



Great Buddha, Kotokuin Temple,
Kamakura, Japan

© Steve Vidler/Superstock

13 | CONTEMPLATIVE PSYCHOTHERAPIES

Roger Walsh

OVERVIEW

Something remarkable is happening. After centuries of separate development, two major disciplines—both designed to explore, heal, and enhance the human mind—are finally meeting. History is being made as contemplative and traditional Western therapies finally meet, mix, challenge, and enrich one another.

Contemplative practices offer benefits to therapists, clients, and the public. Therapeutically, they can offer insight and self-understanding, reduce stress, and ameliorate multiple psychological and psychosomatic disorders. For healthy individuals, they can enhance well-being, unveil latent capacities, and foster psychological development, even beyond conventional levels. On the practical side, they are simple, inexpensive, and often pleasurable.

There are also theoretical benefits. These include new understandings of human nature, as well as of health, pathology, and potentials. For researchers, contemplative practices offer insights into both psychological and neural processes.

Basic Concepts

Varieties of Practices

Contemplative practices—such as contemplation, meditation, and yoga—are found worldwide. They occur in most cultures and are part of every major religion. They

include the traditional practices of Taoist and Hindu yogas, Confucian "quiet-sitting," Buddhist meditations, Jewish *Tzeruf*, Islamic Sufi *Zikr*, and Christian contemplation.

In their traditional settings, contemplative practices are usually part of a larger worldview and way of life. For example, they are usually analyzed and explained by a corresponding psychology and philosophy, such as Buddhist philosophy. They are also integrated with other practices intended to facilitate well-being and development such as supportive lifestyles (e.g., ethics) and exercises (e.g., yogic breathing). Originally practiced primarily for attaining religious and spiritual goals, they are now widely used in secular settings for their psychological and psychosomatic benefits. The terms *meditation* and *contemplation* are both used in several ways, but are treated here as synonymous.

There are many kinds of contemplative/meditative practices. The most researched are yogic transcendental meditation (TM) and Buddhist mindfulness, which is also known as *vipassana* (clear seeing), or insight meditation. TM is a mantra (inner sound) practice that begins by directing attention to a repetitive mantra and then allows the mind to settle into a clear, peaceful state. Mindfulness meditation cultivates clear, sensitive awareness by carefully investigating each experience. Indian yoga and Chinese Tai Chi are two other popular but less researched practices. Dozens of other meditations await research. As yet, we have almost no research data comparing different kinds of meditation, so we will usually consider them together.

Definitions

Despite many variations between practices, common themes are evident, and these commonalities suggest the following definitions:

The term *meditation* refers to a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster mental well-being and development, as well as specific capacities such as concentration, calm, and clarity.

This definition meets the "demarcation criterion" of a good definition in that it demarcates meditation from other therapeutic and self-regulation strategies such as conventional psychotherapies, visualization, and self-hypnosis. These do not focus primarily on training attention and awareness. Rather, they aim primarily at changing mental contents (objects of attention and awareness) such as emotions, thoughts, and images.

The term *yoga* refers to a family of practices with aims similar to those of meditation. However, yogas are more inclusive disciplines that, in addition to meditation, can encompass ethics, lifestyle, body postures, diet, breath control, study, and intellectual analysis. In the West, the best-known yogic practices are the body postures, which are frequently taken to be the totality of yoga. In fact, they are only one aspect of a far more comprehensive training, a training that was perhaps the first integrative psychotherapy.

Central Assumptions

Contemplative psychologies are based on a "good-news, bad-news" understanding of the mind.

- The *bad news* is that our ordinary state of mind is considerably more uncontrolled, underdeveloped, and dysfunctional than we usually recognize. The result is enormous unnecessary suffering and dysfunction.
- The *good news* is that we can train and develop the mind beyond conventional levels. The results include enhanced well-being, maturity, and psychological capacities.

This good news and bad news can be expanded into eight central assumptions underlying contemplative therapies:

1. Our usual state of mind is significantly underdeveloped, uncontrolled, and dysfunctional.
2. The full extent of this “normal” dysfunction goes unrecognized for two reasons:
 - First, we all share this dysfunction, so it does not stand out. We all live in the biggest cult of all—culture.
 - The second reason is self-masking. Just as psychological defenses distort awareness so that we do not recognize them, so too our usual state of psychological dysfunction (which is partly constituted by defenses) distorts awareness and conceals itself.
3. Psychological suffering is largely a function of this mental dysfunction.
4. It is possible to train and develop mental functions and capacities such as attention, cognition, and emotions.
5. Training the mind in this way is an effective strategy for reducing “normal” dysfunction, enhancing well-being, and developing exceptional capacities such as heightened concentration, compassion, insight, and joy.
6. This mental training allows us to recognize that we underestimate ourselves and suffer from a case of mistaken identity. We recognize that the self-image, self-concept, or “ego” that we usually assume to be our “self” is an image or concept only, and that our real nature is something deeper and far more remarkable.
7. Contemplative disciplines offer effective techniques for training the mind in this way.
8. These claims do not have to be accepted on blind faith; rather, one can, and should, test them for oneself.

A Developmental Perspective

Surveying recent research in developmental psychology will help us to understand contemplative goals and to compare them with other therapies. Developmental psychologists currently recognize three broad levels of development: prepersonal, personal, and transpersonal, which are also called preconventional, conventional, and postconventional (Wilber, 2000a). We are born into the prepersonal, preconventional stage in which we have no coherent sense of self or of social conventions. As we grow, we are gradually acculturated and mature to the personal/conventional stage. Here we establish a more coherent sense of self and largely accept the conventional cultural view of ourselves and the world. Until recently, this conventional stage was widely assumed to be the sum total of our developmental potential.

Yet for centuries, philosophers and sages have lamented the limitations of conventional development and pointed to further possibilities. The conventional stage has been associated with a clouded state of mind that Asian contemplative psychologies describe as “illusion” and some Western psychologists call a “consensus trance” or a “shared hypnosis” (Tart, 1986). Likewise, existentialists describe conventional ways of life as often superficial, defensive, and inauthentic. Too often, they say, we accept cultural beliefs and values unreflectively, follow fads and fashions unquestioningly, and avoid facing the deeper questions and issues about life and ourselves. The result, say existentialists, is a semiconscious submission in “herd mentality” in which we fail to live fully or authentically (Yalom & Josselson, 2010). According to Abraham Maslow (1968), one of the founders of humanistic psychology, the result is that “The normal adjustment of the average, common sense, well-adjusted [person] implies a continued successful rejection of much of the depths of human nature . . .” (p. 142).

This is not a new idea. In fact, Maslow was echoing the words of numerous contemplatives who for centuries have claimed that, as yoga puts it, “You are not fully grown up, there are levels left undeveloped because unattended” (Nisargadatta, 1973, p. 40). Likewise, for Jewish contemplatives, “normality” is regarded as “the ‘mentality of childhood’ (*mochin de-katnuth*). More advanced modes of thought and states of consciousness, on the other hand, are referred to as the ‘mentality of adulthood’ (*mochin de-gadluth*). One learns these methods of ‘adult thought’ through meditation” (Kaplan, 1985, p. 8).

These diverse views—from East and West, from philosophy and religion, and now from psychology—all converge on a startling conclusion of enormous importance: *We are only half grown and half awake*. Development normally proceeds from pre-conventional to conventional, but then usually grinds to a semiconscious halt.

Fortunately, there is also good news: Further development is possible. Our usual personal, conventional condition may be a form of collective developmental arrest. However, development can proceed beyond what are often assumed to be the upper limits of health and normality. The conventional stage can be a stepping stone rather than a stopping place. Such has long been the claim of contemplative psychologies, and it is now supported by considerable developmental research. Researchers now recognize postconventional stages in motivation, cognition, defenses, moral thinking, and the sense of self (Maslow, 1971; Wilber, 1999, 2000b).

With this developmental background, we can now compare psychotherapeutic systems in two ways. The first is according to the developmental levels they aim to foster. For example, most psychotherapies aim to foster healthy conventional development. Meditative therapies, on the other hand, though capable of facilitating conventional adjustment, traditionally aim for postconventional growth.

A related idea is that psychological systems address three major levels of concerns: pathological, existential, and transpersonal. As this book clearly demonstrates, Western professionals have devised sophisticated techniques for alleviating pathologies, and have begun to focus on the existential issues—such as meaninglessness, isolation, and death—that all of us inevitably face as part of life (Yalom, 2002; Yalom & Josselson, 2010). However, only recently have Western psychologies begun to explore the transpersonal domains that interest contemplative disciplines.

Other Systems

Principles for Optimal Comparisons of Different Psychotherapies

Each psychotherapy is a rich and complex system, and brief comparisons necessarily do them an injustice. When making comparisons, it is probably wise to assume that:

1. Each system offers a *valuable but only partial* contribution to understanding and treatment.
2. Claims for blanket supremacy of any one approach are suspect.
3. Effective therapies share a variety of methods and mechanisms.
4. Different therapies may be complementary rather than necessarily conflictual.
5. Therapists familiar with only one system are likely to fall into the Procrustean trap of interpreting and treating all clients in the same way. As Abraham Maslow put it, if the only tool you have is a hammer, everything begins to look like a nail. If you know only one therapy, then all clients and conditions begin to look appropriate for it.
6. Good therapists are flexible and familiar with multiple methods. They assess which therapy is likely to work best for each client, and will treat or refer clients appropriately.

These principles are well demonstrated by integrative and integral therapies (Norcross & Beutler, 2010; Wilber, 2000a).

Comparisons with Other Systems

The following comparisons highlight the contributions of contemplative approaches. However, this is in no way to deny the value or many contributions of the following therapies.

Psychoanalysis focuses above all on psychological conflict. It sees humans as necessarily locked and lost in a never-ending inner struggle and assumes that "mental life represents an unrelenting conflict between the conscious and unconscious parts of the mind" (Arlow, 1995, p. 20). Psychoanalysis has made enormous pioneering contributions to our understanding of the unconscious, defenses, the childhood roots of some pathologies, and a variety of therapeutic processes. In fact, it has made major advances over contemplative disciplines in the areas of childhood development, transference, and unconscious dynamics and defenses.

However, from a contemplative perspective, psychoanalysis has tragically underestimated our human nature and potentials. By focusing almost exclusively on conflict, problems, and pathology, it largely overlooks human strengths and possibilities, and what Abraham Maslow (1971) famously called "the farther reaches of human nature." Consequently, psychoanalysis does not recognize possibilities of, for example, exceptional health and well-being, ecstatic experiences, or how to foster transpersonal maturation and exceptional capacities. As several researchers have pointed out, "Freudianism institutionalized the underestimation of human possibility" (Needleman, 1980, p. 60).

Both ancient contemplative claims and recent research call into question psychoanalytic assumptions about the universality of psychological conflict. Contemplative psychologies fully agree that conflict is a given for "normal" people. However, they suggest that these conflicts may largely resolve in the higher reaches of development. This claim is supported by an intriguing Rorschach study of advanced mindfulness meditation teachers.

But first, a word of caution about the Rorschach, which is one of the most famous and controversial of all psychological tests. An American Psychological Association board lauded it as "perhaps the most powerful psychometric instrument ever envisioned," yet *The New York Review of Books* damned it as "a ludicrous but still dangerous relic" (Crews, 2004). Certainly, the Rorschach can still be valuable in exploratory studies such as this examination of mindfulness meditation teachers.

Those teachers at the first of the four classic levels of Buddhist enlightenment showed almost normal amounts of conflict around common issues such as sexuality, dependency, and aggression. However, these conflicts were reported as "encapsulated," meaning that the conflicts had little impact on the teachers' personality or performance. The enlightened practitioners displayed "greater awareness of and openness to conflict but paradoxically less reaction . . ." (Wilber, Engler, & Brown, 1986, p. 210). This is consistent with the behavior of such teachers, who often seem more amused than troubled by their issues.

However, a still more remarkable resolution of conflicts occurred at the third level of enlightenment. An exceptionally advanced female meditation master showed "no evidence of sexual or aggressive drive conflicts" (Wilber et al., 1986, p. 214). Intriguingly, ancient texts not only claim that this type of freedom from conflict and its resultant suffering is possible; they also claim that this freedom occurs at the third level of enlightenment.

One further problem with psychoanalysis is an unfortunate tendency toward grandiosity. Some psychoanalysts make sweeping pronouncements overestimating the scope and supremacy of their own system. Consider, for example, the claims that "Psychoanalysis is the most extensive, inclusive and comprehensive system of

psychology" (Arlow, 1995, p. 16), and "When it comes to unraveling the mysteries of the human mind, no body of knowledge approaches that of psychoanalytic theory" (Gabbard, 1995, p. 431). Comparisons with other schools offer little support for such claims. Overestimating the supremacy of one's own school seems directly related to one's ignorance of others. Of course, this trap is widespread among therapeutic schools, including contemplative ones, but is no longer defensible.

In spite of their differences, meditation practices and psychoanalysis (together with other psychodynamic therapies) share certain goals and understandings. Both are based on the recognition that, as Freud (1917/1943, p. 252) put it, "man is not even master in his own house . . . his own mind." Likewise, the two systems emphasize the value of deep introspection, and Freud acknowledged that meditative disciplines "may be able to grasp happenings in the depths of the ego and in the id which were otherwise inaccessible to it. . . . It may be admitted that the therapeutic efforts of psychoanalysis have chosen a similar line of approach" (Freud, 1933/1965, p. 71).

Analytical (Jungian) and contemplative psychologies agree on several major issues. These include the mind's innate drive toward growth, the beneficial effects of transpersonal experiences, and the multilayered nature of the unconscious, including levels below the Freudian.

Meditation traditions tend to agree with Jungian, humanistic, and person-centered Rogerian schools that, in addition to motives such as sex and aggression, the psyche possesses an innate drive toward growth and development. Although the concepts are not perfectly synonymous, there is overlap among Jung's drive for "individuation," Abraham Maslow's "self-actualization" and "self-transcendence," Carl Rogers's "formative tendency," and the contemplative motive for self-transcendence and awakening. All would agree with Abraham Maslow's (1968, p. iv) poignant observation that "Without the transcendent and the transpersonal, we get sick, violent, and nihilistic, or else hopeless and apathetic. We need something 'bigger than we are' to be awed by and to commit ourselves to."

Both Jungian and contemplative perspectives, and now contemporary research, agree that transpersonal experiences can foster psychological healing and growth (Walsh & Vaughan, 1993). Transpersonal experiences are experiences in which the sense of identity or self expands beyond (trans) the individual or personal to encompass wider aspects of humankind and the world. Here one experiences oneself as intimately linked and identified with others, the world, and even the cosmos. As Jung (1973) put it, "the approach to the numinous is the real therapy and inasmuch as you attain to the numinous experience you are released from the curse of pathology" (p. 377).

Jung was one of the first pioneers to recognize adult and postconventional development and transpersonal experiences. Historically, most Western therapies recognized only the first two developmental stages, the prepersonal and personal, and this left them prey to a specific trap. Since transpersonal experiences went unrecognized, they were often confused with prepersonal ones and therefore were mistakenly diagnosed as regressive or pathological. The result was "the pre/post fallacy." For example, Freud interpreted transpersonal experiences as indicative of infantile helplessness, Albert Ellis viewed them as examples of irrational thinking, and the classic text *The History of Psychiatry* referred to "The obvious similarities between schizophrenic regressions and the practices of Yoga and Zen" (Alexander & Selesnick, 1966, p. 372).

However, careful comparisons reveal major differences between prepersonal regression and transpersonal progression, and, as Ken Wilber points out, "pre and trans can be seriously equated only by those whose intellectual inquiry goes no further than superficial impressions" (Wilber, 1999, p. 157). Nevertheless, the pre/trans fallacy was widespread until recently and led to a tragic underestimation of human potentials and of contemplative therapies.

Cognitive, rational emotive, and contemplative therapies share an appreciation of the enormous power of thoughts and beliefs. They agree that we are all prone to numerous erroneous thoughts that all too easily become unrecognized erroneous assumptions. These assumptions are mistaken for reality, and then they bias cognition, distort experience, and produce pathology. These mistaken assumptions are described as “basic mistakes” (Alfred Adler), “cognitive distortions” (cognitive therapy), “irrational beliefs” (Albert Ellis), and “delusion” (Asian therapies). Rumi, one of Sufism’s greatest contemplatives and now one of the world’s most popular poets, wrote, “Your thinking . . . drives you in every direction under its bitter control (Helminski, 2000, p. 19),” Jewish wisdom holds that “A person’s entire destiny—for good or ill—depends on the thoughts in his heart” (Hoffman, 1985, p. 103), and therefore recommends the practice of “elevating strange thoughts.” The great Indian leader Mahatma Gandhi, who was a devoted yogic practitioner, summarized it this way: “What you think you become” (Fischer, 1954, p. 146).

Of course, there are also significant differences between schools. Cognitive therapy has made several advances over contemplative approaches. These include recognizing specific cognitive profiles for each psychopathology and experimentally demonstrating the benefits of changing pathogenic beliefs.

On the other hand, because of their refined awareness, meditators can identify and modify layers of thought below those accessible to cognitive and rational emotive therapies. Meditators are able to observe thoughts and their effects with remarkable precision (as will be described), to unearth deep distorted beliefs and cognitive schemas, and to develop remarkable degrees of cognitive control. Advanced meditators may observe each thought that arises, and then reduce harmful thoughts and cultivate beneficial ones. Cognitive therapies recognize the possibility of brief “thought stopping.” However, contemplatives can extend thought stopping for prolonged periods, and then rest in the profound calm and clarity that result, a claim now supported by electroencephalogram (EEG) studies (Cahn & Polich, 2006).

Reduction of the usually incessant torrent of thoughts is said to heal, calm, and clarify the mind. This fosters healing and growth and reveals depths of the psyche that are usually obscured, just as the depths of a lake become visible only when surface waves are calmed. Taoism’s great philosopher Chuang Tzu wrote, “if water derives lucidity from stillness, how much more the faculties of the mind?” (Giles, 1926/1969, p. 47).

Contemplative therapies can therefore do more than heal the erroneous thoughts and beliefs that underlie clinical psychopathologies. At their best, they can also help us to recognize, transform, and disidentify from deeper thoughts that underlie collective pathology. These are thoughts and beliefs that keep us trapped at conventional levels of development and unaware of our further potentials and deeper identity. So important are thoughts that the Buddha began his teaching with the words:

We are what we think. All that we are arises with our thoughts. . . .

It is good to control them, and to master them brings happiness. . . .

The task is to quieten them, and by ruling them to find happiness. (Byrom, 1976, p. 3, 13)

Existential and contemplative therapies both center on “ultimate concerns,” those fundamental challenges of life that all of us inevitably face. These include the inescapable challenges of meaning and purpose, suffering and limitation, isolation and death. Both schools agree that these challenges leave us prey to a deep sense of anxiety (angst). Moreover, this anxiety is not just circumstantial but also existential—that is, it is due not only to our individual circumstances but also to the nature of human existence.

Both schools also emphasize the many ways in which we live superficially and inauthentically, hiding from and deceiving ourselves about these ultimate concerns. Conventional culture often reflects and fosters this inauthenticity, creating what Nietzsche described as a “herd mentality” that functions as a collective defense. This herd mentality

encourages us to live conventional lives of what Eric Fromm called “automation conformity”: superficial, unreflective lifestyles in which, according to Kierkegaard, we “tranquelize ourselves with trivia.”

Contemplative and existential psychologies offer overlapping but distinct solutions. They both urge us to recognize rather than deny our existential condition, and then to face it as fearlessly and defenselessly as we can. Only in this way can we escape the conventional slumber of our herd mentality, go beyond unthinking conformity, and live more fully and authentically. However, for most existentialists, the best we can do is to adopt a heroic attitude, such as courage and authenticity, which involves unflinching openness to the harsh realities of life (Yalom, 2002).

Contemplative therapies agree completely that we need authenticity and courage. However, they also suggest that contemplative practices enable us to deal with life’s existential challenges in two additional ways. The first is by cultivating mental qualities such as courage, equanimity, and insight, which help in facing such challenges. The second is by fostering maturation to transpersonal stages. Here the separate “egoic” self that suffers isolation and meaninglessness is transcended in a larger transpersonal identity that recognizes its inherent interconnection with others and with all life, and thereby finds inherent meaning and purpose in this larger identity.

Contemplative disciplines agree with *integrative* and *integral* therapies that the best way to promote healing and growth is by judiciously combining multiple approaches and techniques. In fact, contemplative therapies go further, and suggest that all of life—each experience, activity, and relationship—can become an opportunity for learning. The aim is not just to foster healthy qualities such as calm and clarity during formal practice sessions, but also to both foster and apply these healthy qualities in all activities for the benefit of everyone. The goal is to go into oneself so as to go out into the world more effectively and helpfully, and to go out into the world so as to go into oneself more effectively and deeply.

What Makes Psychotherapy and Psychotherapists Effective? Supershrinks and Pseudoshinks

One of the most consistent findings in psychotherapy research is that most of the benefits come from so called “nonspecific factors”—such as the quality of the relationship and the clients’ and therapists’ personal qualities and capacities—rather than from the unique elements of a particular therapy. Moreover, therapists differ enormously in their effectiveness, with “supershrinks” far outperforming “pseudoshinks.” Unfortunately, most research still tries to demonstrate the superiority of one therapy over another in spite of decades of minimal success. Clearly, more (or even most) effort should be going into identifying characteristics of supershrinks and discovering how to emulate them. For example, obtaining feedback is crucial, and using rating scales to obtain feedback from clients in each session on how the session went *dramatically* improves therapy success rates (Duncan, Miller, & Sparks, 2004; Miller, Hubble, & Duncan, 2007).

As yet, we do not know how much of contemplative benefits derive from the specific practices, and how much from the therapist and the relationship. It may be that nonspecific effects are particularly important at the beginning of practice, when teachers or therapists are most active and involved. As practice progresses, the practice and practitioner usually become more independent, and at this stage specific factors unique to meditation or yoga may become increasingly important.

There are probably multiple qualities that characterize contemplative supershrinks. They likely include all the beneficial personal characteristics identified by Carl Rogers, such as accurate empathy, a nonjudgmental positive regard for the client, and personal

“congruence” or authenticity. Other beneficial qualities probably include a long-term personal contemplative practice, and development of the psychological qualities and capacities that contemplation has been shown to foster. Therapists of any persuasion can benefit from contemplative practice themselves. Therefore, therapists can learn these practices, and then continue to offer other kinds of therapies to clients while bringing contemplative qualities such as greater calm, clarity, and empathy to their work.

HISTORY

Precursors

The human quest for self-understanding and healing extends back into the dawn of history. The earliest systematic seekers and therapists were ancient healers called shamans, whose 20,000-year-old images decorate cave walls. Shamans were the original general practitioners who functioned as physicians, therapists, and tribal counselors. To fill these multiple roles, they drew on an array of diagnostic and healing techniques that ranged from projective testing to herbal medications, individual counseling, and group therapy (Walsh, 2007). As such, they exemplify Jerome Frank's (1982) famous claim that all psychotherapy methods “are elaborations and variations of age-old procedures of psychological healing” (p. 49).

However, their distinctive practice was the induction and use of altered states of consciousness. Thousands of years ago, they learned how to alter their consciousness through techniques such as fasting, drumming, dancing, and psychedelics. With the heightened sensitivity conferred on them by these altered states, they accessed intuitive knowledge to make diagnoses and recommend treatments. Today, shamanism still plays a vital role in many cultures, making it by far the most enduring of all current psychotherapies (Walsh, 2007).

Beginnings

Meditative and yogic practices emerged when practitioners learned to induce desired states of mind without external aids. Their origins are lost in the mists of history but can be traced back at least 3,000 years.

Beginning some 2,500 years ago, there was a dramatic stirring of human consciousness, a stirring so important that it has been named the Axial Age. In diverse countries, remarkable individuals pioneered new techniques for training the mind, and developed the first systematic meditative, philosophical, and psychological disciplines. In Greece, the first systematic thinkers—and especially the remarkable trio of Socrates, Plato, and Aristotle—established rational inquiry and thereby laid the foundation for Western philosophy and psychology. In India, sages developed yoga and the yoga-based philosophy and psychology that would undergird subsequent centuries of Indian thought. Meanwhile, the Buddha devised new meditations and a corresponding philosophy. In China, Confucius, a veritable one-man university, and Lao Tsu, a semi-legendary sage, laid the foundations of Confucianism and Taoism, respectively. So important was this era to the evolution of human culture and the understanding of human nature that the historian Karen Armstrong (2006) concluded, “All the traditions that were developed during the Axial Age pushed forward the frontiers of human consciousness and discovered a transcendent dimension in the core of their being.”

Subsequent Evolution

Each of these traditions evolved over time. Of course, Western contemplative traditions also evolved. However, because these began centuries later and because of space

limitations, we will focus on the evolution of the axial traditions that we have already begun to follow.

In China, Taoism split into quite disparate streams. One group degenerated into primitive magic, another developed a systematic philosophy, and a third became yogic and concerned itself with psychological transformation. It is this group whose practices we will examine.

Confucianism started as a social reform movement. Deeply pained by the turmoil and injustice he saw around him, Confucius yearned to improve government and help the downtrodden masses. The philosophy and psychology that he and his followers developed were therefore socially oriented. Only centuries later, when Confucianism incorporated elements of Taoism and Buddhism to create the great synthesis of neo-Confucianism, did the tradition come to include major meditative and yogic components.

In India, yoga developed into several schools emphasizing different but complementary approaches to mind training and self-transformation. Four main approaches, or yogas, emerged that focused on transforming thoughts, emotions, attention, and motivation, respectively.

Buddhism eventually developed a systematic psychology that still stands as one of the world's most remarkable introspective psychologies. It analyzed the contents and processes of mind into some 50 elements of experience. Then it used these elements to describe psychological health and pathology and to guide mental training. Early Western psychology was also largely introspective. However, whereas Western introspectionists failed to create a useful replicable map of experience, the Buddhists succeeded (perhaps because of their far more rigorous training in introspection), and their map has guided meditators for over 2,000 years.

Common Discoveries and Practices

Whenever people search deeply for insight into the great questions and mysteries of life, certain themes emerge. Inevitably, seekers come to recognize the need for developing their own minds and the importance of both wise teachers and periods of silence and introspection. Only in periods of quiet can we disentangle ourselves from the superficial busyness of our lives, reflect on what is truly important, calm our minds, and access our inner wisdom.

Contemplative practices and traditions therefore became part of each of the great religions of both East and West. Christian contemplatives claimed that, for example, "Good speech is silver, but silence is pure gold" (Savin, 1991, p. 127), while Judaism says, "I grew up among the sages. All my life I listened to their words. Yet I have found nothing better than silence" (Shapiro, 1993, p. 18). Likewise, Islamic Sufis recognized that wisdom comes from silence and contemplation. They therefore echoed the words of their founder Mohammad, "Silent is wise; alas, there are not enough who keep silent. . . . Bring your heart to meditation" (Angha, 1995, p. 68, 74). Similar themes echo through Eastern traditions and through the lives of secular contemplatives, too.

Over time, the need for mental training as an essential catalyst for psychological health, wisdom, and spiritual maturity became increasingly apparent. Contemplative practices therefore evolved over the centuries, becoming increasingly refined, systematic, and diverse. Each tradition developed a family of practices aimed at cultivating specific mental capacities—for example, attentional capacities such as concentration and focus, cognitive skills such as insight and wisdom, and valued emotions such as love and compassion. And each tradition came to the crucial, life-changing recognition that within us are untapped potentials, sources of wisdom, and kinds of satisfaction far richer and more profound than we suspect.

“Know yourself” is the key maxim of the contemplative traditions, and it has been stated in numerous ways. The great contemplative Plotinus, who fathered Neoplatonic philosophy, advised, “We must close our eyes and invoke a new manner of seeing . . . a wakefulness that is the birthright of us all, though few put it to use” (O’Brien, 1964, p. 42). Early female Christian contemplatives, who were known as the Christian Desert Mothers because they withdrew from society to practice, quickly learned what so many others before and after them learned:

Self-awareness is not selfishness but self-connectedness. It is a deep and intense listening to our inner being, learning to be conscious and alert to what our inner world is trying to say to us. With self-awareness and self-knowledge, we understand our reactions toward others, issues that complicate our lives, blind spots we can fall into, as well as our particular strengths and gifts. (Swan, 2001, pp. 36–37)

Current Status

For a long time, Western mental health professionals knew little and misunderstood much about contemplative practices, but recently there has been an explosion of both popular and professional interest. Worldwide, these practices remain among the most widespread and popular of all current psychotherapies. They are now practiced by several thousand therapists and several million laypersons in the United States as well as by hundreds of millions of people around the world (Deurr, 2004). The number of demonstrated psychological and somatic benefits continues to increase, while combination therapies and integrative psychologies that synthesize contemplative and standard Western approaches are proliferating. Several hundred research studies—most on TM and mindfulness—make meditation one of the most extensively researched of all therapies.

Integration of Therapies

Attempts to forge integrations across different Western psychologies and therapies are of three major kinds: (1) the search for underlying common factors, (2) technical eclecticism (combining techniques), and (3) theoretical integration. Similarly, attempts are now being made to integrate meditative and psychological therapies. Therapeutic factors common to both meditations and psychotherapies are discussed below and elsewhere (e.g., Baer, 2005; Kabat-Zinn, 2003; Walsh & Shapiro, 2006).

Contemplative technical eclecticism is proceeding rapidly and most often combines mindfulness with psychotherapeutic techniques. The original inspiration was Jon Kabat-Zinn’s (2003) widely used Mindfulness-Based Stress Reduction (MBSR). Recent combinations employing mindfulness include mindfulness-based cognitive, art, and sleep therapies, Mindfulness-Based Eating Awareness Therapy (MB-EAT), relapse prevention for drug abuse, and relationship enhancement. Combinations that employ other or multiple kinds of meditation include dialectical behavior therapy for borderline disorders, acceptance and commitment therapy, and transpersonal and integral therapies. Such approaches have initial research support, and some, such as MBSR, already meet the criteria for “probably efficacious” treatments (Baer, 2005). Nonwestern psychotherapies that incorporate meditative elements include the Japanese *Naikan* and *Morita* therapies.

The success of these combination therapies raises several intriguing questions. An obvious one is “What other combinations will prove efficacious?” A more provocative question, given the many successes so far, may be “Would all mainstream therapies benefit from the addition of mindfulness training?” And perhaps the question that is most important in the long term is “What are the possibilities for using meditation on a widespread social scale, such as in educational systems, to prevent pathologies and problems for which it has already proved therapeutic?”

Theoretical Integrations

There is a growing movement to create integrative theories that synthesize contemplative and Western psychological perspectives. The best-known examples are transpersonal and integral psychologies. *Transpersonal* psychology was founded as the first explicitly integrative school of Western psychology, and as such it sought to honor and synthesize valid insights of all schools, including East and West, psychology and meditation, personal and transpersonal (Walsh & Vaughan, 1993). This synthesis is facilitated by the fact that the meditative and Western psychologies are to some extent complementary, the former focusing on health and the latter on pathology, the former on the transpersonal and the latter on the personal.

The most far-reaching theoretical integration to date is the “integral psychology” of Ken Wilber. His approach traces psychological development, pathologies, and appropriate therapies from infancy to adulthood using primarily Western psychological resources, and then from personal to transpersonal using primarily contemplative resources (Wilber, 1999, 2000b; Wilber et al., 1986).

Therapeutically, the most comprehensive integrative approaches to date are the integral therapies of Ken Wilber and of Michael Murphy, the founder of Esalen Institute. These multimodal therapies address multiple psychological and somatic dimensions, as well as prepersonal, personal, and transpersonal levels. Integral therapies recommend a judicious mix, tailored to the individual, of educational, psychotherapeutic, contemplative, and somatic approaches. Somatic approaches include exercise, mindful movement such as Tai Chi, yogic postures, and diet. Diet has long been a central concern of yoga, which holds that, “As one’s food, so is one’s mind” (Feuerstein, 1996, p. 63). This ancient wisdom remains vitally important in our modern world, where millions of people consume junk food and die from the complications of obesity, while millions of others die from starvation. Although integral therapies are impressively wide ranging in scope, they lack the research validation that some integrative therapies have amassed (Norcross & Beutler, 2010).

Many therapists now integrate meditative and Western perspectives within their own lives and therapeutic practices. Thousands of Western-trained therapists have now learned contemplative practices, and an increasing number of contemplative teachers are acquiring Western psychological training.

Learning Contemplative Practices

For those who want to learn contemplative practices, there are many popular books (see the Case Readings in this chapter). However, it is extremely helpful to have the guidance of a teacher–therapist. Most teachers are sincere, but there are no licensing procedures or formal regulatory bodies. Good teachers have extensive personal experience, may have been certified to teach by their own instructors, and are likely to be part of an historical contemplative tradition such as TM, Buddhist meditation, or Christian contemplation. Most important, they live and relate in ways consistent with their message, treating everyone with kindness and respect. Therapists who wish to teach these techniques, or to counsel people already using them, need to have done considerable personal practice themselves under expert guidance. Ideally, this would include periods of retreat where, over several days or weeks, one engages in continuous practice that can significantly accelerate learning and growth.

PERSONALITY

Just as there are many types of meditation, there are many contemplative psychologies. Although they vary significantly, there are also recurrent themes. We can therefore outline a contemplative view of mind and human nature, but we need to keep in mind that a specific system may not agree with all the following points.

Theory of Personality

Contemplative practices stem from and lead to views of human nature, health, pathology, and potential that are in some ways very different from traditional Western assumptions. We can discuss these views under the following headings: consciousness, identity, motivation, development, and higher capacities.

Consciousness

A century ago, William James made a famous and provocative claim:

Our normal waking consciousness . . . is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus, and at a touch they are there in all their completeness. . . . No account of the universe in its totality can be final which leaves those other forms of consciousness quite disregarded. (James, 1958, p. 298)

Contemplative psychologies agree fully. They describe a broad spectrum of states of consciousness—many of them as yet unrecognized by mainstream Western psychology—and provide detailed techniques for attaining them. Perceptual sensitivity and clarity, concentration and sense of identity, as well as emotional and cognitive processes all vary with states of consciousness in predictable ways. Some states possess not only the capacities present in our usual condition but also heightened or additional ones, and these are known as “higher states.”

If higher states of consciousness exist, then contrary to typical Western assumptions, our usual state must be suboptimal. This is exactly the claim of the contemplative psychologies, which describe our usual state as clouded, hypnotic, and dreamlike. All of us are aware that we sometimes daydream and become lost in thoughts and fantasy. Contemplative psychologies claim that these thoughts and fantasies are significantly more pervasive, distorting, and confusing than we realize.

This claim, like other contemplative claims, is one we can test for ourselves through meditation. Meditative observation quickly reveals that our minds are usually filled with a continual flux of unrecognized thoughts, images, and fantasies that distort and reduce awareness, resulting in unappreciated trance-like states (Kornfield, 1993). As in any hypnotic state, the trance and its attendant constrictions and distortions of awareness easily go unrecognized. The result is said to be a clouding and distortion of daily experience that causes much of our mental suffering, yet remains unrecognized until we subject our perceptual–cognitive processes to direct, rigorous scrutiny, as in meditation.

Thus the “normal” person is considered to be partly “asleep,” “dreaming,” or in a “consensus trance.” When such a “dream” is especially painful or disruptive, it becomes a pathological “nightmare.” However, because the vast majority of the population “dreams,” the usual more subtle forms remain unrecognized. A central aim of contemplative therapies is to enable people to “awaken” from this waking dream, and this awakening is known by such names as liberation and enlightenment, salvation and *satori*, *fana*, and nirvana (Walsh, 1999).

To some extent, these concepts simply extend Western psychology. Research shows that we are far less aware of our own cognitive processes than we usually assume, and that we suffer from unrecognized cognitive–perceptual distortions and automaticities. Contemplative psychologies suggest that meditative/yogic training can both enhance awareness and reduce distortions and automaticities. This claim is now supported by studies of advanced meditators who show enhanced perceptual speed, sensitivity, and discrimination (Murphy & Donovan, 1997).

boundaries of the separate person and personality—and identifying with others, and eventually identifying with all humankind and the world. The final culmination is a sense of one's interconnectedness and inherent unity with all, and the result is a natural sense of love and compassion for all.

As meditative–yogic awareness penetrates past arbitrary self-boundaries, it also penetrates into the very depths of the psyche. Below the self-concept, below the thoughts and images that construct this concept, below even the archetypal layers recognized by Jung, awareness uncovers our deep nature and discovers—*itself!* That is, our deep nature is said to be—not the contents of mind such as thoughts, images and feelings—but rather that which underlies and is aware of them: pure awareness or consciousness. This pure awareness is described in different contemplative traditions as Mind, original Mind, Spirit, Self, Atman, Buddha Nature, and Tao mind. Contemplative traditions agree that the experience of this pure awareness that is our true nature is extremely blissful and far more ecstatic than any other pleasure. After his own discovery of this, Shankara, one of the greatest Indian yogis, exclaimed,

What is this joy that I feel? Who shall measure it?

I know nothing but joy, limitless, unbounded! . . .

I abide in the joy of the Atman. (Prabhavananda & Isherwood, 1978, p. 113)

As a survey of the world's yogas concluded, "This is indeed the great message of all forms of yoga: happiness is our essential nature, and our perpetual quest for happiness is fulfilled only when we realize who we truly are" (Feuerstein, 1996, p.2).

In summary, contemplative training culminates in penetrating insight into the mind and the recognition of one's deep identity. It is recognition of oneself as blissful, pure consciousness, aware of one's connection to all people and all things, and aware of (but no longer identified with, and therefore not controlled by) the thoughts, images, and emotions that parade through the mind. This is the classical unitive experience so widely sought by contemplatives around the world, and it is experienced as the mind's natural, healthy, mature, and ecstatic condition (Wilber, 2000b).

Similar, though transient, ecstatic experiences can emerge under other circumstances. They can be deliberately induced with rituals, fasting, or psychedelics. They may also occur spontaneously in nature, advanced psychotherapy, intensive exercise, during childbirth, and near death (Maslow, 1971). They can also be induced during lovemaking in experiences of "transcendent sex" that advanced tantric yogis use for self-transformation (Feuerstein, 1996; Wade, 2004).

From a contemplative perspective, these are glimpses, or *peak experiences*, of the mind's potentials and our deeper nature, and they can produce significant insights and transformations. However, these experiences are almost always transient. Only mental training can sustain such experiences and thereby transform them into the higher developmental stages and enduring ways of life that are the goals of contemplative disciplines.

Western psychologists periodically rediscover unitive experiences and their benefits. Classic examples include William James's "cosmic consciousness," Carl Jung's "numinous experience," Abraham Maslow's "peak experience," Erich Fromm's "at-onement," and "transpersonal experiences." In fact, some Western researchers have reached conclusions strikingly similar to those of contemplatives; two classic examples are Carl Jung and William James. Jung (1968) argued that "the deeper layers of the psyche . . . become increasingly collective until they are universalized" (p. 291), and William James (1960) suggested that "there is a continuum of cosmic consciousness against which our individuality builds but accidental fences and into which our several minds plunge as into a mother sea" (p. 324). "It is chiefly our ignorance of the psyche if these experiences appear 'mystic,'" claimed Jung (1955, p. 535).

However, Western clinicians usually see ego boundaries dissolve in the ego disintegration of psychoses and borderline disorders. Therefore, it is understandable that healthy ego transcendence was sometimes formerly confused with pathological ego disintegration and therefore dismissed as regressive psychopathology. This unfortunate example of the pre/post fallacy is an outmoded pathologizing interpretation. In fact, unitive experiences occur most often in psychologically healthy individuals and then further enhance health and maturity (Alexander, Rainforth, & Gelderloos, 1991; Maslow, 1971).

Motivation

Contemplative psychologies tend to see motives as organized hierarchically from strong to (initially) weak, from survival to self-transcendence. This ordering is most explicit in Hindu yoga and is similar to the Western theories of Abraham Maslow (1971) and Ken Wilber (1999). Yoga agrees that physiological and survival motives such as hunger and thirst are innately most powerful and predominant. When these needs are fulfilled, drives such as sexual and power strivings may emerge as effective motivators in their turn, and after them, "higher" motives such as love and the pull toward self-transcendence. *Self-transcendence* is the desire to transcend our usual false constricted identity, to awaken to the fullness of our being, and to recognize our true nature and potential. Self-transcendence, lying beyond even self-actualization, was the highest motive recognized by Maslow, but some contemplative psychologies give equal importance to selfless service.

The question of the nature of *the* fundamental human motive (if such there be) has repeatedly split Western psychology. The extremes are represented by Freudian, Marxist, and evolutionary psychologies, on one hand, and by the perspectives of Rogers and Wilber on the other. Freud, Marx, and evolutionary psychology are reductionistic. That is, they view higher motives as expressions of underlying sexual, economic, and survival factors, respectively. By contrast, for Rogers (1959) "the basic actualizing tendency is the only motive which is postulated" (p. 184), while for Wilber (1999), the pull to self-transcendence is fundamental.

This perspective has enormous practical implications for our lives. According to contemplative psychologies, higher motives—what Abraham Maslow called *metamotives*, such as self-actualization, self-transcendence, and selfless service—are part of our very nature. Therefore, ignoring them produces several kinds of pain and pathology.

First, we suffer from a shallow, distorted, and distorting view of ourselves. This has tragic consequences because self-images tend to operate as self-fulfilling prophecies, and as Gordon Allport (1964) pointed out "Debasing assumptions debase human beings" (p. 36).

Second, if metamotives are an essential part of our nature, then overlooking them means that we are starving ourselves of something vital to our well-being. We may need the good, the true, and the beautiful if we are to thrive; we may need to express kindness, care, and compassion if we are to live fully (Walsh & Vaughan, 1993). Therefore, if we do not recognize and express our metamotives, we will live inauthentically and immaturely and remain fundamentally unfulfilled. This is doubly problematic because we will not even recognize the real source of our dissatisfactions, and are likely to blame our malaise on circumstances or other people. These frustrations can mushroom into what Maslow (1971) called *metapathologies*, such as a lack of personal values and guiding principles, a deep sense of meaninglessness and cynicism, distrust of others, and alienation from society.

Maslow worried that many of these metapathologies are rampant in Western society and represent a major threat to our culture. But that is exactly what one would expect given that our culture has denied and starved higher motives. Contemplatives have long

emphasized that the recognition and cultivation of metamotives are essential, not only for individuals, but also for cultures and civilization.

The third cost of metamotive blindness is that we then believe that lesser motives—such as gratifying desires for money, sex, prestige, and power—are the only means to happiness. Then we become lost in the seductive illusion that if we can just get enough of them, we will finally be fully and permanently happy.

Unfortunately, there are serious problems with this idea. First, when we believe these lower-order goals are the only means to attain happiness, we become addicted to them. Then whenever we don't have them, we suffer. Worse still, even if we succeed in getting them, we inevitably habituate and need more and more. In order to get the same high, the drug addict needs a bigger hit, the miser more wealth, the consumer yet another shopping binge. This is what contemporary psychologists call the *hedonic treadmill* and what the Buddha was pointing to with his words "The rain could turn to gold, and still your thirst would not be slaked" (Byrom, 1976, p. 70). Finally, obsession with wealth and possessions can tranquilize us with trivia and distract us from what is truly important in our lives. As the Taoist sage Chuang Tsu put it, "you use up all your vital energy on external things and wear out your spirit" (Feng & English, 1974, p. 108).

Recent research supports these claims. For example, considerable evidence shows that once our basic needs are met, further income and possessions add surprisingly little to well-being and that "there is only a slight tendency for people who make lots of money to be more satisfied with what they make" (Myers, 1992, p. 39). In short, money can certainly relieve the suffering of deprivation, but it is curiously ineffective in buying further happiness, which is why so many contemplatives have echoed Mohammad's words: "The richest among you is the one who is not entrapped by greed" (Angha, 1995, p. 21).

None of this is to suggest that pleasures such as money, sex, and prestige are necessarily bad or that seeking them noncompulsively is pathological. But contemplatives do say that when we believe these are the only (or even the most important) pleasures, then we become addicted to them and are doomed to suffer. Contemplative psychologies therefore provide a valuable antidote to the painful misunderstandings about motivation that pervade contemporary culture, and derail so many lives.

Development

A developmental perspective is so crucial to understanding contemplative claims that we will summarize key concepts again and build on them further. Development proceeds through three major stages: prepersonal, personal, and transpersonal (or pre-conventional, conventional, and postconventional). Whereas Western psychology focuses on the first two stages, contemplatives zero in on the third and recognize several post-conventional levels that lie beyond most Western psychological maps. The highest levels merge into experiences that have traditionally been thought of as religious, spiritual, or "mystical" but can now also be understood in psychological terms.

Higher Capacities

Postconventional development can lead to exceptional psychological capacities. These capacities, which are supposedly available to us all if we undertake the necessary contemplative training, are said to include the following (Wilber, 1999).

In the emotional domain, painful emotions such as anger and fear can be greatly reduced (Goleman, 2003). At the same time, positive emotions such as love and joy can mature to become stronger, unconditional, unwavering, and all-encompassing. Cognitive development can proceed beyond Piaget's highest level of linear formal operational thinking to "vision logic" or "network logic," which sees interconnections

between groups of ideas simultaneously (Wilber, 1999). Motivation can be redirected up the hierarchy of needs so that motives such as self-transcendence and selfless service grow stronger and eventually predominate. The mind's usual ceaseless agitation can be stilled so that unwavering concentration and profound peace prevail. Wisdom can be developed through sustained reflection on existential issues such as death and the causes of happiness and suffering (Walsh, 1999). A growing body of research, which is reviewed later, now supports several of these claims. More and more, the contemplative view of personality and potentials is coming to seem like a natural extension and enrichment of traditional Western views.

Variety of Concepts

Types of Meditation

There are many kinds of meditation and no fully adequate typology is available. However, one simple division is into two main categories: focused or concentration practices on the one hand, and open or awareness practices on the other.

- *Concentration meditations* hold attention on a single stimulus, such as an image or the sensations of the breath. The aim is to develop the mind's ability to focus and maintain attention.
- *Awareness meditations* allow attention to move from one object to another, exploring the ongoing flux of moment-to-moment experience. The aim is to develop clear sensitive awareness, to explore the nature of mind and experience, and thereby foster mental health and maturation.

Psychopathology

Contemplative views of health and pathology are best understood developmentally. Because they are designed to help with personal and transpersonal levels of development and with existential and transpersonal levels of healing, contemplative approaches by themselves offer little help with major psychopathologies such as psychosis or severe borderline disorder. Rather, their focus is more on "normal pathology," and they agree with Abraham Maslow (1968) that "what we call normal in psychology is really a psychopathology of the average, so undramatic and so widely spread that we don't even notice it ordinarily" (p. 60).

From a contemplative perspective, this "psychopathology of everyday life," as Freud called it, is a reflection of psychological immaturity. Development has proceeded from preconventional to conventional but has then ground to a premature halt far short of our true potentials. The mind is operating suboptimally, multiple beneficial qualities and capacities remain underdeveloped, while unhealthy qualities flourish.

These unhealthy factors are numerous, and each contemplative system describes a long list. They include emotional factors such as hatred and envy, motivational forces such as addiction and selfishness, cognitive distortions such as conceit and mindlessness, and attentional difficulties such as agitation and distractibility. Similar ideas occur in other traditions, but Indian contemplatives emphasize the fundamental role of three specific mental factors in causing psychopathology. These three causes—which Buddhism picturesquely calls "the three poisons"—consist of one cognitive factor (delusion) and two motivation factors (addiction and aversion).

The term *delusion* here refers to an unrecognized mental dullness, mindlessness, or unconsciousness that misperceives and misunderstands the nature of mind and reality. These subtle yet fundamental misunderstandings produce pathogenic motives, beliefs,

and behaviors, and the most crucial motives are addiction and aversion. In the words of a famous Zen teacher, "When the deep meaning of things is not understood, the mind's essential peace is disturbed to no avail" (Sengstan, 1975). Contemplatives therefore agree with Albert Ellis (1987) that "virtually all human beings often hold blatant irrational beliefs and therefore are far from being consistently sane and self-helping" (pp. 373-374).

The second root cause of pathology and pain is *craving*. This most closely corresponds to our Western concept of addiction, or what Albert Ellis calls "childish demandingness," and is regarded as a major cause of psychopathology and suffering. Western psychologists emphasize drugs and food. However, contemplatives argue that we can become addicted to almost anything, including people and possessions, our self-image and ideas, and even our ideals. In fact, addictions to material pleasures such as the "physical foursome" of money, sex, power, and prestige are described as "iron chains," while addictions to ideals such as always being good or never getting angry are described as "golden chains" (Walsh, 1999). Being human, we all fall short of our ideals, and if we are addicted to them, then we suffer.

Of course, it is crucial to distinguish craving from simple desire. Desire is mere wanting, craving a compulsive necessity; unfulfilled desires have little impact, unfulfilled addictions yield pain and pathology. Whatever we crave controls us. No wonder yoga claims "Cravings torment the heart" (Prabhavananda & Isherwood, 1972, p. 41).

Along with addiction come painful emotions such as fear, anger, jealousy, and depression. These feelings are intimately tied to craving and reflect the ways it operates in us. We fear that we will not get what we crave, boil with anger toward whoever stands in our way, writhe with jealousy toward people who get what we lust after, and fall into depression when we lose hope. The therapist who recognizes these relationships has an invaluable perspective to offer clients lost in these painful emotions.

Craving is also the basis for many pain-producing life games and lifestyles. These include the "if only game" ("if only I had . . . then I could be happy") and what *transactional analysis* calls the "until game" (I can't be happy until I get . . .). The amount of suffering in our lives reflects the gap between what we crave and what we have. In fact, for Asian meditative traditions, there is an almost mathematical precision to the relationship between psychological suffering and craving, which we might express in the following formula:

$$\text{Suffering} \propto \Sigma \text{ Strength of craving} \times (\text{Reality} - \text{Craved})$$

What this says is that the amount of psychological suffering in our lives is related to the strength of each craving multiplied by the gap between reality and what is craved. In other words, the greater the number of cravings, the stronger the cravings, and the greater the gap between reality and what we crave, the more we suffer.

Contemplative traditions draw a crucial conclusion. It is possible to reduce psychological conflict and suffering by reducing the number and strength of cravings/addictions, and by accepting reality as it is. In fact, this does more than just reduce suffering. It also allows healthy motives to act more freely and effectively, thereby orienting us towards more healthy and fulfilling goals (Walsh, 1999). No wonder the neo-Confucian sage Wang Yang-ming went so far as to claim that "The learning of the great [person] consists entirely in getting rid of the obscuration of selfish desires [addictions]" (Chan, 1963, p. 660), and the founder of Taoism, Lao Tsu, wrote, "to a land where people cease from coveting, peace comes of course" (Bynner, 1944/1980, p. 48).

Addiction also creates its mirror image, *aversion*, the third of the three root causes of psychopathology. Whereas addiction is a compulsive need to experience and possess desirable stimuli, aversion is a compulsive need to avoid or escape undesirable ones, and it breeds destructive reactions such as anger, fear, and defensiveness. The mind ruled by addiction and aversion is enslaved in a never-ending, pain-fueled quest to get what it wants and avoid what it fears.

From this perspective, psychological pain is no mere nuisance to be ignored, anesthetized, or repressed. Rather, it offers opportunities for learning and growth. For psychological pain is an invaluable feedback signal, a mental alarm pointing to addiction and aversion and the need to relinquish them.

Contemplative traditions of both East and West recognize two possible strategies with regard to addictions. The first is common but tragic, the second rare but beneficial. The first strategy is to devote our lives to satisfying addictions—and thereby mindlessly reinforce and strengthen them. The result is temporary satisfaction and long-term suffering, as drug addicts demonstrate all too well. The second strategy is to reduce and relinquish addictions. This can be difficult at first, but it enhances long-term well-being. This was the basis of Gandhi's recommendation to "renounce and rejoice"—that is, to renounce and relinquish addictions and rejoice in the freedom that follows.

Psychological Health

The contemplative ideal of health extends beyond conventional adjustment and encompasses three shifts:

1. Relinquishment of unhealthy mental qualities such as craving, aversion, and delusion
2. Development of specific healthy mental qualities and capacities
3. Maturation to postconventional, transpersonal levels

Each contemplative tradition has its own list of healthy mental characteristics, but they concur on the crucial importance of seven specific qualities. They agree that psychological health and maturity involve cultivating ethicality, transforming emotions, redirecting motivation, developing concentration, refining awareness, fostering wisdom, and practicing service and contribution to others (Walsh, 1999; Walsh & Vaughan, 1993). These seven central qualities are discussed in detail later.

Compassionate service and contribution are held in particularly high esteem, and in some traditions they represent the culminating expression of health. Obviously, the predominant motives of a person freed of craving and aversion would be very different from those driving most of us. The enlightened individual is said to be minimally driven by the "physical foursome" (money, sensuality, power, and prestige) or indeed by egocentric compulsions in general. According to Zen, "For the unified mind in accord with the Way, all self centered striving ceases" (Sengstan, 1975). For such people, compassion and selfless service are major motives. "Fools think only of their own interest while the sage is concerned with the benefit of others. What a world of difference between them" (Gampopa, 1971, p. 195).

Western theory and research support the idea that altruism is correlated with psychological maturity and well-being. Adler's "social interest," Erikson's "generativity," and the sociologist Sorokin's "creative altruism" are said to be essential expressions of successful adult development, and Maslow (1967, p. 280) claimed that "self-actualizing people, without one single exception, are involved in a cause outside their own skin." Altruism may be central to fostering and expressing psychological health and maturity.

PSYCHOTHERAPY

Theory of Psychotherapy

The central assumption underlying contemplative therapies is that the mind can be trained so that unhealthy qualities diminish, healthy ones flourish, and development ensues. Many techniques can be used, but effective disciplines include seven central kinds of practices to cultivate seven corresponding qualities of mind and behavior.

1. *Ethics.* With rare exceptions, such as integrity groups and ethical therapy, Western therapists have shied away from introducing ethical issues because of understandable concerns about moralizing and advice giving. However, the contemplative understanding of ethics is very different from conventional views and very psychologically astute. "Rare are those who understand virtue," sighed Confucius (Lau, 1979, p. 132).

Contemplative traditions view ethics, not in terms of conventional morality, but rather as an essential discipline for training the mind. Meditative introspection soon makes it painfully apparent that unethical behavior—behavior that aims at inflicting harm—both stems from and strengthens destructive qualities of mind such as greed, anger, and jealousy. In Western terms, unethical behavior reinforces or conditions these destructive qualities; in Asian terms, it deepens their "karmic imprint" on the mind, karma being the psychological residue left by past behavior.

Conversely, ethical behavior—behavior that intends to enhance the well-being of others—does the opposite. It deconditions destructive mental factors while cultivating healthy ones such as kindness, compassion, and calm. From a yogic perspective, ethics is therefore not something imposed from without but rather something sought from within—not a sacrifice but a service to both self and others. The great secret of mature postconventional ethics is recognizing that, as the Buddha pointed out, "Whatever you do, you do to yourself" (Byrom, 1976, p. 118).

At first, ethical behavior involves a struggle to reverse old habits. However, with practice, it becomes increasingly effortless and spontaneous until eventually "whatever is . . . thought to be necessary for sentient beings happens all the time of its own accord" (Gampopa, 1971, p. 271). These heights of contemplative ethics overlap with the highest stages of moral maturity suggested by the Harvard researchers Lawrence Kohlberg and Carol Gilligan.

2. *Emotional Transformation.* There are three components to emotional transformation: reducing problematic emotions such as fear, anger, and jealousy; cultivating positive ones such as love, joy, and compassion; and developing *equanimity*. Although Western therapies have many techniques for reducing negative emotions, they have very few for directly enhancing the positive ones or producing equanimity. In contrast, contemplative therapies contain a wealth of practices for cultivating these beneficial emotions to a remarkable level of intensity. For example, Buddhist and Confucian compassion and the Christian contemplative's *agape* (love) flower fully only when they unconditionally and unwaveringly encompass all creatures, and this is facilitated by the third component of equanimity. Emotional transformation presumably fosters "emotional intelligence," which research suggests is associated with exceptional personal, interpersonal, and professional success (Goleman, 2003).

3. *Redirecting Motivation.* Ethical behavior and emotional transformation work together, along with practices such as meditation, to redirect motivation along healthier paths. Traditionally, it is said that with maturation, motivation becomes less compulsive and addictive, as well as less scattered and more focused, while the things desired become more subtle and internal. There is less concern with material acquisition and more concern with metamotives, especially self-actualization, self-transcendence, and selfless service. Traditionally, this motivational shift was described as "purification"; in contemporary terms it seems analogous to movement up Maslow's (1971) hierarchy of needs.

4. *Training Attention.* Contemplative traditions regard training attention and concentration as essential for psychological well-being. By contrast, Western psychology has long accepted William James's forlorn conclusion that "Attention cannot be continuously sustained" (James, 1899/1962, p51). Yet James went further to suggest that:

The faculty of voluntarily bringing back a wandering attention over and over again is the very root of judgment, character, and will. No one is *compos sui* [master of himself] if he have it not. An education which would improve this faculty would be the education par excellence. . . . It is easier to define this ideal than to give practical direction for bringing it about. (James, 1910/1950, p. 424)

Here, then, we have a stark contrast between traditional Western psychology, which says attention *cannot* be sustained, and meditators who argue that attention can be sustained, indeed *must* be sustained, if we are to mature and realize our potentials.

Developing concentration is valuable for many reasons. First, because controlling attentional wanderlust is crucial for fostering calm and concentration. Second, because the mind tends to take on qualities of the objects to which it attends, and according to yoga, "Whatever we contemplate or place our attention on, that we become" (Feuerstein, 1996, p. 71). For example, thinking of an angry person tends to produce anger, whereas contemplating a loving person elicits feelings of love. People who can control attention can choose what they focus on, and can therefore cultivate desired emotions and motives. The primary tool for developing this capacity is meditation.

5. *Refining Awareness.* The fifth central practice refines awareness by making perception—both external and internal—more sensitive, more accurate, and more appreciative of the freshness and novelty of each moment. This is necessary because, according to Asian psychologies, our awareness is usually insensitive and impaired: fragmented by attentional instability, colored by clouding emotions, and distorted by scattered desires. Similar ideas echo through Western thought, which suggests that we mistake shadows for reality (Plato) because we see through "narrow chinks" (William Blake) or a "reducing valve" (Aldous Huxley).

Meditators report that perception becomes more sensitive and their inner world more available. Both case reports (Walsh, 1984) and research indicate that meditators' perceptual processing becomes more sensitive and rapid, their empathy more accurate, and their introspection more refined (Murphy & Donovan, 1997). Meditators claim that clear awareness can be healing and transformative, and would agree with Fritz Perls (1969), the founder of Gestalt therapy, that "Awareness per se—by and of itself—can be curative" (p. 16).

6. *Wisdom.* Wisdom is deep understanding of, and practical skill in responding to, the central concerns of life, especially existential issues. Existential issues are those crucial, universal concerns that all of us face simply because we are human. They include finding meaning and purpose in a universe vast beyond comprehension, living in inevitable uncertainty and mystery, managing relationships and facing aloneness, and dealing with sickness, suffering, and death (Walsh, 1999). A person who has developed deep insights into these issues and skills for dealing with them is wise indeed.

Wisdom is considerably more than knowledge. Whereas knowledge is gained simply by acquiring information, wisdom requires understanding it. Knowledge is something we have; wisdom is something we must become. Knowledge informs us, whereas wisdom transforms us; knowledge empowers, wisdom enlightens.

Contemplative disciplines regard the cultivation of wisdom as a central goal of life. Among their many strategies, they particularly advise us to seek wisdom from the company of the wise, from the study of their writings, and from reflecting on the nature of life and death. Jewish contemplatives hold that "Wisdom comes from knowing reality" and urge us to "attend to reality with fullness of heart, mind, and action" (Shapiro, 1993, pp. 30, 84). Mature therapists—who have themselves reflected deeply on existential issues—can be of great assistance here, and can offer wise company, recommend readings, encourage introspection, and facilitate reflection.

However, contemplative traditions suggest that social interaction is best balanced with periods of quiet and solitude, especially in nature. These are the conditions that best foster calm, reflection, and introspection. Introspective exploration is crucial, and meditation is the introspective tool par excellence. Neo-Confucian wisdom promises that "If one plumbs, investigates into, sharpens, and refines oneself, a morning will come when one will gain self-enlightenment" (Creel, 1953, p. 213).

7. *Altruism and Service.* Contemplatives regard altruistic service as both a means to and an expression of psychological well-being. "Make it your guiding principle to do your best for others," urged Confucius, and "put service before the reward you get for it" (Lau, 1979, p. 116). Generosity helps transform the mind. Giving inhibits qualities such as craving, jealousy, and fear of loss while strengthening positive emotions such as love and happiness.

In addition, what we want others to experience we tend to experience ourselves. For example, if we plot revenge and pain for others, we tend to experience and reinforce emotions such as anger and hatred. Yet when we desire happiness for others, we feel it ourselves, an experience that Buddhists call "empathic joy." This is why some meditations designed to cultivate benevolent feelings toward others such as love or compassion can produce remarkably ecstatic states in ourselves.

Western psychologists are reaching similar conclusions. Generous people tend to be happier, to be psychologically healthier, and to experience a "helper's high" (Myers, 1992). As people age, they increasingly find it is their legacy—their contribution to the world and to future generations—that gives meaning and satisfaction to their lives. The so-called "paradox of pleasure" is that taking time to make others happy makes us happier than devoting all our efforts to our own pleasure (Myers, 1992). Some therapists have used this principle in their work; for example, Alfred Adler sometimes advised clients to do something for another person each day. Abraham Maslow (1970) summarized the contemplative understanding well when he said, "the best way to become a better helper is to become a better person. But one necessary aspect of becoming a better person is *via* helping other people" (p. xii).

Process of Psychotherapy

Most people who engage in contemplative practices find them slow but cumulative, and it may be several weeks before the benefits of brief daily sessions are clearly evident. Meditation and yoga are skills, and as with any skill, the initial phase can be the least rewarding. However, as with other therapies, perseverance usually brings increasing benefits. Because meditation is central to contemplative approaches, and because it has been extensively researched and is widely used by psychotherapists, we will focus on it here.

After instruction, practice usually starts with short sessions of perhaps 20 minutes once or twice a day. One of the first discoveries that beginners make is how little control they have over their own attentional and cognitive processes, and just how much their minds and lives run on unconscious, automatic pilot. The following exercises—one a visualization and one focusing on the breath—give a glimpse of this automaticity. Read the following paragraphs. Then put down this book and do the exercises.

Visualization

Seat yourself comfortably and close your eyes. Then visualize an image of a black ring with a black dot in the middle on a white background. Make the image as clear as you can and then try to hold the image clear and stable for one to two minutes. If you become distracted, recreate the image and continue to try to hold it steady. At the end of that period, open your eyes and reflect on your experience. How much of the time were

you able to hold the image clear and steady? How often were you distracted? What does this tell you about your mind and its degree of concentration, calm, and clarity? Stop reading and do the visualization now.

Breath Meditation

For this exercise, set an alarm for about 10 minutes. Then take a comfortable seat, close your eyes, and turn your attention to the sensations of breathing in your abdomen. Focus your attention carefully and precisely on the sensations that arise and pass away each instant as the abdominal wall rises and falls. Try not to let your attention wander. If thoughts or feelings arise, just let them be there, and continue to focus your awareness on the sensations.

While you attend to the sensations, start counting the breaths from 1 to 10. After you reach 10, go back to 1 again. However, if you lose count, or if your mind wanders from the sensations of the breath, even for an instant, then go back to 1 and start again. If you get distracted or lost in thoughts or fantasy, just recognize what happened, then gently bring your mind back to the breath and start counting from 1 again. Continue until the alarm tells you to stop.

Open your eyes and estimate how much of the time you were fully aware of the breath. Then take a moment to reflect on what you learned about your mind, its usual state, its concentration and focus, and your amount of control over attentional and cognitive processes. Stop reading and do the exercise now.

Most people are shocked to discover that they could not hold the image of the circle stable or maintain awareness of the breath for more than a few seconds. The mind has a mind of its own. However, with continued practice, concentration gradually improves. As it does, valuable experiences emerge, such as new insights and understandings, greater calm and clarity, and a deepening sense of happiness and well-being.

Stages of Practice

Meditation practice can be divided into six overlapping stages. The first three are stages of recognition or insight: the stages of recognizing mental dyscontrol, habitual patterns, and cognitive insights. The three advanced stages include the development of exceptional capacities, the emergence of transpersonal experiences, and the stabilization of transpersonal development.

The first stage is recognizing the remarkable yet usually unrecognized lack of control we have over our own mental processes. After my own first meditation retreat, I wrote that "Shorn of all my props and distractions, it became clear that I had little more than the faintest inkling of self-control over either thoughts or feelings and that my mind had a mind of its own . . . my former state of mindlessness or ignorance of [this] staggered me" (Walsh, 1984, pp. 265, 266). This recognition of the usual extent of our mindlessness and lack of mental control is an insight of enormous importance, because if our minds are out of control, then our lives are out of control. This recognition can seem overwhelming, but under the guidance of a good therapist, it can also be a powerful incentive to continue practicing and develop mindfulness and control.

The second stage is recognizing habitual patterns. Here, one identifies repetitive mental and behavioral patterns similar to those that insight-oriented psychotherapy unveils. However, as practice deepens, refined awareness unveils the third stage of cognitive insights. Here, one can microscopically investigate parts of the "cognitive unconscious" that are made up of subtle psychological processes such as thought, motivation, and perception. For example, one sees the way a single thought can elicit emotions, color perception, and provoke muscle tension, or how craving evokes tension, grasping at the desired object, fear of loss, and anger toward competitors.

In advanced stages, which we can consider briefly, exceptional capacities and experiences first emerge and eventually stabilize. The fourth stage is marked by the emergence of a variety of exceptional abilities, which are discussed in detail in the research section. In the fifth stage, transpersonal experiences emerge, producing identification with others and compassionate concern for them.

The sixth and final stage is one of stabilization. Here, peak experiences extend into plateau experiences, transient capacities mature into permanent abilities, and temporary transpersonal experiences stabilize into enduring transpersonal stages. For example, a practitioner might initially have brief tastes of calm and joy only during meditation sessions. However, with long-term practice, these may deepen into profound peace and joy and expand to pervade daily life. The remarkable nature of these advanced capacities can be sensed from Jack Kornfield's (2006) interview of a contemporary Buddhist meditation master:

His mind stays completely steady, silent and free throughout both his waking and sleeping hours. He says, "I haven't experienced a single moment of anger or frustration for over twenty years." He sleeps only one or two hours a night, and describes his inner life, "When I am alone, my mind rests in pure awareness, which has peace and equanimity. Then as I encounter people and experiences, the awareness automatically manifests as loving-kindness or compassion. This is the natural function of pure awareness." (From *The Wise Heart: A Guide to the Universal Teachings of Buddhist Psychotherapies*, 9th Ed., by Jack Kornfield, ©2008 by Jack Kornfield. Used by permission of Bantam Books, a division of Random House, Inc.)

Studies of master meditators from several traditions reveal unique psychometric responses and EEG profiles consistent with some of their claims (Lutz, Dunne, & Davidson, 2007; Walsh & Shapiro, 2006). Needless to say, these advanced experiences and developmental stages are rare and usually require long-term or intensive retreat practice. However, just knowing of them gives a sense of the remarkable potentials that are latent in all of us and that contemplative practices can awaken.

Difficulties

As with any deep uncovering therapy, some experiences can be difficult. The most common are emotional lability, psychosomatic symptoms, unfamiliar perceptual changes, and existential challenges (Walsh & Shapiro, 2006; Wilber et al., 1986).

Emotional lability is probably most frequent. Intense but usually short-lived emotions may surface, such as anger, anxiety, or sadness, sometimes accompanied by psychosomatic symptoms such as muscle spasm. Often, a therapist need only encourage the practitioner to accept and investigate these experiences—and thereby allow them to resolve by themselves in the healing light of awareness.

As perception becomes more sensitive, habitual perceptions and assumptions may be questioned and unfamiliar experiences can emerge. One's sense of self and the world may change, resulting in a sense of unfamiliarity or even unreality that can produce confusion and fear. However, continued practice usually brings greater equanimity and comfort with an ever-widening range of experiences and insights.

Most profound and important are existential and spiritual challenges. Freed from external distractions and trivia, the mind naturally turns to what is most important, and so ponders questions of deep personal and human significance. These include perennial questions about life's meaning and purpose, our inevitable suffering and death, whether one is living honestly and authentically, and the nature of one's mind, identity, and destiny. These are the deepest questions of life, and focusing on them can be unsettling at first. Yet they are the gateway to wisdom, and exploring them is essential to forging a mature, authentic, and well-lived life (Walsh, 1999; Yalom, 2002).

In many cases, meditative difficulties represent the emergence of previously repressed or incompletely experienced memories and conflicts. The initial discomfort of experiencing them may therefore be a necessary price for processing and discharging them. This process is variously described as karmic release (yoga), unstressing (TM), interior purification (Christian contemplation), or catharsis and working through (psychology).

Like other uncovering therapies, contemplative practices can sometimes unveil underlying pathology. The most extreme are psychotic reactions, though fortunately these are very rare. They are most likely in individuals with prior psychotic breaks, who are not taking medication, and who do intensive, unsupervised practice (Wilber et al., 1986).

Therapists familiar with both contemplative and traditional Western therapies can be especially helpful with contemplative difficulties. They can recognize and treat common minor difficulties, as well as the less common but more severe underlying pathologies that occasionally surface. Because of their personal familiarity with common difficulties, meditatively experienced therapists can recognize them in their clients, empathize sincerely, and treat them effectively.

There are many useful strategies for treating common difficulties. In many cases they resolve spontaneously with further practice, especially when a therapist provides reassurance and normalization (advice that these are normal and common challenges). *Reframing* and *retribution* (reinterpreting experiences as potential opportunities for learning and growth) are especially valuable. Common problems can also be treated with standard Western therapeutic techniques such as relaxation or with specific remedies suggested by contemplative disciplines. It can be very valuable to explore the psychological and existential implications of contemplative experiences. Medication is rarely necessary for contemplative difficulties, which are usually transient and better treated with psychological and contemplative strategies. However, medication may be entirely appropriate where contemplatives suffer from severe psychological disorders such as depression (Walsh, Bitner, Victor, & Hillman, 2009).

Mechanisms of Psychotherapy

Explanations of how contemplative therapies work are of three main types: metaphorical, process, and mechanistic. All three are valuable because many factors are involved, and each type illuminates a facet of the rich growth process that meditation catalyzes.

Traditional explanations are usually metaphorical. Common metaphors used to describe the meditative/yogic process include *awakening* from our collective trance, *freeing* us from illusions and conditioning, and *purifying* the mind of toxic qualities. Others include *unfolding* our innate potentials, *uncovering* our true identity, and *enlightening* us about our true identity. These metaphors offer several insights. They suggest that contemplative practices set in motion growth processes that are organic, developmental, therapeutic, and self-actualizing. Some of the ways in which they do this are suggested by the following mechanisms.

Mechanisms Suggested by Contemplative Traditions

Calming the Mind. The untrained mind is agitated and distracted, continuously leaping from past to future, from thought to fantasy. Contemplative techniques concentrate and calm the mind. As the opening lines of a classic yoga text state,

Yoga is the settling of the mind into silence. When the mind has settled, we are established in our essential nature, which is unbounded Consciousness. Our essential nature is overshadowed by the activity of the mind. (Shearer, 1989, p. 49)

This process of calming and stilling is the basis for the Western suggestion that meditation works, in part, by producing a “relaxation response.”

Enhanced Awareness. Heightened awareness is emphasized across contemplative practices (Walsh, 1999; Walsh & Shapiro, 2006). It is the primary focus in Buddhist mindfulness and Taoist “internal observation,” and is also central to the Sufi practice of “watchfulness of the moment” and the Christian contemplative discipline of “guarding the intellect.” Many clinicians also regard it as central to psychotherapy. In fact, “virtually all therapies endorse the expansion of consciousness . . .” (enhanced awareness) (Norcross & Beutler, 2010). Examples include Eugene Gendlin’s “experiencing” and the Jungian claim that “therapeutic progress depends on awareness . . .” (Whitmont, 1969, p. 293). Refining awareness may therefore be a central process mediating the benefits of both meditations and psychotherapies. It may also be a necessary precondition for a further important contemplative process: disidentification.

Disidentification. This is the process by which awareness (mindfulness) precisely observes and therefore ceases to unconsciously identify with mental content such as thoughts, feelings, and fantasies (Walsh & Shapiro, 2006). For example, if the thought “I’m scared” arises but is not carefully observed and recognized as just a thought, then it becomes a belief and is accepted as reality. One identifies with the thought, which is no longer something that is seen; rather, it is that from which and through which one sees. What was an object of awareness has become the subject of awareness; what was “it” has become “me.” The self is now identified with or embedded in this thought. One’s experiential reality is now “I’m scared,” and this identification sets in motion corresponding psychological, neural, and physiological fear responses that appear to validate the reality of the thought. What was actually merely a thought now appears to be reality.

However, if the meditator is sufficiently mindful when the thought “I’m scared” arises, then it is recognized as what it is: merely a thought. It is not mistaken for reality, it has little effect on mind or body, and the neuroendocrine fear response does not occur. Awareness has disidentified from the thought and therefore remains free of its entrapping effects. This can be considered a form of self-dehypnosis. Of course, the meditator can still act on the thought if appropriate, but such action is now a conscious choice rather than an unconscious automaticity.

Western researchers recognize similar processes. For example, the Harvard developmental psychologist Robert Kegan (1982) claims that psychological growth involves “making what was subject into object so that we can ‘have’ it rather than ‘be had’ by it—this is the most powerful way I know to conceptualize the growth of the mind . . . [and] is as faithful to the self-psychology of the West as to the ‘wisdom literature’ of the East” (pp. 33–34).

Similarly, acceptance and commitment therapy describes the process of “defusion,” Jean Piaget speaks of “decentration,” Ken Wilber speaks of “differentiation,” and other therapists speak of “dehypnosis” and “metacognitive awareness” (Wilber, 2000a). All these different terms point to a common principle: When we unconsciously identify with a part of the mind, we are bound by it; when we consciously disidentify from it, we are free. As contemplatives put it “Nonidentification . . . is liberation” (Nisargadatta, 1973, p. 126).

Rebalancing Mental Elements. Contemplative psychologies commonly divide mental contents into healthy and unhealthy categories. Naturally, a major goal is to increase healthy factors and decrease unhealthy ones, which can be seen as a rebalancing of mental elements and viewed metaphorically as purification.

Buddhist psychology offers a particularly sophisticated map of mental elements and emphasizes the “seven factors of enlightenment.” These are seven qualities of mind that,

when cultivated and balanced one with another, are said to optimize health and growth. The first factor is *mindfulness*, a precise conscious awareness of each stimulus that can be regarded as a refinement of the psychoanalytic observing ego. The remaining six mental factors are divided into two groups of three energizing qualities and three calming qualities. The three energizing factors are *effort*, *investigation* (active exploration of experience), and *rapture* (ecstasy that results from clear, concentrated awareness). The three calming factors are *concentration*, *calm*, and *equanimity*.

This model of mental health invites interesting comparisons between contemplative and conventional Western therapies (Walsh & Vaughan, 1993). Western therapists recognize that the energizing factors of effort and investigation are essential. However, they are less aware of the potentiating effects of simultaneously developing the calming factors. When the mind is concentrated, calm, and equanimous, then awareness is clearer, insight deeper, and growth quicker. Cultivating and balancing all seven factors is said to be optimal for growth and to lead to the pinnacle of transpersonal maturity: enlightenment.

Mechanisms Suggested by Mental Health Professionals

Western researchers have suggested a range of psychological and physiological mechanisms to account for the effects of meditation. Psychological possibilities include relaxation, desensitization to formerly stressful stimuli, counter-conditioning, and catharsis. Automatic habits may undergo "deautomatization," becoming less automatic and coming under greater voluntary control. Cognitive mechanisms include learning and insight, as well as self-acceptance, self-control, and self-understanding (Baer, 2005). Suggested physiological mechanisms include reduced arousal, stress immunization, hemispheric lateralization (a shift in relative activity of the cerebral hemispheres), and a rebalancing of the autonomic nervous system (Cahn & Polich, 2006).

Probably the most encompassing explanation is developmental. Both contemplatives and psychologists suggest that meditation may work many of its effects by restarting and catalyzing development. In fact, many traditions map progress in developmental terms. Classic examples include the Jewish "stages of ascent," Sufi levels of identity, yogic levels of *samadhi* (concentration), Taoism's "five periods" of increasing calm, and the Buddhist "stages of insight." Research studies of TM are supportive and suggest that it fosters ego, cognitive development, and moral development, as well as coping skills and self-actualization (Alexander et al., 1991). The value of practices that can foster psychological maturity is obvious.

APPLICATIONS

Who Can We Help?

Contemplative practices help with an exceptionally wide range of psychological, somatic, and spiritual issues, and hardly a month goes by without a research study demonstrating yet another effect or application. We can divide the kinds of benefits and areas of application into three groups. First are therapeutic applications for psychological and psychosomatic disorders. Second is the enhancement of well-being, and third are the classic goals that revolve around transpersonal growth and spirituality.

Therapeutic Applications

Psychological Disorders. Contemplative practices appear helpful with a wide array of psychological and psychosomatic disorders, and stress disorders have been the most extensively researched. For example, mindfulness meditation can ameliorate generalized

panic, phobic, and post-traumatic stress disorders, as well as eating disorders (Murphy & Donovan, 1997; Shapiro & Carlson, 2009).

Meditation also reduces anxiety in special populations. Examples include the dying and their caregivers, as well as prisoners who also display reduced aggression and recidivism. Given the large numbers of people languishing in prison, especially in the United States, and their tragically high recidivism rates, these findings are of considerable importance (Alexander, Walton, Orme-Johnson, Goodman, & Pallone, 2003). TM also reduces the use of both legal and illegal drugs (Alexander, Robinson, & Rainforth, 1994). However, TM practitioners are required to stop using drugs for several days before their initial training, so they may be mildly addicted and particularly responsive.

These stress-related benefits are consistent both with classic claims and with physiological studies of meditators. Physiologically, practitioners show lowered readings on stress measures such as muscle tension, galvanic skin response, and stress-related blood chemicals and hormones. Classically, "Relaxation is the alpha and omega of yoga" (Feuerstein, 1996, p. 51), and this claim has been popularized as the idea that meditation involves a "relaxation response." However, the research support for yoga's effectiveness in reducing anxiety and depressive disorders is promising but inconclusive (Kirkwood, Rampes, Tuffrey, Richardson, & Pilkington, 2005; Pilkington, Kirkwood, Rampes, & Richardson, 2005).

We have previously explored some of the many combination therapies that meld mindfulness with conventional Western psychotherapies, and these have proved effective with several additional disorders. The original approach, mindfulness-based stress reduction (MBSR), has been applied to stress, chronic pain, and multiple other conditions. Mindfulness-based approaches targeting specific disorders include mindfulness-based cognitive therapy for recurrent depression (Coelho, Canter, & Ernst, 2007), mindfulness-based eating awareness therapy (MB-EAT) for eating disorders, and mindfulness-based therapy for insomnia. Other interventions that include a meditation component include relapse prevention for alcohol and drug abuse and dialectical behavior therapy for borderline disorders (Baer, 2005). New combinations continue to appear and will doubtless be applied to more and more disorders.

Many therapists have commented on the mutually beneficial interaction that can occur when clients engage in both conventional psychotherapy and a contemplative discipline. Conventional therapies can help clients deal with painful memories and conflicts that emerge during meditation and yoga and with defenses and other blocks inhibiting contemplative progress. Likewise, meditation and yoga can facilitate conventional psychotherapy by cultivating requisite skills, such as calm and introspection, and by allowing clients to work on issues outside the therapeutic hour.

Somatic Disorders. Contemplative therapies may be useful in helping to treat some diseases and to reduce the anxiety and distress that accompany many diseases. Considerable research has focused on the effects of meditation on psychosomatic disorders, especially those in which stress plays a causal or complicating role, and many disorders are at least partially responsive (Shapiro & Carlson, 2009).

Several benefits occur in the cardiovascular system. High blood pressure and cholesterol are reduced (Anderson, Liu, & Kryscio, 2008), but benefits dissipate if the practice is discontinued. Coronary artery disease, a leading cause of death and disability, was long thought to be irreversible and to require major surgery or cholesterol-lowering drugs. However, research demonstrates that far less dangerous and far more healthy lifestyle changes—especially a combination of low-fat diet, exercise, interpersonal openness, and meditation and yoga—can actually reverse the disorder. These lifestyle changes also seem to slow or perhaps even reverse the progression of prostate cancer (Ornish, 2008).

Hormonal and immune systems are also affected by meditation. Partially responsive hormonal disorders include type II diabetes, primary dysmenorrhea, and premenstrual syndrome, now called premenstrual dysphoric disorder (Murphy & Donovan, 1997). Meditation can also enhance immune function in both healthy people and cancer patients (Kabat-Zinn, 2003), while acceptance and commitment therapy reduced the frequency of epileptic episodes.

Meditation may also enhance conventional treatments. Examples include asthma, psoriasis, prostate cancer, and chronic pain disorders (Kabat-Zinn, 2003). Not surprisingly, meditation and perhaps yoga and Tai Chi can reduce symptoms of distress in a wide array of illnesses, including cancer, fibromyalgia, and rheumatoid arthritis (Klein & Adams, 2004; Ott, 2006; Shapiro & Carlson, 2009). A comprehensive meta-analysis of health-related MBSR interventions concluded that "results suggest that MBSR may help a broad range of individuals to cope with their clinical and nonclinical problems" (Grossman, Niemann, Schmidt, & Walach, 2004, p. 35). Since anxiety and distress are common complicating factors in so many illnesses, contemplative practices will likely prove useful adjuvant therapies for many somatic disorders.

Enhancing Well-Being

Considerable research suggests that contemplative practices can be used by clients, therapists, and the general population to enhance psychological well-being and growth (Murphy & Donovan, 1997; Walsh & Shapiro, 2006). Improvements occur in subjective well-being as well as on multiple measures of personality and performance.

Mental capacities such as perception, cognition, and creativity may be enhanced. Perceptually, measures of sensitivity and empathy improve. So do cognitive skills such as concentration, reaction time, and short- and long-term memory. Not surprisingly, academic performance also improves (Shapiro, Astin, Bishop, & Cordova, 2005).

Personality variables change. As expected, several kinds of meditation appear to reduce trait anxiety. A study of the "big five" personality factors found that conscientiousness remained unaffected, while the other four—extraversion, agreeableness, openness to experience, and especially emotional stability—all increased (Travis, Arenander, & DuBois, 2004). These are striking findings given how little personality usually changes in adulthood.

Since meditation functions as a self-regulation strategy, it is not surprising that practitioners report improved self-control and self-esteem. Likewise, because meditators display greater empathy (Shapiro et al., 2005), it is also not surprising that several studies have demonstrated enhanced interpersonal functioning and marital satisfaction. A mindfulness-based relationship enhancement program was successful in improving multiple measures of both individual and relationship satisfaction in couples. Individuals felt more relaxed and optimistic, and as a couple they felt closer yet also more autonomous, accepting, and satisfied. Benefits persisted through a 3-month follow-up period (Carson, Carson, Gil, & Baucom, 2004).

A classic contemplative goal is to encourage mental maturation, and several studies, most employing TM, are supportive. Meditators tend to score higher on measures of ego, moral, and cognitive development, as well as in self-actualization, coping skills, defenses, and states and stages of consciousness (Alexander et al., 1991; Travis et al., 2004).

Contemplative practices may also be associated with enhanced general psychological and physical health and with reduced signs of aging. TM meditators use approximately half the usual amounts of psychiatric and medical care. Practitioners also score significantly younger on markers of biological age than control subjects, and the extent of improvement correlates with amount of meditation (Alexander, Langer, Newman, Chandler, & Davies, 1989). Meditators also have "younger" chromosomes, greater

cortical and hippocampal brain size, and less age-related thinning of the cerebral cortex (Pagnoni & Cekic, 2007). However, it is not clear how much of this superior general health is actually due to meditation, and how much to associated factors such as prior good health and a healthy lifestyle.

One well-designed study demonstrated dramatic effects on elderly retirement home residents whose average age was 81. Those who learned TM performed better on several measures of cognitive function and mental health than residents who were taught relaxation, were given other mental training, or were left untreated. However, the most striking finding was a highly significant ($p < 0.001$) difference in survival rates. Three years later, all the meditators were still alive, compared to only three-quarters of the untreated study subjects, and only two-thirds of residents who did not participate in the study (Alexander et al., 1989). For thousands of years, yogis have claimed that contemplative practices increase longevity, and this claim now has initial experimental support. Needless to say, studies of this importance deserve careful replication.

Benefits for Health Professionals

Shapiro and Carlson (2009) point out that “Learning to manage stress and enhance self-care should be an essential dimension of clinical training and professional development.” In fact, it rarely is. High stress levels are common challenges for health care professions, and both they and their patients pay a price. Clinical observations and research suggest that a personal contemplative practice can ameliorate professionals’ stress and offer both personal and professional benefits. For example, meditation reduced symptoms of stress—such as anxiety and depression—while enhancing empathy and life satisfaction, in pre-health care students, medical students, and health care professionals (Shapiro et al., 2005).

Meditation may also enhance essential therapist qualities. Such qualities include Rogers’s “accurate empathy,” as well as attentional qualities such as Freud’s “evenly hovering attention” and Horney’s “wholehearted attention.” Karen Horney (1952/1998) observed that although “such wholeheartedness is a rare attainment,” it is “commonplace in Zen” (p. 36). Other capacities enhanced by meditation—such as self-actualization, self-acceptance, and calm—may also benefit clinicians (Germer, Siegel, & Fulton, 2005).

Therapists report that the deep insights into the workings of their own minds that contemplative practices provide also foster insight into and compassion for their clients. Many therapists feel that their skills are enhanced by these practices and recommend them as part of psychotherapists’ training. A study of psychotherapists who were taught mindfulness during their training found that their patients had significantly better treatment outcomes than those of control group therapists (Grepmaier, et al., 2007).

Not surprisingly, personal contemplative practice can enhance psychotherapists’ ability to work with patients who are themselves contemplatives. Personal practice of meditation deepens clinicians’ understanding of contemplative experiences, increases their ability to diagnose and work with meditators’ difficulties, and enhances empathy and therapeutic effectiveness (Germer et al., 2005).

Transpersonal Growth

Finally, contemplative disciplines are available for those who wish to practice more intensely in order to foster transpersonal growth. Here, they can be used to explore the mind, to grapple with existential questions, to develop exceptional abilities and well-being, and to seek advanced levels of psychological and spiritual maturity. Coming to voluntary control of one’s own mind is a “master aptitude” that fosters multiple

capacities. Although deep insights can occur at any moment, these exceptional capacities and levels often require long-term practice reckoned in years rather than days or weeks. Of course, this is true of any kind of mastery.

Specific Techniques and Skills

The discussion so far has focused on general principles common to most meditation and yoga practices. In addition to these general practices, there are literally hundreds of specific meditative and yogic techniques designed to elicit particular capacities and skills. The following are brief descriptions of two skills—the cultivation of love and lucid dreaming—which until recently Western psychologists considered impossible. Together, they point to the remarkable range of practices and powers of mind that contemplatives have discovered in their 3,000-year-long exploration of our inner universe.

The Cultivation of Love. There are many specific meditations and techniques for cultivating love. One meditation begins by calming the mind and then focusing attention unwaveringly on an image of someone you love. In a calm, concentrated state, feelings of love arise intensely. After they do, you gradually and successively substitute images of a friend, a stranger, and groups of people, and thereby cultivate and condition the feelings of love to them. Eventually you visualize all people while embracing them in love. Long-term effects include not only deep encompassing feelings of love, but also the reduction of anger, fear, and defensiveness (Kornfield, 1993).

There are also practices for cultivating related emotions such as *empathic joy* (happiness at the happiness of others, which is a superb antidote to jealousy) and *compassion* (the basis for altruism). Western psychologists have recently found evidence for altruism's existence as an independent drive but lament that they know of no way to cultivate it. In contrast, contemplative disciplines contain literally dozens of exercises for fostering altruism.

Lucid Dreaming. Dream yoga is a 2,000-year-old technique for developing lucid dreaming: the ability to know one is dreaming while still asleep. Adepts are able to observe and modify their dreams so as to continue their explorations and learning during sleep. The most advanced practitioners maintain unbroken awareness throughout the night, during both dream and nondream sleep, thereby combining the benefits of clear awareness and the extreme peace of conscious sleep. The result is continuous lucidity—or “ever-present wakefulness,” as the contemplative Plotinus called it—throughout day and night.

Western psychologists dismissed lucid dreaming as impossible for many years until sleep EEGs demonstrated its existence. Since then, further studies have demonstrated even more remarkable abilities. Advanced dream yoga practitioners have long claimed to be able to remain lucid and aware throughout the night, during both dreaming and nondreaming sleep, and recent EEG studies support these claims. Both classic instructions and contemporary induction techniques are now freely available. Consequently, people can now enjoy this ancient yogic skill and can explore and cultivate the mind in the comfort of their own beds (Walsh & Vaughan, 1993). For Freud, dreams were a royal road to the unconscious. For contemplatives, lucid dreams are a royal road to consciousness.

Treatment

As contemplative therapies evolved across centuries, practitioners devised literally thousands of techniques ranging across somatic, psychological, and spiritual domains. These include everything from diet and breathing disciplines through ethical and lifestyle changes to visualizations and meditations (Feuerstein, 1996). In general, novices

begin with one or two simple meditative or yogic practices. Over time, they add related exercises and begin more demanding practices so that more and more of their experiences and lives are used for learning and growth. Tailoring the evolving program to the individual practitioner is the mark of a skilled therapist. The following are simple introductory exercises and meditations—from each of the seven practices common to contemplative therapies—that have proved valuable for both clients and therapists.

Ethical Behavior: Say Only What Is True and Helpful

Mark Twain is credited with the line “Truth is so very precious, man is naturally economical in its use,” but contemplative disciplines take a different approach. Meditators cannot long escape recognizing the destructive effects—among them anxiety, guilt, and agitation—that unethical behavior such as deceit and aggression has on their own minds. As a result, the desire to live more truthfully and ethically grows stronger.

Truth telling does not imply blurting out everything that comes to mind or being insensitive to people’s feelings. Rather, it means bringing careful awareness to each situation to find what we can say that is true to our experience and, wherever possible, helpful to others. When we don’t know what is truthful or helpful, it is appropriate either to say we don’t know or to remain silent.

Exercise 1: Look for the Lie. It is intriguing to see how much personal and interpersonal pain is a result of lying, either to oneself or to others. Consequently, a useful exercise during psychotherapy (and life) is to look for the lies that are causing and perpetuating suffering, and then to explore how to end them.

Exercise 2: Say Only What Is True and Helpful for a Day. An excellent way to begin the practice of truth telling is to commit to doing it for a day. This exercise becomes even more powerful if you carefully record any temptations to lie and identify the motives and emotions underpinning these temptations. On hearing of this exercise, some people obsess over the question of what “the truth” is. However, the point is not to become lost in endless philosophical musings but, rather, to be honest about the only thing we ever know: our experience.

Transforming Emotions: Using Wise Attention to Cultivate Beneficial Emotions

By enhancing concentration, contemplative practices allow us to practice “wise attention.” This is the practice of directing attention to people and situations that foster desired qualities (Walsh, 1999). The underlying principle is that we tend to strengthen those qualities to which we give attention. What we focus on, we become. For example, many studies show that watching violence on television can foster aggression. On the other hand, contemplative therapies suggest that when we attend to people who are kind and generous, we cultivate these qualities in ourselves (Kornfield, 1993). What we put into our minds is just as important as what we put into our mouths.

Exercise. First, relax or meditate and be aware of how you feel. Notice the emotions you are experiencing. Next, visualize or think of someone who tends to be angry and aggressive. Notice any emotions that arise and how you feel. Then take a moment to relax or meditate again. Now visualize or think of someone who is kind and loving and observe the corresponding emotions. Note how differently you feel after visualizing these two people. What we meditate on, we cultivate. Put down the book and do the exercise now.

Transforming Motivation: Exploring the Experience of Craving

Bringing clear awareness to experiences and behavior is crucial to transforming them. Yet when caught by an addiction, we usually focus on what we are trying to get rather than on the actual experience of craving and what it is doing to our mind.

Exercise. For this exercise, take the opportunity to carefully explore craving. You can do this in two ways: You can wait for an addictive urge to arise spontaneously, or you can choose to think of something you're attached to. For this exercise, it's best to work with a mild craving rather than one that may overwhelm you. When you become aware of a craving, stop whatever you are doing. Then turn attention to your craving and explore it. Try to identify the experiential components that make it up: the underlying emotions, body sensations, thoughts, feelings, and tensions. Bringing careful awareness to the experience of craving rather than mindlessly acting it out gives insight into it and can also decondition and weaken it. In fact, contemplative disciplines suggest that weak addictions "can be removed by introspection and meditation" (Nisargadatta, 1973, p. 112).

Developing Concentration and Calm: Do One Thing at a Time

In our overly busy lives, distractions proliferate, electronic gadgets demand attention, and we often juggle several things simultaneously. New words are emerging to describe our jangled lives and minds, words such as *multitasking*, *technostress*, *digital fog*, *techno-brain burnout*, *frazzing* (frantic, inefficient multitasking), and *attention-deficit trait*, which is characterized by symptoms similar to those of attention-deficit disorder but is caused by information and work overload.

Multitasking gives an illusion of efficiency. Yet research now shows what contemplative therapies have argued for centuries: Multitasking and attentional fragmentation actually reduce efficiency and creativity while at the same time inflicting anxiety and agitation. Perhaps just as important, they also reduce clarity, thoughtful reflection, and introspection. Distracted, fragmented lives create distracted, fragmented minds.

Contemplative therapies counteract frenzy and fragmentation by fostering concentration and calm. Regular practice of concentration meditation—such as focusing attention on the breath, as described earlier—is an excellent method. The following exercise is a useful addition.

Exercise: Do One Thing at a Time. To begin, commit a specific time—a day might be good to begin with—to doing only one thing at a time. For this day, give up all multitasking. Give your full attention to each individual activity and each conversation. This very simple exercise can have dramatic effects.

Cultivating Awareness: Mindfulness Meditation and Mindful Eating

After a lifetime of therapeutic work, the Jungian psychiatrist Edward Whitmont (1969) concluded that "Therapeutic progress depends upon awareness; in fact the attempt to become more conscious is the therapy" (p. 293). Contemplative traditions agree and have long emphasized the value of cultivating awareness and introspection. Buddhist meditators are told to observe each experience, while Jewish and Christian contemplatives, respectively, urge us to "Attend to each moment" and "Above all . . . be watchful" (Palmer, Sherrard, & Ware, 1993, p. 97; Shapiro, 1993, p. 17). However, contemplatives recommend that awareness be cultivated not only during therapy sessions but during every waking moment. The goal is to become what Carl Rogers called "fully functioning people [who] are able to experience all their feelings, afraid

of none of them, allowing awareness to flow freely in and through their experiences” (Raskin & Rogers, 1995, p. 141). For this, contemplative disciplines recommend mindfulness (awareness) meditation coupled with awareness exercises.

Mindfulness meditation is an art. Like any art, it is best learned via personal instruction, and mastery requires long-term practice. However, even brief experiences can sometimes offer valuable insights, and the following exercise offers a taste of the process. It is best done in quiet surroundings where you will not be disturbed.

Exercise 1: Mindfulness Meditation. Set an alarm for a period of 10 to 15 minutes, find a comfortable sitting posture, and take a moment to relax. Then, let your attention settle on the sensations of the breath and investigate these physical sensations as sensitively and carefully as you can. Continue to explore those sensations until another stimulus—perhaps a sound, emotion, or sensation—draws attention to it. Then simply explore this stimulus sensitively and carefully until it disappears or is no longer interesting. At this point, return attention to the breath until attracted by another stimulus.

Periodically you will recognize that you have been lost in thoughts and fantasies. At that point, simply return to the breath and start again. Awareness meditation is a gentle dance of awareness in which you begin with the breath, allow attention to move to interesting stimuli, explore them, and then return to the breath.

Simply investigate experiences as carefully as you can, allowing them to come and go without interference, without judging, condemning, or struggling to change them. Not surprisingly, this cessation of struggle can eventually lead to deep peace, but most beginners are initially shocked to discover how agitated their minds are. Take a few minutes now to do the meditation and see for yourself.

Mindfulness meditation is a gentle exercise in cultivating awareness, insight, and acceptance. It is based on the recognition, recently popularized by acceptance and commitment therapy (ACT), that within the mind, whatever we bring awareness to and accept can begin to heal. Conversely, what we resist or attempt to suppress can rebound, producing an “ironic effect” opposite to what we want. Contemplative traditions, and especially mindfulness meditations, therefore emphasize that, to put it poetically,

Be kind to your mind
For what you resist will surely persist,
But what you befriend may come to an end.

Exercise 2: Mindful Eating. More than 2,000 years ago, Confucius’ grandson observed that “Amongst people there are none who do not eat and drink but there are few who really appreciate the taste” (Yu-Lan, 1948, p. 175). Apparently things have not changed much. Often we multitask distractedly, even as we eat. We sit down to a meal and also carry on a conversation, watch television, or read the newspaper. The next thing we notice is that our plate is empty. No wonder that mindful eating is an effective strategy for weight control.

For this exercise, choose a time when you can eat without distraction. Seat yourself comfortably and take a few mindful breaths to relax. Mindfully eating involves attending to and enjoying each sensation and taste, so begin by enjoying the sight and smell of the food. Observe the sensations as you reach for it, the feelings of anticipation, and the touch as it enters the mouth. Then note experiences such as subtle background flavors, the temperature and texture of the food, and feelings of pleasure. Continue to eat each mouthful carefully, consciously, and as enjoyably as you can. Periodically, you will realize that you have been lost in thoughts or fantasies and were quite unaware of the last few mouthfuls. That is how we usually eat and live our lives: in semiconscious distraction. Simply return attention to the experience of eating again and enjoy your meal as fully as you can.

Of course, many meals are social occasions and celebrations, and here mindful eating is more difficult. But the basic issue is the same as with other meditations and therapies. It is the “challenge of generalization,” the challenge of generalizing the skills learned in therapy to other areas of life.

Developing Wisdom: Reflecting on Our Mortality

Contemplative therapies offer many techniques for cultivating wisdom, and among them, careful reflections on our life and inevitable death are deemed particularly powerful. Without recognizing our mortality, we tend to squander our lives in inauthentic petty pursuits, to tranquilize ourselves with trivia, and to forget what really matters. Contemplative disciplines emphasize that, as Mohammad stated, “Death is a good advisor” (Angha, 1995, p. 82.) They therefore encourage us to recall that, as Taoists point out, our lives last “but a moment” and that, in Shankara’s words, “Youth, wealth and the years of a [person’s] life . . . roll quickly away like drops of water from a lotus leaf” (Prabhavananda & Isherwood, 1978, p. 136). When we remember that we don’t know how long we and other people will live, we are inspired to live more fully, more lovingly, more boldly, and more impeccably.

Mortality and Wisdom Reflections. The following questions are common topics for reflection in contemplative disciplines and can be examined in several formats. One approach is to reflect on them in therapy sessions. However, they can also be pondered alone, written about in a journal, or discussed with a trusted friend. Advanced practitioners use the power of concentrated awareness to meditate on them. Consider using one of these formats to explore the following questions:

- Given that we will all die, what is truly important in your life?
- If you were to die tomorrow, what would you regret not having done?
- What relationships remain unhealed in your life, and how could you begin healing them?

These reflections can motivate us to reorder our priorities, to live more fully and authentically, and to heal our relationships (Walsh, 1999).

Generosity and Service: Transforming Pain into Compassion

Research shows that one effective strategy for combating sadness and grief is “downward comparison,” in which we compare ourselves with others who are worse off (Myers, 1992). However, contemplative traditions suggest that it can be taken further and used as an effective strategy for cultivating compassion.

Compassion Exercise. Traditionally, this exercise, like so many contemplative exercises, would be done after a period of meditation. The mind is then calm and concentrated, and this enhances the effects of selected thoughts and images. Therefore, if you already know how to meditate, begin by doing so. Otherwise, simply relax for a moment.

Think of some difficulty you are having, either physical or psychological. Next, think of people who are suffering from related difficulties, perhaps even more than you are. If you know specific individuals suffering in this way, bring them to mind. Think of the pain your difficulty has brought you and of all the pain others must be experiencing. Recognize that, just as you want to be free of pain, so do they. Open yourself to the experience of their suffering and let concern and compassion for them arise. Stop reading and do the exercise now.

Defenseless awareness of the suffering of others arouses compassion and contribution. Contemplative traditions agree that compassionate service to others “clarifies the mind and purifies the heart” (Nisargadatta, 1973, p. 72) and is therefore both a means to and an expression of psychological maturity and well-being.

Contemplative therapies begin by presenting simple introductory meditations and exercises such as these. As skill develops, practitioners are encouraged to practice more deeply and intensely and to move on to more advanced disciplines.

Evidence

The classic approach to evaluating contemplative therapies is via personal experience. For thousands of years, the traditional answer to the question “Do these techniques work?” has been “Try them for yourself.” However, several hundred studies now demonstrate these therapies’ psychological effects on personality and performance, physiological effects on body and brain, biochemical shifts in chemicals and hormones, and therapeutic benefits for mind and body, patients and therapists.

Exceptional Aspects of the Research

The research on contemplative practices is exceptional in several ways.

- First is the sheer amount, most of it on meditation, making meditation one of the most extensively researched of all psychotherapies.
- Second is the wide array of demonstrated effects. In addition to diverse psychological changes and psychotherapeutic benefits, research has demonstrated developmental, physiological, biochemical, and neural effects—far more than for any other therapy.
- The research demonstrates multiple exceptional abilities.
- Research support is available for most applications (it has been summarized throughout this chapter as specific disorders have been discussed). Consequently, this section focuses on general research principles and on some psychological effects not already covered, especially exceptional abilities. Space precludes detailing the numerous physiological, biochemical, and neural findings.

Several extensive research reviews are available. (For TM studies, see Alexander et al., 1991, 2003. Reviews of mindfulness meditation include Baer, 2005; Didonna, 2009; Germer et al., 2005; and Kabat-Zinn, 2003. Summaries of EEG and brain-imaging studies include Cahn & Polich, 2006 and Lutz et al., 2007. For an overview of the implications of the meeting of meditative disciplines and Western psychology, see Walsh & Shapiro, 2006. For an annotated bibliography of research, see Murphy & Donovan, 1997, and for an overview of clinical applications, see Shapiro & Carlson, 2009.)

Who Benefits?

A crucial question for all therapies is “What type of client is likely to benefit?” TM studies suggest that successful practitioners are likely to be interested in internal experiences, open to unusual ones, and willing to recognize unfavorable personal characteristics. They may also have a sense of self-control, have good concentration, and be less emotionally labile and psychologically disturbed (Alexander et al., 1991; Murphy & Donovan, 1997).

It is still unclear how durable various contemplative effects are. Some simple physiological changes (such as reduced blood pressure) tend to dissipate if practice is discontinued. However, other effects probably persist in the long term, even if practice

ceases, depending on factors such as the extent to which they are reinforced and incorporated into lifestyles.

Exceptional Abilities

One thing that sets contemplative approaches apart from traditional Western psychotherapies is their claim to be able to enhance psychological well-being, development, and abilities beyond normal levels (Walsh & Shapiro, 2006). This claim sounds less presumptuous than it once did because of the considerable evidence now available that, under favorable circumstances, development can proceed to postconventional levels. Examples include postconventional morality, Maslow's metamotives, Loevinger's integrated stage of ego development, and post-formal operational cognition. Contemplative disciplines claim to facilitate development to these kinds of stages and beyond, and growing research offers initial support for exceptional abilities such as those described in the following paragraphs.

Attention and Concentration. William James (1899/1962) famously concluded that "Attention cannot be continuously sustained. . . ." (p. 51). However, contemplative disciplines insist that it can, even to the point of unbroken continuity over hours, as in advanced yogic *samadhi*, Christian *contemplation*, and TM's "cosmic consciousness." For example, in the Buddhist state of "calm abiding," according to the Dalai Lama (2001), "your mind remains placed on its object effortlessly, for as long as you wish" (p. 144). Several studies now offer support for these claims, demonstrating that meditation can enhance concentration and resultant perceptual capacities, even to levels previously though impossible (Carter, Presti, Callistemon, Ungerer, Liu, & Pettigrew, 2009).

Emotional Maturity. Like Western therapies, contemplative therapies aim to reduce destructive emotions. For Taoists, a goal is "emotions but no ensnarement," and for the Dalai Lama, "the true mark of a meditator is that he has disciplined his mind by freeing it from negative emotions" (Goleman, 2003, p. 26).

Going beyond most Western therapies, contemplative practices also aim to cultivate positive emotions such as joy, love, and compassion. Examples include the intense, unwavering, and all-encompassing love of Buddhist *metta*, yogic *bhakti*, and Christian contemplative *agape*, as well as the compassion of Confucian *jen*. This suggests that negative emotions can be reduced and positive ones strengthened far more than therapists usually assume possible. Experiments demonstrate such shifts. Meditators tend to become happier whether practicing in daily life or more intensely in retreat. They report fewer negative emotions and more positive ones, and their EEG patterns shift accordingly. Advanced practitioners demonstrate EEG shifts associated with exceptionally high levels of well-being (Goleman, 2003; Lutz et al., 2007; Shapiro et al., 2005).

Equanimity. Equanimity is the capacity for maintaining calm and mental equilibrium in the face of provocative stimuli. Equanimity is the opposite of reactivity, agitation, or emotional lability and is highly valued across contemplative traditions. It is, for example, a basis of the Sufi's "contented self," yogic "evenness," the Christian contemplative's "divine *apatheia*," and Taoism's "principle of the equality of things." Equanimity extends Western concepts of "stress resistance," "emotional resilience" and "affect tolerance" to include not only tolerance but even serenity in the face of provocative stimuli and has obvious clinical potential. Preliminary experimental support comes from measures of emotional stability and startle response (Goleman, 2003; Travis et al., 2004).

Moral Maturity. How to foster moral maturity is one of today's most crucial questions, and it is no exaggeration to say that the fate of our species and our planet may depend on how well we answer it. Unfortunately, traditional interventions, such as instruction in moral thinking, produce only modest gains. Contemplative traditions claim to be able to enhance ethical motivation and behavior in several ways. These include reducing problematic motives and emotions (such as greed and anger), strengthening morality-supporting emotions (such as love and compassion), sensitizing awareness to the costs of unethical acts (such as guilt in oneself and pain produced in others), cultivating altruism, and identifying with others via transpersonal experience (Dalai Lama, 2001; Walsh, 1999).

Western research and theory offer partial support. The researcher Lawrence Kohlberg eventually grounded his highest stage of moral maturity in the kinds of transpersonal experiences that meditation induces. Likewise, Carol Gilligan concluded that women develop along a moral trajectory—maturing from *selfish* to *care* to *universal care*—similar to contemplative maturation (Wilber, 2000b). Experimental support comes from TM practitioners whose increased moral development scores correlate with duration of practice and with EEG measures (Travis et al., 2004).

Unique Abilities

In addition to the exceptional capacities described above, advanced meditators have now demonstrated more than a dozen abilities that psychologists once dismissed as impossible (Walsh & Shapiro, 2006). Some of these, such as lucid dream and lucid nondream sleep, have already been described. Mastery of processes that are usually involuntary includes control of both perception and the autonomic nervous system. Other fascinating findings include a unique integrative cognitive style, dramatic reduction of drive conflicts, areas of increased cortical thickness, and the ability to detect fleeting facial expressions of emotion (even more effectively than the previous top scorers, CIA agents).

Initial studies of a single advanced Tibetan Buddhist practitioner found two further unique capacities. The first was almost complete inhibition of the startle response. The second was an ability to respond with compassion and relaxation while observing a video of a severely burned patient that ordinarily elicits intense disgust. The researcher conducting these studies stated that these were “findings that in 35 years of research I'd never seen before” (Goleman, 2003, p. 19).

Coupled with the research on postconventional development, these exceptional and unique abilities hold remarkable implications. They suggest that what we long assumed to be “normality” and the ceiling of psychological development is not fixed. We have greatly underestimated our own potentials, and we are capable of further development. In fact, what we call normality is looking more and more like a kind of unrecognized collective developmental arrest. Both contemplative and conventional research now support Abraham Maslow's startling claim that “what we call ‘normal’ in psychology is really a psychopathology of the average, so undramatic and so widely spread that we don't even notice it ordinarily” (Maslow, 1968, p. 16). To paraphrase Shakespeare, there are more mysteries within us and more potentials available to us than are dreamed of in our psychology.

Research Limitations

Clearly an enormous amount of exciting, groundbreaking research has been done. Unfortunately, quantity does not always mean quality. In fact, the largest review done to date—a massive analysis of more than 800 reports—found in many cases “the methodological quality of meditation research to be poor” (Ospina, et al., 2007).

The contemplatives studied are usually only beginners, the studies brief, follow-up of long-term effects insufficient, and control groups not ideal. There have also been few comparative analyses, with the result that although it is clear that meditation can be therapeutic, it is less clear how it compares with other psychotherapies, with medications, and with self-regulation strategies such as relaxation, biofeedback, and self-hypnosis. It is also unclear whether specific types of meditation, contemplation, or yoga offer advantages over others.

A further problem is that most research has been “means oriented” rather than “goal oriented” (Maslow, 1971). In other words, researchers have focused on what is easy to measure (the means) rather than on the classic goals of contemplation. Consequently, we know more about effects on heart rate than on heart opening, love, wisdom, or enlightenment.

Of course, this general problem is not unique to contemplative practices. In fact, it is one of the major problems inherent in the quest for empirically supported therapies: What is easiest to measure is not necessarily what is most important. Changes in simple behaviors are relatively easy to study; deeper transformations, existential openings, and postconventional growth are much more difficult. In fact, the more profound the issue, the deeper the question, and the higher the developmental stage, the more challenging assessment may be. Not everything that counts can be easily counted. It will be tragic if the quest for empirical evidence encourages a focus on what can be easily measured rather than on what is truly important.

Psychotherapy in a Multicultural World

Cultural diversity and sensitivity are now topics of considerable discussion. Unfortunately, crucial factors are often overlooked—factors such as the effects of participants’ level of psychological maturity and the creative potentials inherent in diversity situations.

A sophisticated approach that integrates such factors is *diversity dynamics*, which aims to study and foster “diversity maturity” (Gregory & Raffanti, in press). Diversity dynamics points out that:

- Diversity occurs in *all* systems, including all (therapeutic) relationships.
- All diversity creates “diversity tension,” which has both problematic and beneficial potentials.
- Adults differ on their levels of psychological development, such as levels of ego, cognitive, and moral maturity. For example, research on moral development has identified three major stages—preconventional (egocentric), conventional (ethnocentric), and postconventional (worldcentric). As people mature through these three stages, they tend to identify with and focus their care and concern on first just themselves (egocentric), then on themselves and their community (ethnocentric), and finally on all people (worldcentric). In her studies of women’s moral development, Carol Gilligan described this as the maturation from selfishness to care to universal care (Wilber, 2000a).
- People’s (and therapists’) developmental level influences what they observe and understand in any situation, the range of possible responses they recognize, and therefore how effectively they can respond and help.
- A person’s developmental stage will influence attitudes and responses to diversity. For example, consider the markedly different responses of people at three different stages: the conventional ethnocentric, the postconventional “pluralistic,” and the postconventional “integral” stages.

At the conventional, ethnocentric stage, people (and therapists) simply assume that their own beliefs and values are basically correct while those of other people and cultures are not. Cultural and diversity sensitivity at this stage therefore means tolerating and accepting other people's (erroneous) beliefs and values.

However, when people mature to the early postconventional "pluralistic" stage, they increasingly question their own assumptions and come to recognize that all beliefs and values are largely personal and cultural constructions. Different beliefs and cultures are therefore considered valid by their own rights, and cultural sensitivity means honoring their validity. The trap at this stage is "cultural relativism," which assumes that all values and beliefs are *equally* valid, and that evaluating or ranking them amounts to cultural imperialism.

At the later postconventional "integral" stage, people are increasingly able to question and evaluate all beliefs and values—their own and other people's—from multiple perspectives. This allows them to remain open to the potential validity of diverse beliefs and values while simultaneously being able to evaluate them according to such criteria as fairness, helpfulness, and maturity.

For people at certain development stages, the idea of development itself can be threatening. However, the recognition of developmental diversity is just one more kind of diversity that needs to be acknowledged, honored, and used to benefit everyone.

- All diversity situations contain creative potentials. As such, they offer participants, including both therapists and patients, opportunities for learning and maturing.
- Once these ideas and findings are recognized, a key concern for diversity training becomes fostering psychological maturity, especially "diversity maturity." Diversity-mature people tend to "always be in discovery mode" (Gregory & Raffanti, in press), constantly seeking ways to transform the challenges of diversity into opportunities for all participants.

The ideas underlying diversity maturity raise a crucial question for psychotherapy: "Does psychotherapy enhance diversity maturity and related qualities such as cultural sensitivity?"

To date, there are few research studies of the effects of psychotherapy on development, and these are largely limited to studies of meditation. Meditation can foster ego, cognitive, moral, and self-actualization development (Alexander et al., 1991). In addition, meditation fosters related capacities such as empathy that presumably underlie diversity sensitivity. Hopefully, this implies that meditation and other therapies do, in fact, enhance diversity, sensitivity, and maturity.

However, contemplative therapies can and have been taught by people with ethnocentric, sexist views. Any therapy method will be limited by the capacities and maturity of the therapists using it. This is one more reason why all therapists should undergo their own personal psychotherapy in order to recognize and release some of the many limitations, biases, and blind spots to which we are all prone (Yalom, 2002).

CASE EXAMPLE

Clients who have a meditation practice can sometimes make surprisingly rapid progress in psychotherapy, in part because of the psychological work done in meditation sessions, and in part because of greater awareness of their experiences during therapy sessions. Meditators may have an enhanced ability to access their feelings, recognize thoughts and images, plumb deep layers of the psyche, and attend to difficult issues and emotions. Therapists who are themselves meditators can use these clients' abilities to deepen and speed the therapeutic process. The ways in which clients' meditative abilities can speed

healing and facilitate insights are evident in the following session with Jan, a thirty-two-year-old female psychiatry trainee who was a long-term yoga practitioner and teacher, and someone who had been meditating for four years before beginning therapy.

Jan requested a consultation to help with intense feelings of dislike toward a fellow female trainee whom she perceived as competent, but also very competitive and duplicitous. Jan literally writhed on the couch as she reported the underhanded actions of the coworker, her own intense feelings of anger and fantasies of revenge, disappointment with herself at having such rage, and anguish over not knowing how to protect herself and others. After listening to her account I asked her where in her body she felt the conflict. "In my stomach" she replied, whereupon I asked her to carefully feel the body sensation and identify its size, shape and texture. This is an excellent way to help someone explore the somatic representation of an emotion or conflict and to keep sustained attention on it.

Jan described the characteristics of the sensation, and identified it as an expression of anger, conflict, and confusion. I asked her to concentrate on the sensation and to notice any changes. Because of her contemplative training, Jan was able to keep her attention focused on the sensation, and over the next few minutes reported that it was becoming smaller, smoother, and fainter. As it did, she noticed she was becoming less angry and agitated, and another sensation was becoming prominent in her chest. This she identified as feelings of sadness at her reactivity and at her inability to protect the other people affected by her coworker. I asked her to simply hold attention on the feeling of sadness and to notice any thoughts or images associated with it. Jan reported a stream of images of herself looking helpless, and of painful anxiety-provoking thoughts such as "I should be able to do something, I should know what to do, what's wrong with me?"

I encouraged her to simply observe the stream of thoughts and images without trying to change them in any way. As she did so, she found that she was becoming less identified with the thoughts and feelings and less reactive to them. She reported that she could feel her mind and body relaxing, and tears came to her eyes as she described feelings of relief welling up inside her along with thoughts such as "I'm only human, It's OK not to know what to do, I don't have to feel responsible for everyone." This spontaneous self-transformation and self-healing of thoughts, images, and emotions as they are observed mindfully—without attempting to change them deliberately—is a frequent finding in meditation, and one of the distinctive differences between many contemplative and traditional psychotherapeutic approaches.

At this stage I simply encouraged Jan to bring a sensitive awareness to the feelings of calm and relief and to see what emerged next. After a pause of perhaps two minutes, she began to describe several insights about how she could handle the situation more effectively. These were accompanied by greater acceptance of her limitations and what she could realistically expect to accomplish, and also by an initial sense of empathy and compassion for her colleague. As we reviewed the session, Jan concluded with, "I can see how she's driven by a need to be in control just like I am, and I want to work on feeling more compassion for her." In subsequent meditation and psychotherapy sessions she did just that.

SUMMARY

Contemplative disciplines include many techniques, of which the best known in the West are meditation, contemplation, Tai Chi, and yoga. Across centuries and cultures, they have been used to plumb the depths of the psyche and the heights of human possibility, and after 3,000 years, they remain the world's most widely used therapies.

The Future of Psychotherapy

Most discussions of the future of psychotherapy focus on local issues, such as novel techniques, empirical validation, and insurance reimbursement. Yet the fact is that the future of psychotherapy will primarily be determined by larger forces at work in the world, forces that will shape not only the future of therapy but also the future of our society and planet.

We have catapulted ourselves into what the Nobel laureate chemist Paul Crutzen calls the “anthropocene epoch,” a new phase in Earth’s history defined by human effects on the planet, in which the next few decades will determine our collective fate. It is a time of paradox. On the one hand, we possess unprecedented scientific, psychological, and technological resources. On the other hand, millions of people starve, our ecosystem is near collapse, weapons multiply, and our survival is in question.

What is striking is that each of the major threats to humankind is now human-created. For example, overpopulation, pollution, poverty, and conflicts all stem directly from our own behavior. Our global problems are therefore actually global symptoms: symptoms of our individual and collective psychological dysfunctions. The state of the world reflects the state of our minds. This means that to heal our social and global problems, we must also understand and heal the psychological forces within us and between us that spawned them in the first place.

But will our growth in psychological understanding and wisdom be sufficient? This is one of the great questions of our times. The challenge of how to foster widespread psychological and social healing and maturation is no longer an academic question but rather a collective challenge. Clearly, we are in a race between consciousness and catastrophe, the outcome remains uncertain, and mental health professionals are called to contribute. What *is* certain is that if we don’t solve these problems, there will be little future for psychotherapy or psychotherapists.

Limits of Psychotherapy Training

Unfortunately, most training of psychotherapists and other mental health professionals is woefully unsuited to deal with many major causes of psychological suffering and pathology, let alone with larger social and global issues. Much psychological suffering has roots in social, educational, and economic factors such as poverty, ignorance, faulty collective beliefs, and inequality. Yet as numerous critiques point out, most psychotherapy training focuses on treating individuals or at most, families. The suffering individual is all too often seen as an isolated monad whose pain and pathology stem primarily from faulty internal forces such as conditioning, psychodynamics, or neurotransmitters.

Likewise, mental health professionals have seriously underestimated the importance of lifestyle factors for mental health. More specifically, mental health professionals have underestimated the importance of lifestyle factors in the causation and treatment of multiple psychopathologies, the enhancement of psychological and social wellbeing, and for optimizing and maintaining cognitive capacities. Yet lifestyle factors—such as diet, exercise, relationships, recreation, time in nature, religion/spirituality, and service to others—can be as therapeutically effective as either psychotherapy or pharmacotherapy, for example, in treating several forms of depression. In the 21st century, therapeutic lifestyles may need to be a central focus of mental, medical, and public health, and psychotherapists have much to contribute.

Compounding this neglect of social and lifestyle factors is an almost exclusive emphasis on tertiary treatment rather than primary prevention. That is, most resources are

dedicated to treating illnesses and their complications after they arise, rather than to preventing them arising in the first place. Yet primary prevention is far more effective and efficient than later tertiary treatment. Of course, this bias contaminates not only individual psychotherapists and training institutions, but also the economic and insurance systems that emphasize individual treatment over large-scale prevention, especially in the United States.

Like other professionals, psychotherapists are subject to “professional deformation.” This is the harmful distortion of personality, perception, and behavior that results from professional and social forces. Biases and blind spots such as the above are examples of widespread professional deformation.

Granted, psychotherapists are subject to larger social, economic, and cultural forces. But to what extent are we as psychotherapists colluding with and maintaining unhealthy social and economic systems when we merely patch up the worst casualties without also working to question and correct the larger systems and forces that help to create many casualties in the first place? This is a question that has been raised many times—for example, by Adlerian, feminist, social, and postmodern psychologies. Unfortunately, the question and the issues remain unsolved. Yet they provide the “big picture” context within which discussions of psychotherapy must proceed.

Questions for Contemplative Approaches

As contemplative practices become increasingly popular in the West, new opportunities and questions are emerging. These questions include:

- What role should contemplative approaches play in medical and mental health systems?
- How are contemplative methods best combined with conventional psychotherapies?
- To what extent and in what ways should contemplative training become part of psychotherapy training? Much of the effectiveness of psychotherapy is a function of the personal and interpersonal qualities of the therapist. However, meditation is one of the few methods that have been demonstrated to cultivate effective qualities such as empathy, and to specifically enhance therapeutic effectiveness (Grepmaier et al., 2007). Accordingly, contemplative practices could be a valuable element of training.
- How can contemplative practices be made more widely available in society, for example in educational, professional, and penal systems?
- Will contemplative therapies prove prophylactic for disorders for which they have already proved therapeutic? If so, how can they be made available for this purpose—for example, within the educational system?
- Can contemplative practices contribute to cultivating the psychological qualities, maturity, and values that our society and times require, and if so, how can we foster these contributions?
- Will our views of human nature, capacities, and potentials expand to encompass the heights long suggested by contemplative therapies and now increasingly supported by research? This is a crucial question because, as Gordon Allport (1964) pointed out, “By their own theories of human nature psychologists have the power of elevating or degrading that same nature. Debasing assumptions debase human beings; generous assumptions exalt them” (p. 36). Contemplative practices offer a generous view of human nature and a means to foster those qualities that exalt it.

ANNOTATED BIBLIOGRAPHY

- Baer, R. (Ed.). (2005). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications* (Practical resources for the mental health professional). St. Louis, MO: Academic Press.
This comprehensive collection offers a summary of the many mindfulness-based therapies, their applications, and the research on them.
- Feuerstein, G. (1996). *The Shambhala guide to yoga*. Boston: Shambhala.
Certain traditional philosophical and metaphysical assumptions are accepted uncritically, but otherwise the book is solid and provides a concise, readable overview.
- Shapiro, S., & Carlson, L. (2009). *The art and science of meditation*. Washington, DC: American Psychological Association.
This book lives up to its title. It provides a clearly written introduction to the art of practicing and using meditation and a good survey of the scientific research. The book includes a valuable summary of the benefits that therapists themselves may gain from meditation. This is an excellent introduction to the field.
- Walsh, R. (1999). *Essential spirituality: The seven central practices*. New York: Wiley.
This practical book introduces contemplative practices of both Asia and the West. The emphasis is on integrating these practices into one's life in order to foster well-being and growth.
- Wilber, K. (1999). *No boundary*. Boston: Shambhala. Ken Wilber is an encyclopedic integrator of multiple schools of psychology and psychotherapy, including both contemplative and conventional Western approaches. *No Boundary* is an easily readable but somewhat dated introduction to his ideas. A more expanded treatment, including related social and philosophical issues, is *A Brief History of Everything. Integral Psychology* summarizes his psychological theory but is rather dense. Extensive reviews of Wilber's writings are available on the Web, and an overview appears at http://cogweb.ucla.edu/CogSci/Walsh_on_Wilber_95.html.

CASE READINGS

- Germer, C., Siegel, R., & Fulton, P. (Eds.). (2005). *Mindfulness and psychotherapy*. New York: Guilford Press.
This practical book covers a wide variety of cases demonstrating issues and applications relevant to using contemplative approaches, and especially mindfulness meditation, in psychotherapy. Good case histories are also available in R. Baer's *Mindfulness-based treatment approaches*.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delacorte.
Jon Kabat-Zinn was director of the Stress Reduction Clinic at the University of Massachusetts and successfully taught meditation to thousands of people with severe illness and intractable pain. This book summarizes his experience and is both theoretical and practical, clinical and personal, and contains numerous brief clinical vignettes.
- Kornfield, J. (1993). *A path with heart*. New York: Bantam.
This book is a wise, practical "how-to" guide for integrating contemplation into daily life in order to deal with the personal, interpersonal, and existential issues that all of us face.
- Shapiro, D. (1980). Meditation as a self-regulation strategy: Case study—James Sidney. In *Meditation: Self-regulation strategy and altered states of consciousness* (pp. 55–84). Hawthorne, NY: Aldine. [Also in D. Wedding & R. J. Corsini (Eds.). (2011). *Case studies in psychotherapy* (6th ed.). Belmont, CA: Brooks/Cole.]
This case provides an excellent example of combining contemplative and other approaches. The therapist uses meditation, together with behavior therapy techniques and careful behavioral assessment, to treat insomnia and interpersonal difficulties.
- Tart, C. (2001). *Mind science: Meditation training for practical people*. Novato, CA: Wisdom Press.
A clear, simple guide to meditation practice by a psychologist. Other practical introductions to learning meditation include S. Bodian (2006), *Meditation for Dummies*, (New York: IDG Books Worldwide), and, for mindfulness meditation, J. Goldstein (1987), *The Experience of Insight* (Boston: Shambhala Press).