-contextualized, banalized, or misunderstood in current Western thinking, particularly in psychology. Mindfulness in its Buddhist context does not stand alone as a tool or technique to reduce and relieve stress. On the contrary, it is part of a contextualized set of attitudes, exercises, and practices that deconstruct the illusion of a solid and separate self, which is believed to be a fundamental source of suffering (Brown et al. 2007; Kang and Whittingham 2010; Khong 2009).

This paper explores how a contextually embedded and culturally informed understanding of mindfulness—and the spiritual nature implicit in this practice—may help enhance therapeutic presence and the therapeutic relationship. Presently, Western mainstream approaches to mindfulness seem to regard divorcing mindfulness practice from its spiritual and cultural background as beneficial and desirable. However, as Grossman (2010) and Walsh and Shapiro (2006) suggest, an approach that takes into account the cultural and philosophical differences between Buddhist and Western psychology may lead to a more effective use of mindfulness while preventing unnecessary reductionism, oversimplification, or distortions of ideas and praxis.

Mindfulness and the Therapeutic Relationship

With increasing evidence of the effectiveness of psychotherapy and the relative equivalence among different therapeutic approaches in terms of efficacy (Lambert and Simon 2008), research on common therapeutic factors that impact psychotherapy outcome has increased over the last 50 years. In a comprehensive review of common therapeutic factors, Lambert and Barley (2001) concluded that therapist–client relationship accounts for 30 % of the variance in therapeutic outcome, compared to 15 % corresponding to the technique, 40 % to extra-therapeutic factors, and 15 % to the expectancy effect. Moreover, a therapeutic relationship characterized by empathy, warmth, and congruence is "the foundation of our efforts to help others. The improvement of psychotherapy may best be accomplished by learning to improve one's ability to relate to clients and tailoring that relationship to individual clients. (Lambert and Barley 2001, p. 357). Similarly, Martin et al. (2000) found in their meta-analysis of 79 studies that the therapeutic alliance relates to therapeutic outcome in a consistent way. Also, summarizing the research of the past 60 years on the subject, Lambert and Ogles (2004) asserted that more successful therapists are more understanding, accepting, empathic, warm, and supportive. These authors also found that effective psychotherapists engage less in negative behaviors, such as blaming, ignoring, neglecting, rejecting, or pushing a technique-based agenda when clients are resistant. Interestingly, many of the studies suggest that client assessment of the therapeutic relationship is more highly correlated with therapeutic outcome than the assessment of therapist or an observer (Lambert and Simon 2008). Thus, if the patient feels his or her therapist is open, warm, congruent, and attuned to his/her inner states, therapy will more likely be successful.

According to Lambert and Simon (2008), therapists can improve their interpersonal skills through a combination of instruction, modeling, practice, and feedback, but these skills are not likely to generalize as internalized attitudes. "Research therefore suggests that 'interpersonal skills' are much easier to teach than attitudes…. Therapist attitudes characterized by warmth, unconditional positive regard or acceptance, and genuineness have proved quite difficult to teach as a skill" (p. 26). This difficult area of attitudinal training is precisely where mindfulness practices for therapists are showing promising results. The growing interest in mindfulness may generate a double benefit: Mindfulness can serve as an attitudinal training to enhance the therapeutic relationship and also as a self-care strategy for this highly stressed therapist population (May and O'Donovan 2007; Shapiro et al. 2007). These areas are beginning to receive increasing research attention.

In a study (Shapiro et al. 2007) with 83 masters-level therapists in training using an active control group, the intervention group that participated in an 8-week standard Mindfulness Based Stress Reduction (MBSR) program (Kabat-Zinn 1990) showed significant improvement on seven different outcomes as compared to the control group. These outcomes included decreases in perceived stress, negative affect, state and trait anxiety, and rumination and increases in positive affect and self-compassion. The authors emphasized the potential of mindfulness as a preventive tool for occupational stress, burnout, and compassion fatigue due

to the intense emotional work that is part of the therapist's work. In a related randomized controlled study with healthcare professionals, Shapiro et al. (2005) found that the group that received the mindfulness training experienced reduced perceived stress and also felt greater self-compassion when compared with controls. It appears that mindfulness training also enhances therapists' capacity for emotional self-regulation, a characteristic of effective therapists.

In a mixed-method pilot study with psychologists in training, Moore (2008) found that an intervention consisting of 10 min of mindfulness exercises during lunch breaks for 14 days increased the participants' mindfulness and self-kindness. Whereas participants perceived the intervention to be an accessible introduction to a skill that would need more practice to be fully developed, they reported that the skills gained could be applied to their personal as well as to their professional lives immediately.

In one of the few randomized, controlled studies with a large sample, Grepmair et al. (2007) assessed the impact of psychotherapists' mindfulness meditation practice on their patients' outcomes. The researchers measured the course and treatment outcome of 124 patients treated for 9 weeks by 18 psychotherapists in training. The psychotherapists were randomly assigned to a Zen meditation group and a control group which did not practice meditation. Patients treated by meditating psychotherapists showed a significant improvement in a variety of symptoms compared to those treated by controls. This difference was also paired with a better subjectively perceived result of the entire treatment and a superior patient's assessment of the therapeutic sessions. Since therapists in both groups and also their patients arguably shared similar positive expectations about treatment outcome, therefore diminishing researcher and desirability bias, patients' answers to the questionnaires serve as a valuable measure of the impact of therapists' meditation.

Considering the subjective nature of mindfulness training, in which awareness training is central, qualitative research methodologies offer a more nuanced understanding of the participants' experiences than the terms of preselected measures or scales. Schure et al. (2008) and McCollum and Gehart (2010) conducted qualitative studies exploring the process of teaching mindfulness to psychotherapists in training.

The 4-year qualitative study of Schure et al. (2008) examined the influence of practicing meditation, yoga, and qigong on 35 first- and second-year master's-level graduate students. The training, which lasted 15 weeks, was offered as a course that would familiarize students with mindfulness and contemplative practices and provide them with practical self-help tools. Independent inductive thematic analysis conducted by two researchers who had not participated in the intervention yielded themes focused on four aspects: life changes related to the training, preferred mindfulness practice (yoga, meditation, or qigong), impact on the therapeutic work with clients, and perceived integration of the practices in their future work. Students reported benefits from all three mindfulness practices, but attributed increased awareness and acceptance of emotions and personal issues, as well as increased tolerance to physical and emotional pain only to meditation. Regarding their clinical work, students reported greater comfort being in silence with their clients and greater attunement during the therapeutic process. For some, the experience also changed their views about therapy, including now a lived sense of the physical and spiritual dimensions. According to one participant:

> I think that I have been aware for quite a while that sometimes doing something physical can bring on therapeutic issues, and this class definitely reinforced this for me—mainly by watching some of my classmates who had emotional responses to different practices. I find this very encouraging, as it has seemed to provide another example of a mode of treatment that may be therapeutic for some people. I also think that my view of counseling has changed somewhat in that this class seemed to emphasize the importance and power of having a spiritual orientation and practice on my well-being. This seems to highlight the importance to at least explore with people about their spirituality. (Schure et al. 2008, p. 52)

The participant's description suggests that the benefit of practicing mindfulness goes beyond stress reduction: It enhances the therapist's performance and openness to include the client's experience of existential and spiritual elements.

McCollum and Gehart (2010) conducted a qualitative study on the use of mindfulness meditation with novice therapists as a way of enhancing therapeutic presence. The researchers thematically analyzed the journal entries of 13 psychotherapists in training who received mindfulness training as part of their practicum experiences. The mindfulness training consisted of assigned readings on mindfulness, in-class mindfulness exercises, journals/logs, and daily 5–10-min mindfulness practices. Mindfulness practices included using breath focus, walking meditation, or other preferred mindfulness exercises. Students reflected on their experiences in weekly journals and logs. With the mindfulness training, the students reported being better able to attend to their inner experience during therapy sessions as well as being aware of what was happening with the clients. Additionally, they reported being able to integrate their awareness of these two dimensions during the therapist–client interaction. They also reported a shift in their mode of being during the therapeutic session, specifically moving from doing something to the client to being with the client,

without losing their capacity to do what was needed. The students also reported an increased sense of compassion and acceptance. According to one participant:

> To meditate brings therapeutic presence. I think it's that simple and yet that hard. By that I mean when I meditate I become more present. It takes no thought or technique to develop the presence. All the technique is quieting the mind. That is the essence of presence I believe. When we quiet the mind and shut down all the background noise and mind chatter… we become aware of our surroundings… and in the therapeutic environment; we become more present for our clients… powerful stuff. (McCollum and Gehart 2010, pp. 351–352)

Participants described this way of being with themselves, and concurrently with their clients, as mindful presence, a state in which the therapist is open and attuned to the client but not absorbed in the client's world.

The qualitative descriptions offered by Schure et al. (2008) and McCollum and Gehart (2010) resonate with Daniel Siegel's understanding of attunement. According to Siegel (2007, 2009), attunement is used in attachment and neurobiological literature to describe a two-way relational process in which one person focuses in the inner world of the other, and the recipient of this attention feels understood, connected, and felt. Attunement is useful for understanding the process of being fully present to oneself and at the same time deeply connected with the other through mindful awareness. According to Bruce et al. (2010, p. 83),

> mindfulness has been proposed as a form of self-attunement that increases one's capacity to attune with others (Siegel 2007). We believe that the ability to attune with others can be learned, and that this ability is at the heart of a healing, empathic relationship. We propose that through mindfulness practice, a psychotherapist comes to increasingly know and befriend himself or herself, fostering his or her ability to know and befriend the patient. We further believe that the psychotherapist's ability to form an attuned, empathic relationship with the patient can lead to improvement in the patient's ability to self-attune, and that this ability can, in turn, diminish suffering, promote greater well-being, and increase the patient's ability to form and maintain interpersonal relationships.

This reciprocal reinforcement between the capacity for self-attunement and attunement with others through mindfulness practice is supported by neurological research. In a recent review on the neural correlates of emotion regulation, Farb et al. (2012) noted that mindfulness training activates areas of the brain responsible for present-moment sensory awareness, including the anterior cingulate cortex, anterior insula, and primary sensory regions. Similarly, Hölzel et al. (2011) and Lazar et al. (2005) detected increased cortical thickness in areas associated with interoception and sensory processing in mindfulness meditators, notably the right anterior insula. Interestingly, research on empathy suggests that observing or visualizing in one's mind another person's emotional state activates these same brain structures, especially the insula and anterior cingulate (Lutz et al. 2008, 2009). Such findings support Siegel's (2007, 2009) hypothesis that many of the neural structures and functions activated and developed by mindfulness practice are those developed in children when interacting with a caring and non-anxious parent figure in a secure relationship and those associated with optimal mental health. According to Siegel (2009), these neural structures facilitate important integrative functions, such as body regulation, attuned communication, emotional balance, fear modulation, empathy, and intuition. Notably, these attributes are aligned with what most spiritual traditions strive to teach.

Siegel's explanation suggests that mindfulness practices develop some of the most fundamental, and at the same time the highest, human qualities. This way of understanding mindfulness, and the benefits of therapists' being more mindful, invites a deeper exploration of mindfulness beyond its popularized version as a stress-reduction technique.

Mindfulness Beyond Stress Reduction

The seeds of mindfulness-based approaches can be said to have successfully grown into a thriving garden in Western psychology, partially because the ground had already been prepared by humanistic and transpersonal psychology. The ground had also been prepared by the increasing assimilation of Buddhist philosophy and practices in Western culture (Dryden and Still 2006; Shapiro and Carlson 2009). When Jon Kabat-Zinn launched the Stress Reduction Clinic at UMass Medical Center in 1979 (Kabat-Zinn 1990), the ideas of nonjudgmental acceptance of people and symptoms and the value of being here and now were already part of the Western psychological zeitgeist due to the influence of existential, humanistic, and transpersonal psychotherapists such as Carl Rogers, Rollo May, Erich Fromm, Fritz Perls, and Abraham Maslow (Dryden and Still 2006).

Kabat-Zinn trained with Vipassana and Zen Buddhist meditation teachers from the mid-1960s. He based his MBSR program on principles and practices derived from the Buddha's teachings and those of a number of renowned Buddhist meditation teachers (Dryden and Still 2006; Kabat-Zinn 1994). Kabat-Zinn had "the ability to extract the essence of Buddhist meditation and to translate it into a format that is accessible and clearly very effective in helping the average U.S. Citizen" (Segal et al. 2002, p. 44). Kabat-

Zinn's skillfulness in translating a contemplative practice into a secular stress-reduction program provided the impetus for psychologists trained in evidence-based traditions to incorporate his mindfulness program in their own work. Some examples of this hybridization between MBSR and psychotherapeutic and psychoeducational programs include Mindfulness-Based Cognitive Therapy, Mindfulness-Based Emotional Balance, Mindfulness-Based Eating, Mindfulness-Based Relapse Prevention, Mindfulness-Based Elder Care, Mindfulness-Based Art Therapy for Cancer Patients, among others (Cullen 2011). Developing their approaches independently from Kabat Zinn's, Linehan (1993) incorporated mindfulness in the treatment for borderline personality disorders in her dialectical behavioral therapy, and Hayes (Hayes et al. 1999) integrated mindfulness exercises in his behavior change therapy developing the acceptance and commitment therapy.

Kabat-Zinn's work is seminal in several aspects. It provided the scientific foundation for empirical research, having an enormous impact in behavioral medicine and evidence-based psychology (Baer 2003; Brown et al. 2007). At the same time, his published works and personal teachings have addressed mindfulness in a way that is closer to the traditional Buddhist sources, as a path that leads to a deeper understanding of the human condition and reality as a whole (Dryden and Still 2006; Kabat-Zinn 1994). Kabat-Zinn's broader conception of mindfulness appears in his commentary on the differences between MBSR and relaxation training:

> Relaxation is often taught as a technique, to be used as necessary to combat stress or anxiety. Mindfulness should not be taught as a technique but rather as a way of being. It is practiced for its own sake and cultivated daily regardless of the circumstances, in the spirit of the consciousness disciplines, as a 'path' or a 'Way' and not as a band aid or technique. While relaxation is a frequent by-product of mindfulness meditation, it is not necessary or even proximal endpoint of mindfulness practice.
>
> The goal of mindfulness practice, if there can be said to be a goal at all (since the practice emphasizes nonduality and therefore non-striving) is simply to experience what is present moment to moment. Thus, emotional reactivity, and the full range of emotional states available to human beings are as much a valid domain of meditative experience as experiences of calm or relaxation. (Kabat-Zinn 1996, pp. 162–163)

Interestingly, mindfulness as a way of being and Kabat-Zinn's emphasis on mindfulness as a path of non-duality are virtually absent in current psychological research on mindfulness, including mindfulness for psychotherapists. Thus, the mainstream psychology's adoption of mindfulness practice appears to have taken place at the cost of distancing mindfulness from its transpersonal dimension and its origin in spiritual practices. According to Mikulas (2010), psychology, as a discipline, needed to distance itself from religion or philosophy to become a science (at least a soft science), adopting the materialistic and dualistic assumptions that underlie mainstream science. When these unexamined assumptions are part of the philosophical framework of mindfulness research, neural correlates or behavioral outcomes have preference over the phenomenology of experience. The operationalization of mindfulness, defining mindfulness in terms of measurable outcomes, allows researchers to detect changes in physical or psychological symptoms associated with mindfulness practice, such as patterns of brain activity, blood pressure, stress, or depressive symptoms. The problem arises when the operational definition of the concept is mistaken for the concept itself, and more troublesome for the lived experience that the concept attempts to convey. In his book on research methods for psychology, Kazdin (2002) puts it this way:

> An operational definition may greatly simplify the concept of interest or focus only on a part of that construct. For example, an operational definition of romantic love might be based upon the expression of love on a self-report measure or overt physical expressions of affection. Although each of these measures is part of what people often mean by love, the measures, either separate or combined, are not the full definition that usually people have in mind when they talk about or experience love. From the standpoint of research, the purpose is to provide a working definition of the phenomenon. Yet, the working definition may not be complete and all-encompassing or even bear great resemblance to what people mean in everyday discourse. (Kazdin 2002, p. 130)

If this confusion between an operational definition of a concept and the concept itself can occur with a construct like romantic love that has a long and pervasive presence in Western culture, it is likely that mindfulness, a recently introduced, culturally foreign concept, will produce even more confusion. Paraphrasing the Zen saying, the finger that points to the moon can be easily mistaken for the moon itself. Or, as Kabat-Zinn (2003) puts it, concepts "are the menu, so to speak, not the meal" (p. 147).

For example, in Moore's (2008) aforementioned study, in which therapists were trained with ten minutes of mindfulness exercises during their lunch break, mindfulness was defined as "a form of attentional control" and a "cognitive style" (p. 331). Moore constantly refers to mindfulness techniques that are administered by clinicians to clients. From this point of view, mindfulness becomes a tool that is more or less easy to learn (a total of 140 min of practice in

2 weeks) and kept in the psychotherapeutic toolbox for sometime use as a particular strategy to fix a patient's problem or as a self-care exercise. Certainly symptom reduction in patients and self-care for the clinician are important, but it is misleading to reduce mindfulness to these.

Kazdin (2002) suggests a second limitation of operational definitions that addresses this point: "The operational definition may include features that are irrelevant or not central to the original concept" (p. 130). This implies that the frequent characterization of mindfulness as a form of attentional control or a cognitive style in psychological literature does not reflect its most defining characteristics. Such characterization may reflect a cognitive bias in mainstream psychology and, from a broader perspective, a rationalistic and disembodied attitude in modern Western culture (Ray 2008). Complementary to this cognitive bias in psychological research on mindfulness is a neurocentric bias in the emergent contemplative research. Despite the widespread support for research methodologies that integrate subjective, inter-subjective, and objective measures, most current contemplative research focuses on behavioral outcomes and neural correlates, leaving aside the phenomenology of the meditative experience.

The risks of this reductionist approach are several. One risk is that ignoring the primarily embodied and experiential nature of mindfulness leads to a situation in which many people study or teach mindfulness having little or no experience with mindfulness practice, as noted by Grossman (2010), Kabat-Zinn (2003), Khong (2009), and Mikulas (2007, 2010). This could be related to the fact that many therapeutic schools, especially the more rationally oriented behaviorist and cognitive-behaviorist psychotherapies, do not emphasize that therapists in training have extensive experiential engagement with the techniques they are learning to apply with clients. Addressing this problem, Kabat-Zinn (2003) states:

> It becomes critically important that those persons coming to the field with professional interest and enthusiasm recognize the unique qualities and characteristics of mindfulness as a meditative practice, with all that implies, so that mindfulness is not simply seized upon as the next promising cognitive behavioral technique or exercise, decontextualized, and "plugged" into a behaviorist paradigm with the aim of driving desirable change, or of fixing what is broken. (p. 145)

This relates to a second problem: taking a concept or practice from a spiritual tradition and then plugging it into a different cultural paradigm risks distorting and reducing its original meaning. Khong (2009) calls it the risk of "just seeing the tree (mindfulness) and missing the forest (Dhamma)" (p. 120). According to historian and psychologist Philip Cushman (1995), every culture holds its own assumptions about the self that are usually implicit and determine how humans relate to any phenomena they encounter, functioning as a cultural lens. Mindfulness practices and concepts emerged in cultures that, in general terms, promoted the construction of a more communal self than the predominant individualistic self of contemporary Western societies. In Buddhist cultures, mindfulness is an embodied practice (Ray 2008) and one that is usually practiced in a communal setting or *sangha*, to facilitate a deeper understanding of the illusion of a solid separate self (Nhat Hanh 1998).

In contrast, the Western "masterful, bounded self of today, with few allegiances and many subjective 'inner' feelings, is a relatively new player on the historical stage" (Cushman 1995, p. 357). Cushman calls the modern American self the "empty self" (p. 79), which

> is characterized by a pervasive sense of personal emptiness and is committed to the values of self-liberation through consumption. The empty self is the perfect complement to an economy that must stave off economic stagnation by arranging for the continual purchase and consumption of surplus goods. (p. 6)

Cushman (1995, p. 6) adds that in a culture where the empty self is predominant,

> psychotherapy is the profession responsible for treating the unfortunate personal effects of the empty self without disrupting the economic arrangements of consumerism. Psychotherapy is permeated by the philosophy of self-contained individualism, exists within the framework of consumerism, speaks the language of self liberation, and thereby unknowingly reproduces some of the ills it is responsible for healing.

Therefore, plugging mindfulness into a psychotherapeutic practice contextualized in Western countries (e.g., USA), bounded by mainstream psychology's philosophical assumptions and methods (e.g., evidence-based and cognitive behavioral models), and influenced by institutional and economical determinants (e.g., American Psychological Association, health insurance companies, National Institutes of Health and National Institute of Mental Health granting priorities) is not a simple endeavor. To the extent that these contextual complexities are not addressed, mindfulness practice in the West will tend to be understood as a mental exercise (versus embodied) that is practiced alone (versus in community) aimed at improving the self or relieving stress (versus cultivating wisdom and compassion).

As noted, mindfulness for psychotherapists has been widely advocated in the West as a tool for self-care (Shapiro et al. 2005, 2007), whereas in its more traditional setting, mindfulness is regarded as a practice aimed at deconstructing the self, self-transformation, and spiritual

awakening (Watts 1971). Chögyam Trungpa (1973) highlighted such concerns when he coined the term "spiritual materialism" in the early 1970s, suggesting that Westerners risk using spiritual techniques to boost their sense of self, instead of approaching them as a path of self transformation. In short, meditation and mindfulness as currently practiced in the West risk being perceived and adopted as assets that are attached to the individual's identity and therefore remain exclusively as a mental experience, bypassing the embodied and communal aspects of the spiritual practice.

This difference in the motivation for practicing mindfulness can lead to a third and more subtle risk of misunderstanding mindfulness. According to Shapiro (1992), the intention behind the meditation practice can differ according to meditator's motives for the practice and the type of meditation practiced. As Kabat-Zinn (1990) puts it, "your intentions set the stage for what is possible. They remind you from moment to moment of why you are practicing in the first place" (p. 32). The importance of intention and motivation were confirmed by a qualitative study involving cancer patients who practiced meditation for several years:

> At first the practice was used to control specific symptoms such as tension and stress, but later on the focus became spirituality and personal growth. These findings correspond with our definition of intentions as dynamic and evolving, which allows them to change and develop with deepening practice, awareness, and insight. (Shapiro and Carlson 2009, p. 9)

Practicing mindfulness may be helpful for psychotherapists in terms of stress reduction, self-care, job satisfaction, and therapeutic outcomes as several studies suggest (Grepmair et al. 2007; May and O'Donovan 2007; Moore 2008; Shapiro et al. 1998, 2005, 2007), but these are neither the only benefits nor even the highest outcomes for which therapists and patients can aim. Mindfulness could become a more powerful and subtle practice for therapists and clients alike in the West when the practice is guided by a search for personal transformation and the cultivation of wisdom and compassion. Cultivating this higher motivation is a practice in itself in contemplative traditions. For example, this practice, known in Mahayana Buddhism as the cultivation of *bodhicitta* (Gyatso 2002; Chödrön and Berliner 2005), is requisite to realizing the full potential of meditation practice.

What elements could further enrich mindfulness practice for Western psychotherapists? In contrast to the usual compartmentalization of psychological functions and processes in psychology, mindfulness from the Buddhist perspective "encompasses and is embedded in a range of not only cognitive, but also emotional, social, and ethical dimensions" (Grossman 2010, p. 88). The common description of mindfulness in psychological literature emphasizes "bare attention," a continuous and immediate awareness of everything that arises in present-moment experience with a non-evaluative attitude. However, in the Buddhist context, bare awareness or "simple awareness" (Kuan 2008, p. 41) is only one among several dimensions or aspects of mindfulness that are equally important. A second dimension mentioned by Kuan is "protective awareness" (p. 42), in which mindfulness serves as a "gatekeeper" by exercising restraint over the six senses (the mind is considered a sixth sense organ in Buddhist psychology). Mindfulness as a gatekeeper adds an element of discernment to the bare awareness of experience. It helps the individual evaluate whether a particular experience conduces to skillful or unskillful states of mind, serving as a support for moral judgment.

Kuan (2008) describes a third dimension of mindfulness based on the Pali and Chinese cannons of Buddhist scriptures, "introspective awareness" (p. 51). In this dimension, mindfulness practice functions as an introspective vigilance that allows the individual to monitor and recognize when unwholesome states arise in order to redirect attentional energy toward antidotal states. A fourth dimension described by Kuan consists in "forming inspiring conceptions" (p. 52), in which attention is used to give rise to wholesome thoughts, images, and emotional states. This aspect implies constantly bringing to mind beneficial and inspiring conceptions one intends to cultivate, redirecting mental and emotional energy into skillful attitudes and behavior. This aspect of mindfulness reflects, for example, the traditional practice of the four *brahmaviharas* or "heavenly abodes": loving-kindness, equanimity, sympathetic joy, and compassion promoted in all schools of Buddhism (Gyatso 2002; Nhat Hanh 1998; Salzberg 1995). These important mental qualities represent the attitudinal aspect and the emotional tone of mindful attention in Buddhist practice.

These four dimensions of mindfulness are complementary, and all are meant to be applied in formal practice (sitting meditation) and informal practice (daily life) (Nhat Hanh 1998). Moreover, mindfulness is one aspect of the noble eightfold path taught by the Buddha as a model of spiritual development. In this context, right mindfulness (*samma satti*) is cultivated concurrently with the other aspects of the path: right speech, right action, right livelihood, right effort, right concentration, right intention, and right understanding (Nhat Hanh 1998). It is important to note that "right" does not denote a moralistic judgment, but an ethical discernment between what is skillful from what is unskillful in terms of what leads to suffering or genuine happiness.

A more integral understanding of mindfulness in clinical applications and research, such as the one presented here, does not imply allegiance to Buddhism or any other religion. Nor should the secularization of spiritual practices be understood as rejecting spiritual principles. What is proposed here is the respectful dialogue of diverse points of view while retaining awareness of the commonalities of

human experience beyond the obvious differences. The all too common uncritical rejection or denial of religious or spiritual principles in science can be simply understood as the imposition of a dogmatic belief system—materialistic science—that betrays the value of curiosity and openness, which is a hallmark of all good science. The Dalai Lama (1980) advocates a truly secular spirituality when he speaks of universal responsibility, a concept that resonates with Kabat-Zinn's (2005) conception of a universal dharma:

> Mindfulness and dharma are best thought of as universal descriptions of the functioning of the human mind regarding the quality of one's attention in relationship to the experience of suffering and the potential for happiness (…) it is helpful to recall that the Buddha himself was not a Buddhist. (p. 137)

From this vantage point, mindfulness can be seen as a term that functions as a placeholder for the whole dharma, and dharma can be understood as a path for human flourishing that is not necessarily identified with a specific religious tradition.

Conclusion

Ethics, mental training, and the development of wisdom are the three pillars of the Buddhist path (Kapleau 1989). So far, mainstream Western psychology has been inclined to explore primarily the mental training aspect. This adoption of mindfulness meditation is already showing promising results. However, when mindfulness is translated into mainstream Western psychology primarily as a tool or technique, this approach perpetuates the supremacy or colonization of the mind by Western psychology (Walsh and Shapiro 2006). This risk is not only ethical or theoretical but also practical. By denying the inherent transformative and spiritual aspects involved in mindfulness practice in its traditional context, therapists and clients remain unaware of the transformative and spiritual outcomes that the practice entails. This decontextualized integration also tends to promote a disembodied and isolated, instead of embodied and communal, type of meditation practice.

Research has shown how mindfulness in the therapeutic relationship promotes an attuned way of being with the patient instead of just doing something to the patient. This benefit could be further enriched by introducing the other elements of a "universal dharma" into therapy, without necessarily teaching Buddhism. After all, the Buddha "teaches an attitude not an affiliation" (Khong 2009, p. 118). In this area, quantitative research when balanced with qualitative research helps practitioners grasp the subtleties of the psychospiritual processes involved. Researchers should also take into account cross-cultural differences, exploring not only the operational definitions and techniques but also the conceptual maps, epistemologies, and ontological framework in which those practices are embedded. This will result in more nuanced findings, as well as in research and clinical practice that honor the integrity and complexity of the two traditions—Dharma and psychology—whose common aim is to alleviate human suffering.

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