

Mindfulness-based Practices as a Holistic Philosophy and Method

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Abstract

While rooted in a holistic philosophy and history, mindfulness-based practices have been operationalized and adapted by many researchers/practitioners as a cognitive behavioral intervention, which has proven to be effective for a wide variety of people and problems. However, some researchers and practitioners express concerns with this direction and the separation of mindfulness from its holistic roots. This paper discusses some of these concerns and considers how holistic mindfulness-based methods can differ from mindfulness that is facilitated as a cognitive-behavioral intervention. Examples are discussed from our own experiences in facilitating and studying mindfulness. In general, a holistic approach to mindfulness can be flexible, creative, and meet people's specific needs and goals. It also encourages spiritually-sensitive discourse, which for some people will be important as their spirituality can be intimately connected with the philosophy and practice of mindfulness.

Keywords: mindfulness; holistic helping/health practice; spiritually-sensitive; cognitive behavioral

Introduction

Mindfulness-based practice and research is a burgeoning area of interest especially within psychology and cognitive behavioral approaches, and health, where research has demonstrated the effectiveness of mindfulness for a variety of people and problems (Grossman, Niemann, Schmidt & Walach, 2004; Kabat-Zinn, 2003; Sagula & Rice, 2004; Singh, Lancinoi, Winton, Fisher, Wahler & McAleavy, 2006; Smith, 2004). Social workers are also beginning to demonstrate increased interest in mindfulness. The first Canadian book, *Mindfulness and Social Work*, was published last year (Hick, 2009). Other social workers have discussed mindfulness practice as an intervention that can help social work students develop a professional identity (Birnbaum, 2005) and address feelings of discomfort in the classroom (Wong, 2004). Coholic (2006) explored the usefulness of

mindfulness as a holistic intervention for improving self-awareness and self-esteem in adult women, and with children living in foster care (Coholic, 2010; Coholic, Loughheed & LeBreton, 2009).

Moreover, mindfulness is increasingly evident in the popular culture (Hanh, 1991; Kabat-Zinn, 1994; Weiss, 2004). For example, in a 2008 edition of MacLean's magazine, the author states that it is "stunning" that mindfulness meditation, which is based on Buddhist philosophies, is finding its place in science [see for examples, Davidson et al., (2003); Farb et al., (2007); Hayward & Varela (1992); Siegel (2007)] given that conventional treatments [such as medication and psychotherapy] and Eastern philosophies tend to be antithetical (Gulli, 2008). This growing awareness and use of mindfulness-based practice is perhaps understandable as alternative and holistic approaches "expand traditional treatments and offer new strategies for coping with psychological distress" (Lee et al., 2008 p.15). For one example, proponents of a holistic approach known as Integral Psychology (Cortright, 2007; Wilber, 1997, 2006) contend that health emerges from our authentic nature, which is described as spiritual, and endowed with a consciousness that is multidimensional and characterized by "the original wholeness that underlies our psyche" (Cortright, 2007, p. 116). On the other hand, pathology, disease, and disorder are expressions of fragmentation and "inauthentic being". In other words, health is conceptualized as an expression of wholeness that is based on an integration of physical, emotional, mental, and spiritual health. In this approach, people are helped to reconnect with their essential wholeness through various processes including the use of the breath to reconnect with the body and reclaim "disowned" emotional wounds, and to expand awareness through a combination of practices such as yoga, meditation and psychotherapy. Accordingly, our use of the term "holistic" in this paper denotes practice and research that takes into account the whole person including physical, mental/psychological, emotional and spiritual/transpersonal/existential dimensions of life experience.

While mindfulness-based practice is rooted in a holistic philosophy, it is taught to people with diverse spiritual beliefs or a lack thereof (Kabat-Zinn, 1990). Facilitators of mindfulness contend that one does not have to be a Buddhist or a person with spiritual beliefs to learn, practice and benefit from mindfulness. In fact, for many practitioners and researchers, mindfulness is not connected with any type of spirituality or holistic perspective. However, Kabat-Zinn (2003 p.145) also encourages us to contemplate the complexities involved in divorcing mindfulness from its holistic roots and argues that it is important to recognize the unique qualities of mindfulness practice so that it is not "simply seized

upon as the next promising cognitive behavioral technique ... decontextualized, and plugged into a behaviorist paradigm with the aim of driving desirable change”.

In this paper, we further consider this caution put forth by Kabat-Zinn. Others such as Rosch (2007), and Dimidjian and Linehan (2003) also discuss possible “dangers” in divorcing mindfulness from its holistic roots. We discuss how mindfulness that is contextualized within a holistic perspective could be different from a mindfulness-based practice divorced from this context. Examples are provided from our own practice and research experiences in this area, which include practicing and teaching mindfulness meditation for almost three decades. First, we describe the concept of mindfulness and discuss how it is being conceptualized within the cognitive behavioral literature.

Mindfulness-Based Practices and Research

Historically attributed to origins in northern India circa 500 B.C.E., by Siddhartha Gautama Buddha (an iconoclastic spiritual adept), mindfulness meditation was developed as one of many elements of a holistic teaching whose purpose was to relieve human suffering, to increase compassion and loving-kindness among its practitioners, and to help individuals attain the peace of enlightenment or Nirvana (Armstrong, 2001). According to Weiss (2004), mindfulness was meant to help people see clearly and understand themselves and others better so that a more fulfilling and joyful life could be lived. He describes mindfulness as a practice that can help people “free themselves from mental constructs...see the world as we really are...allowing us to experience the delight of touching life deeply and authentically...giving us a way through suffering to joy...and encouraging us to do all of this every moment in our daily lives”. Buddhist teachings suggest that in order to move beyond some of the embedded habits of the mind, and to become free of some of the distortions and confusions to which we are subject, we need to train ourselves to attend very carefully and very deliberately to the process by which we construct past and future experience in the present moment (Hamilton, 2000). Mindfulness practice is about accessing the present moment, and cultivating the intention to attend to what is happening right now, and through that process, seeing things without the distortive lens of judgment, e.g., acceptance or rejection, attraction or revulsion (Bercholz & Kohn, 2003).

Buddhist teachings found their way to the West and to Western secular helping practices through various paths of transmission. One of the earliest influences was Japanese Zen Buddhism in the 19th century

(Cardaciotto, 2005). Zen Buddhism, a sect of Mahayana Buddhism, was introduced to Japan in the 9th century by Chinese Ch'an Buddhists and became most widely known in the West through Japanese Zen Buddhism (Cardaciotto, 2005). Discussion of the integration of mindfulness into psychotherapy can be found as early as the 1960's, in the well-known works *Psychotherapy East and West* (1961) by Alan Watts, a student of Zen and former Episcopalian minister, and *Psychoanalysis and Zen Buddhism* (Suzuki, Fromm & DeMartino, 1960). By the late 1950's and early 1960's, meditation based in Zen Buddhism influenced the thinking of a number of major psychotherapists.

For instance, Watts was instrumental in bringing D. T. Suzuki to California in the 1950's, where he introduced Zen to a new generation of Americans (Taylor, 1999). Ultimately settling in New York, Suzuki accepted a visiting professorship at Columbia University and delivered a number of seminars on Zen meditation, which influenced a number of prominent thinkers including Thomas Merton and the neo-Freudian psychotherapists, Karen Horney and Eric Fromm (Taylor, 1999). Watts also introduced Zen Buddhist thought to Jay Haley, who played a major role in the founding of the Palo Alto Mental Research Institute, one of the founding institutes of brief and family therapy (see http://www.mri.org/about_us.html). Similarly, with the collaboration of Abraham Maslow, Allan Watts, Willis Harman, Aldous Huxley, George Leonard and others such as Michael Murphy and Richard Price, established the Esalen Institute in California, which became an important centre for the human potential movement in psychology (Taylor, 1999). One of the centre's many psychologists-in residence, Frederick Perls, was also influenced by Zen Buddhism in developing Gestalt therapy, specifically, the emphasis on present-moment awareness and radical acceptance of embodiment (Perls, 1969). On the other hand, Jung also made use of meditative techniques in his writing but remained ambivalent about its applicability to Western therapy, conceiving of meditation as the "royal road to the unconscious" (Wellwood, 2000, p. 59), yet as potentially dangerous, since it could lead to a dissolution of consciousness and a loss of ego identification. This in turn "could precipitate a dangerous uprush from the unconscious" (Wellwood, 2000, p. 62).

This earlier work forms the context for the more recent interest in mindfulness meditation that has been applied to a number of clinical settings and studied mainly via the conceptual frameworks of medical science and cognitive behaviour therapy. Jon Kabat-Zinn (1994) is a key figure in the introduction of mindfulness meditation to Western health practices. He initially developed Mindfulness-Based Stress Reduction (MBSR) as an intervention that employs mindfulness meditation practices

as a component of pain management for people with chronic pain (Kabat-Zinn, 1990). He explains that mindfulness meditation practice is an activity that encourages awareness to emerge through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment. Mindfulness has everything to do with examining who we are, with questioning our view of the world and our place in it, and with cultivating appreciation for the fullness of each of life's moments. The basic elements of a mindfulness practice include mindfulness of breathing, sitting meditation, and daily-life mindfulness (Weiss, 2004). Thich Nhat Hanh's (1991) approach to teaching mindfulness centers around conscious breathing (the awareness of each breath) and through this breathing, mindfulness of daily life acts. So, mindfulness-based meditation and practice is traditionally taught by helping a person focus on their breathing usually when sitting still, and by incorporating mindfulness into everyday acts such as walking and eating. A strong focus on the awareness of the breath has been an enduring keystone of Buddhist practice as originally expounded in Buddha's seminal teaching, the *Anapanasati Sutra*, and re-introduced into modern American Buddhist practice by Rosenberg (1998).

Mindfulness as a cognitive-behavioral intervention

Kabat-Zinn's (1990) definition of mindfulness-based practice as a process of paying attention in a particular way, on purpose, in the present moment, and non-judgmentally has been operationalized and adapted by researchers as a cognitive behavioral intervention. Researchers working within this paradigm emphasize the need to arrive at universally acceptable operational definitions of mindfulness, and to delineate the analysis and identification of essential active "mechanisms of mindfulness" for the purpose of measurement and randomized controlled research trials (Arch & Craske, 2006; Bishop, Lau, Shapiro, Carlson, Anderson & Carmody, 2004). For instance, Allen et al., (2006) provide a cognitive conceptual framework of mindfulness meditation based on a parsing of Kabat-Zinn's (1990) description. They note that "paying attention in a particular way" requires a monitoring of thought processes, a term which has been described by Tonneatto (2002) as "metacognition". The phrase "paying attention on purpose and in the present moment" implies that mindfulness involves the purposive direction of attention to present moment experience, which may lead to a greater awareness of one's thoughts. They also suggest that this kind of paying attention to the present moment develops an ability to maintain focus, including attending to negative affect, physical sensations, or distressing thoughts, and a

reduction of the tendency to attempt to control cognition and affect via thought suppression and avoidant coping.

Within a cognitive behavioral approach, participants are typically taught ways of developing a different relationship to the content of experience, whether these constitute unpleasant body sensations, thoughts, emotions or cravings. Mindfulness meditation is presented as a technique that cultivates a meditative resting of the entire field of attention, including all sensory and mental contents, and an attitude of openness and acceptance to the whole field of arising experiences. The most commonly taught form of this mindfulness meditation uses breathing as a focus for the attention. For example, Mindfulness Based Stress Reduction (MBSR) (Kabat-Zinn, 1990) has been delivered as an eight-week program which combines sitting and walking meditation, guided body awareness, and light yoga, with an emphasis on nonjudgmental acceptance of the body as it is without comparison to others.

MBSR and Mindfulness Based Cognitive Therapy (MBCT) can also include other complimentary interventions such as psychoeducation and cognitive exercises (Dimidjian and Linehan, 2003). For example, Segal, Williams and Teasdale (2002) discuss MBCT for the treatment of relapse of major depressive episodes. They suggest that the use of mindfulness meditation helps in interrupting the downward spiral of rumination that is associated with depression relapse, and de-automating these self-destructive thought patterns. The focus is on the development of a different relationship between participants and their thoughts, characterized as “de-centering”. To this end, the use of generic meditation practices is supplemented with cognitive exercises aimed at framing thoughts as “events” rather than as essential observations about self-worth. Participants are also given homework of keeping a meditation log and are encouraged to keep track of “pleasant” and “unpleasant” events in a manner consistent with traditional cognitive behaviour therapy.

More recently, Williams, Teasdale, Segal and Kabat-Zinn (2007) have further articulated the manner in which MBCT differs from traditional cognitive behavioural approaches in dealing with depression by teaching participants to see thoughts simply as “events” rather than as essential definers of self-identity. For example, they note that the mind creates a narrative out of all the “negative” thoughts which are symptomatic of depressive episodes, and this tends to be mistaken for a true description of the identity of the sufferer. Williams et al., (2007) suggest that, by teaching clients to tune in to this automatic pilot and the subsequent automatic narrative about the self, clients can learn to see that this story is arbitrary and constructed, and not a trustworthy source of

information about whom they really are. They further describe a practice that they have developed called the “three-minute breathing space” designed to bring mindfulness into everyday activities, especially for dealing with difficult situations and feelings. The practice uses the breath as a vehicle for tuning in to the present moment and engaging in three steps: becoming aware of what experience is arising in the moment; gathering - focusing awareness on the breath as reflected in body awareness; and expanding from sensations of the breath to awareness of a sense of the body as a whole. The authors suggest that, used with compassion, this technique can “cut through the doing mode to provide us with a powerful and healing alternative...open up new freedom and choice about how best to respond to what is happening in our lives, inwardly and outwardly while it is happening” (p. 185).

In another example, for the alleviation of substance use disorders, the quality of acceptance is developed in order to teach the person to allow sensations, thoughts, and emotions to arise and fade without provoking a psychological reaction (Alterman, Koppenhaver, Mulholland, Ladden & Baime, 2004). This application is based on the supposition that mindfulness meditation can train participants to be behaviorally still, reducing the impulse to act. These approaches described herein attempt to develop not only the quality of mindfulness itself “but also a variety of outcomes with which mindfulness has traditionally been associated (e.g., self-control, emotion regulation, compassion)” (Brown, Ryan & Creswell, 2007, p.215). In general, while these types of interventions have proven to be effective for a wide variety of people and problems including depression, anxiety and stress (Bishop, et al., 2004; Carmody, Reed, Kristeller & Merriam, 2008; Hoppes, 2006; Lau and McMain, 2005; Segal et al., 2002; Allen et al., 2006), some have argued that it is not clear if these studies are delivering and measuring the same process. As Grossman (2008) contends, mindfulness is a difficult concept to define, let alone operationalize. His viewpoint is that an authentic understanding of mindfulness as originally contextualized within the Buddhist culture eludes comprehension by means of discursive or intellectual thinking, and instead requires an experiential foundation based on extensive meditation practice and introspective insight. Without this foundation, efforts to define and operationalize mindfulness have relied on parallel constructs within the paradigm of cognitive psychology.

Furthermore, citing the half-dozen self-rating questionnaires that have been developed as attempts to measure mindfulness, Grossman (2008) warns of several difficulties including discrepancies among experts concerning definitions of mindfulness; relative naïveté among constructors of inventories in terms of their own limited knowledge of

Buddhist thinking and depth of experience; oversight of the possibly profound differences among respondents in their semantic understanding of scale items; and potentially significant discrepancies between self-perceived versus actual states of mindfulness. For one example, he points out that in the development of the “Kentucky Inventory of Mindfulness Skills” (Baer, Smith & Allen, 2004), the authors utilized attributes that are based on elements of dialectical behavior therapy and not true to the original characteristics of mindfulness. As Rosch (2007, p.262) argues, “it should be clear to anyone acquainted with the scales that none of them is measuring either mindfulness in the narrow Buddhist sense or enlightened awareness in its broader sense...factors seem to be measuring a construct of more versus less pathology”.

Concerns and issues regarding the separation of mindfulness from its holistic roots

Dimidjian and Linehan (2003) point out that even if cognitive behaviorists come to agree on an operational definition for mindfulness and its outcomes, these approaches will still decontextualize and re-interpret mindfulness meditation for clinical applications. While we do not dispute that these clinical applications of mindfulness can be helpful for a wide variety of people and problems, it is relevant to further examine Dimidjian and Linehan’s (2003, p.2) viewpoint that “something is lost in the separation of mindfulness from its spiritual roots”.

A key criticism of attempts to arrive at a common denominator in defining mindfulness is the observation that such an approach would introduce “an enormous reductionism” that would bear no correspondence with the original Buddhist psychological construct of mindfulness, which “intimately connects moment-to-moment paying attention to the cultivation of knowledge, positive emotions such as kindness and compassion, and even ethical behavior, related to the principle of doing no harm” (Grossman, 2008, p. 406). It has also been pointed out that an over specification in mindfulness research may preclude the element of mystery, and that recent attempts to define “active ingredients” of mindfulness ignore the dimensions of synergy and interdependence between the various elements of mindfulness practice (Rosch, 2007). In fact, the practice of mindfulness in a traditional context placed a strong emphasis on nonattachment to outcome, which is a radical departure from most clinical interventions (Kabat-Zinn, 2003). Furthermore, mindfulness practice as a holistic philosophy offers a foundation for a life-long practice with an understanding that the fruits of practice will take time to unfold, and will often occur in unexpected ways.

This contrasts with treatment applications that are typically time-limited, brief interventions with expectations of specific outcomes.

Dimidjian and Linehan (2003) state that it is possible that connecting mindfulness with its holistic roots may enhance clinical practice in several ways, and suggest the need to consider an array of questions such as: Would it be clinically advantageous to include a more explicit discussion of the goals of mindfulness as it is practiced in a spiritual context (e.g., as a method to experience enlightenment, to perceive the nature of reality, and so forth)? Is the clinical practice of mindfulness diluted because of the failure to discuss these issues explicitly? Are we withholding teachings, which were originally provided for the express purpose of relieving suffering, because they have been labeled spiritual? Also, we wonder if mindfulness practice can be sustained over the long term if it is not connected with a holistic philosophy? Is there a more thorough integration of mindfulness into one's life when it is understood as a holistic practice?

Clearly, the adaptability of mindfulness to cognitive-based psychological approaches stems from the fact that mindfulness is decontextualized from its roots. As therapeutic applications, cognitive-based mindfulness methods stop short of their original soteriological goals as developed within traditional Buddhist teachings. Mindfulness was originally taught as part of a Buddhist practice aimed at the elimination of suffering, and ultimately, enlightenment, through an ontological and epistemological stance that view both the world and the individual self as “dependently originated”, characterized by “essential emptiness” and thus illusory (Hamilton, 2000). Mindfulness meditation was thus offered as a form of phenomenological practice aimed at helping the student examine the stream of experiential phenomena with an attitude of acceptance and clarity that would reveal this essential emptiness or “shunyata”, and relieve the sufferer of the illusion of individual selfhood (Dalai Lama, 2005).

Certainly, there is a fundamental discrepancy between the traditional Buddhist view of the self as illusory, and a Western psychotherapeutic view of self-concept, self-esteem, and identity as key foundations of mental health, with accompanying treatment goals of symptom reduction and the production of a well adjusted and socialized self. The qualities of present moment awareness, acceptance and non-judgment when applied to such therapeutic goals as relapse prevention, pain management, alleviation of depression and anxiety are effective in reducing these symptoms. However, practitioners of mindfulness within a Buddhist context would be encouraged to continue their disciplines to the extent where the illusory nature of the separate self would ultimately be

realized (Hamilton, 2000; Kornfield, 2009). The question of whether or not there is anything inherently “wrong” with a partial application of mindfulness is debatable. After all, the reduction of symptoms is a form of alleviation of human suffering and this is at least compatible with the goal of Buddhist practice. As the late Tibetan Buddhist master, Chogyam Trungpa (2005) pointed out, Buddhist psychology stresses human goodness and focuses on meditative practice as a means of facilitating the discovery of “mind as fundamentally pure, that is, healthy and positive, and ‘problems’ as temporary defilements...the emphasis is no longer on the problems themselves but rather on the ground of experience through realizing the nature of mind itself” (p. 10).

Regarding this concept of the nature of the mind, Avants, Beitel and Margolin (2005, p.169) used the Buddhist teaching of “essential goodness” and associated meditation practices in an adaptation called “Spiritual Self Schema (3-S)” therapy for the treatment of inner-city addicts in order to deconstruct what they refer to as the “addict self-schema”. They applied Buddhist teachings to illustrate the point that the addict self “is not their true nature, but rather a pattern of thoughts, feelings, and behaviors, that, as posited by Buddhist psychology, is driven by craving and aversion”. The participants are taught that as a basic tenet of Buddhism, their “true” nature is spiritual and “seeks to do no harm to self or others”.

Another point to be made is the idea that a holistic approach to the teaching of mindfulness should recognize the fact that there are multiple entry points to the practice. Different approaches to mindfulness can be flexible to the unique needs of participants, so that entry can be provided via the different “doors” offered by various traditions of mindfulness. As Rosch (2007, p. 262) explains, different traditions offer different entry points to practice such as “calming and relaxation, compassion, devotion, study, cleaning up one’s life, intentions, service, vows, mindfulness practice, body practices, identifying with enlightened energies, creative activities...even up to receiving transmission of the primordial wisdom itself.”

Kornfield’s (2009) work also deserves consideration within this discussion as his approach brings together the combined fruits of a lifelong practice as a Buddhist monk with a thorough grounding in Western psychotherapy. In a recent publication, Kornfield (2009) discussed the manner in which he incorporates traditional Buddhist wisdom teachings into individual psychotherapeutic sessions. For instance, he uses mindfulness practice, particularly mindfulness of the breath, to help individuals re-connect with the body and with repressed or otherwise denied emotions and beliefs. He then encourages his clients to

use mindfulness to “hold” intense emotions such as grief within a therapeutic space and to use these as the subject of meditation on universal compassion. According to Kornfield (2009), through the cultivation of mindfulness “we develop the ability to come to the life of the body...notice suffering or well-being arising in our body...[and] discover how our body responds when our mind is clear or confused, when our heart is open or closed...[and] learn to hold the mystery of bodily life with respect” (p. 112).

Kornfield (2009) argues that a key difference between Western and Buddhist psychology is that while Western ego-based psychology views the development of a healthy sense of self integrated with society as a final outcome of treatment, this is only a starting point for further development in the Buddhist view, which offers a path to the discovery of selflessness. He suggests that the full development of Buddhist practice proceeds from this functional self and by showing us how the sense of self is created moment by moment “dissolves identification and shows the joyful openness which exists beyond the self” (p. 66). His aim is to help clients regain self-contact via breath and bodily awareness, and to teach them to hold “unpleasant” thoughts, emotions, beliefs, and sensations in the “space of compassionate mindfulness” so that “with mindfulness understanding unfolds naturally” (p.99). He also encourages his clients to fully tell their stories of suffering and then to compassionately ask themselves “Is it true?”, thus fostering a dis-identification with the permanence of both the experienced, and the bearer of the experience. Thus, focus is shifted away from a purely cognitive application of mindfulness toward a more broadly-based humanistic and holistic approach by both encouraging a deeper exploration of feelings, thoughts, and beliefs, and ultimately undermining their deterministic power by fostering a greater awareness of the provisional nature of self-identification and its offspring of suffering.

Some may wonder if holistic approaches such as mindfulness can be congruent with social work goals of social justice and societal change. In fact, the concept of spirituality within social work has been criticized for being too focused on individualistic concerns. However, spiritual and holistic goals such as “acceptance” and others listed above do not have to be at odds with social change and justice. Indeed, practices such as developing compassion for others and the principle of doing no harm can be connected with social justice activities. There are several examples in the social work literature of how holistic approaches can be inextricably linked with social justice work. For instance, Nash and Stewart (2005) discussed how the ability to conduct and sustain social justice work can be strengthened by spiritual awareness. Social justice work has also been

inextricably linked with ecological movements and specifically deep/physical ecology. Spirituality and ecology emphasize alternative worldviews based upon an expanded understanding of person-in-environment, which assume interdependence, relatedness with each other and the Earth, the essentialness of place, and the importance of the sacred in our lives. This broader framework enables social work to more easily embrace a focus on well-being, as opposed to exclusively problem solving, and to discuss the more ultimate sources of meaning in people's lives (Coates, 2003, 2004; Tester, 1994; Zapf, 2005). Furthermore, Todd (2004) examined how feminist community organizers' narratives about their secular work were actually intertwined with spiritual and religious stories. Thus, a commitment to social justice and organizing practices may be informed by religious affiliation and/or spiritualities. Indeed, spirituality can help sustain social justice activity by giving a higher purpose to work that often comes into conflict with dominant and mainstream paradigms and ideologies (Graham, Coholic & Coates, 2006).

Finally, in the process of operationalizing mindfulness and its outcomes while simultaneously divorcing it from its holistic roots, narrow and inaccurate understandings of mindfulness can emerge that supports this perception of mindfulness as creating individuals who are disengaged with broader life. One recent example is found in a blog published on-line by the New York Times wherein mindfulness is described as the latest "new-age" fad (Warner, 2009). The author states "that being fully in the moment, all senses turned on, feeling your hands in your lap and the ground under your feet, is a very good way of not being there at all." She also argues that mindfulness can make people "dull". The reader is left with the impression that people who practice mindfulness are unemotional and robotic, feeling little connection to relationships and situations outside of themselves, which runs contrary to the original purposes of mindfulness as described earlier and does not match our own experiences of some of the benefits and outcomes of mindfulness that are described next.

Examples of holistic mindfulness-based research and practice

As is evident from the discussion so far, holistic approaches to mindfulness incorporate holistic teachings and perspectives to various degrees and in differing ways. This is understandable given the deep complexity of the construct itself and its long history, not to mention the diversity of the people with whom we work, and our own knowledge bases and experiences. In the examples from our own work that are provided next, it is evident that space is created for spirituality to emerge

within a holistic approach to facilitating mindfulness but spiritual or religious teachings are not part of the process.

In the first example, mindfulness was an integral part of two holistic arts-based groups that were facilitated with adult women for the purposes of improving their self-awareness and self-esteem. These research groups qualitatively explored the usefulness of these holistic arts-based methods. Mindfulness was facilitated by way of meditations and breathing exercises, writing, arts-based activities such as drawing and sculpting with clay, mindful walking, and “homework” (daily practice and reading outside of the group). For one example, in a mindful walking exercise, the participants were instructed to walk slowly while closely attending to their bodily sensations and movements. One participant explained that she was able to consciously slow herself down and be in the moment with the walking. She reported that “it was peaceful. It was being very in tune with my body and the grass.” For another example, in a closing exercise, each participant constructed a line of meditation beads for herself. The beads could be used as a reminder to be mindful and symbolized the things that they were grateful for. One of the participants described one of her beads as her “spirituality because my spirituality is really important to me.” (Coholic, 2006; 2005).

In these groups, we made room for spirituality to enter into the therapeutic space by encouraging the participants to make sense of their experiences in a holistic manner if they deemed this to be important. We found that when this space was created, spontaneous discussion arose that could be connected to spiritual and existential themes such as life after death, suffering, and making meaning of why certain events had occurred. According to the group participants, learning mindfulness helped them to better appreciate life’s moments and themselves; improved their self-awareness; and helped them connect with their spirituality by providing them with a practice that could help them express their spirituality in daily life. For example, spirituality was linked with mindfulness for some in that being mindful was equated with their spirituality - being mindful of what brings meaning to life was described as a “spiritual awakening.” Also, being aware and in the moment was described as feeling like a spiritual process. As one participant stated “It’s one thing to say that you have certain morals or values but...[learning mindfulness in the group] gave me an opportunity to put the mindfulness [her spirituality] into action.” The mindfulness-based meditations were also experienced and described as spiritual because they enabled connections with people who had died or with something outside of themselves such as a “higher power” or the “universe” (Coholic, 2006; 2005).

In the second example, mindfulness was facilitated as part of an eight-week relapse prevention workshop for people in recovery from concurrent disorders. The course structure was loosely organized according to the generic design of MBSR (Kabat-Zinn, 1990). Also, the themes of acceptance, the practice of being nonjudgmental, and present-moment awareness were connected with themes associated with relapse prevention such as dealing with cravings and disturbing thoughts, and letting-go of impulses. At the same time, plenty of opportunities were provided (between formal sitting meditation sessions) for participants to discuss their feelings and thoughts about their experiences, in particular, the way in which the skills they were learning applied to their everyday life situations including their spiritual perspectives. Space was provided for the possibility of spiritual discourse as the participants were made aware that the facilitator was open to working holistically with them. As a result, some participants disclosed that they had experienced “breakthroughs” in the way they perceived themselves or their situations, and often these insights were connected with their spiritual viewpoints, for example, feeling connected with others in ways that they could not have imagined before. Others discussed feeling inner peace and having a new perspective on their life - viewing their life as a creative developing process rather than as a “mess” or a “mistake”. Most of the participants characterized the meditation as a spiritual process in that it was a way of connecting with their deeper self or with “something far greater” than themselves.

The third example relates to incorporating mindfulness-based practices in individual counseling sessions. In one example, a brief exercise of mindfulness meditation was facilitated with a client at his request in order to help him deal with momentary feelings of agitation, cravings, and anxiety. After being guided in mindfulness meditation for 20 minutes, he explained that he felt deeply rested but awake, and at peace in ways that he had not experienced for a very long time. Another individual emerged from a mindfulness meditation experience with a recognition of how unsatisfying his life had been in the past few years. This was followed by a discussion of what he really wanted to do with his life. Facilitating mindfulness processes from a holistic perspective creates the possibility for a deepening of an individual’s connection with self, “buried wounds”, and life goals (Cortright, 2007).

Another example involves an individual with a very inquisitive mind who often experienced manic states in which it was almost impossible for her to complete a thought without interrupting herself, as she would jump from one idea to another, and become increasingly frustrated. This person disclosed that she suffered from low self-esteem,

engaged in binge drinking behaviours, and had been labeled with bipolar disorder, which caused her considerable emotional distress. She also explained that she was interested in viewing her situation from a holistic perspective but had an extensive history of prior experiences in other treatment settings where her spiritual questions were dismissed. Her condition was treated reductively as a bio-chemical problem, and she felt coerced into taking psychiatric medications that caused her to “shut down and feel dead”. Mindfulness meditation was initially accepted by this client as a method to help her to “collect herself” and to learn to focus better on one thing at a time. However, she quickly moved beyond simple mindfulness meditation to a process of personal exploration. After several sessions of mindfulness, she asked if it was “okay” to talk about spirituality, and after an assurance that it was, began to explore recollections of early life experiences that were abusive and clearly painful. At the same time, she expressed a strong aspiration to lead a more deeply engaged spiritual life. Holistic mindfulness meditation accompanied by spiritually-sensitive discourse helped her to reconnect with previous life goals that had been “buried” as a result of years of substance use. A holistic approach to wellness assisted her to re-vision her life as a series of challenges leading to ongoing growth, rather than as intrinsically afflicted by addiction and mental illness.

Discussion

These examples illustrate that for some people mindfulness is helpful because it enables a shift in attitude, toward a mind that is willing to let go of things such as unhealthy beliefs about themselves (Birnbaum, 2005). It also helps to develop stronger feelings of gratefulness and acceptance, and improved self-awareness, which in turn shapes thoughts and behaviors. Mindfulness can also help people to make meaning of their life situations and along these lines, can be intimately connected with their spiritual beliefs and practices.

In general, when mindfulness is separated from its holistic nature, there is diminished opportunity, and perhaps intent, to create a therapeutic space that is flexible, open, creative, and less focused on specific clinical treatment outcomes (Rosch, 2007) because a prescribed mindfulness process/program is facilitated. Within a more flexible and holistic therapeutic space, mindfulness can be facilitated using creative methods that fit clients’ needs, goals, and experiences. These creative methods can include both traditional and nontraditional methods of facilitating mindfulness-based practices. Also, clients can be engaged in discussion about the history of mindfulness and about their own spiritual viewpoints.

This is important because for some people, mindfulness will be linked with their spiritual experiences. As Mitchell (2008) explains, the key beliefs of Theravada Buddhism and practices such as Insight Meditation helped him to resolve anxiety. The point is if we ignore a spiritual dimension in our practice and research, we may be missing an opportunity to help people construct holistic narratives that accurately fit their experiences. It seems especially relevant to emphasize this point when we are facilitating and/or studying a holistic practice such as mindfulness.

It is evident that separating mindfulness from its holistic background has assisted in researching its effectiveness with positive results for a variety of clientele. This in turn has influenced the proliferation of mindfulness-based practice and research that now exists across helping/health professions and in popular culture. It is not surprising that mindfulness has been divorced from its holistic roots given the tensions that exist between secular helping/health professions and spirituality. Despite the vast amount of work that has been done across helping/health professions that examines the usefulness of holistic practices (Frattaroli, 2001; Graham, Coholic & Coates, 2006; Koenig et al., 2004), there is still work to be done in understanding and incorporating spiritually-sensitive methods into mainstream helping/health practices including social work.

The marginalization of spiritually-sensitive helping approaches continues for various reasons, some of which stem from the historical processes of secularization and professionalization that helping professions such as social work underwent in order to gain recognition (Clark, 1994). Some helping professionals may be concerned with blurring professional and personal boundaries with clients. A lack of clarity surrounding definitions of spirituality and religion creates confusion and can lead to fears of proselytizing. Others are concerned with colleagues' opinions and worry that they will be viewed as unprofessional if they incorporate spirituality into their practices (Russel, 1998; Holmes, 1994). Also, the lack of empirical knowledge in this emergent field may discourage professionals from integrating a spiritual dimension in their work – many are not aware of the burgeoning literature and developments in this area (Coholic, Cadell & Nichols, 2008). Finally, the abstract and experiential nature of spirituality makes it difficult to study holistic processes from a dominant positivist research paradigm (Lloyd, 1997).

Along these lines, some have criticized the quantitative research methods that have typically occurred in investigating mindfulness within a cognitive behavioral approach. For example, Rosch (2007, p.262)

contends that the application of positivist analytical approaches to holistic processes is a form of unintentional “epistemological violence” by imposing a methodology that unwittingly destroys the unique nature of what it wants to study. As she argues, “To try to isolate and manipulate single factors that actually operate only systematically is like killing a rabbit and dissecting it to look for its aliveness”. Given the holistic nature of mindfulness it is no wonder that researchers have had difficulty agreeing on one definition and consistently measuring its outcomes. In the interests of delivering relevant and effective helping/health services, we should continue to grapple with the marginalization of holistic and spiritually-sensitive methods within mainstream practices and professions.

Both a holistic approach to mindfulness and an approach that is linked with cognitive behaviorism can help people learn how to maintain mental focus in the present moment, to change their thoughts and avoid rumination, and to develop tolerance for unpleasant feelings and thoughts. These mindfulness-based interventions can also help to develop stronger feelings of gratefulness and acceptance, and improved self-awareness. However, there are also important differences when the holistic nature of mindfulness is recognized. Mindfulness within a cognitive-behavioural framework is operationally defined, and the processes involved are broken down and measured for specific outcomes. A holistic mindfulness might be more creative, attuned to people’s specific needs/goals, and open to discourse that is spiritual/holistic and existential. For instance, mindfulness from a holistic perspective might be concerned with helping people to make meaning of their life situations. Queries such as “Why me?” can be intimately connected with one’s spiritual beliefs and practices. Indeed, mindfulness was originally conceived to assist people with suffering arising from identification with rigid views of the self and its relationship to a constantly changing world.

Conclusion

Even though mindfulness has not been the first Eastern philosophy to be considered in Western secular helping practice, its application across many helping and health professions coupled with the growing research knowledge in this area makes it the most popular to date. There are many directions for future research in mindfulness. We lack comparisons and require more discussion concerning mindfulness as a holistic process compared with mindfulness as a set of cognitive behavioral techniques, and how we might incorporate holistic methods into secular helping/health professions. We also lack in-depth knowledge regarding

how people experience the process of learning mindfulness, and longitudinal study that would help us to better understand how practices are sustained and evolve over time. Moreover, we require more discussion about facilitator qualifications as there is scant discussion in the literature regarding the qualifications or experiences that facilitators of mindfulness should possess. Some argue that practitioners/researchers should have some personal practice experience, training and/or education in mindfulness prior to facilitating or studying this process with others (Rosch, 2007). With the promise of mindfulness as an effective practice, researchers and practitioners should focus on addressing some of these issues.

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