Theoretical Overview of Mindfulness

1. Overall consciousness can be conceptualized as broadly falling into two broad categories: the “active” mind and the “receptive” mind.

2. The active mind is designed to “impose its will” upon internal consciousness and the external world. Using abstraction (words and concepts) as its main tool, it seeks to change, re-arrange, categorize, manipulate or modify the data of internal and external experience.

3. The receptive mind is essentially one’s “mirror mind” – the mind that perfectly reflects the data of internal and external experience “without comment” – without judgment, evaluation, analysis, liking, disliking, approving or disapproving.

4. Mindfulness is essentially the activation of the receptive mind.

5. Freud famously said that, “Dreams are the royal road to the unconscious.” Similarly, the royal road to the activation of the receptive mind is meditation.

6. While the receptive part of consciousness is always present, it is frequently “drowned out” by active consciousness.

7. Training in meditation typically begins with instruction in “concentrative meditation” – the effort to hold a single object in the mind.

8. As the student progresses with concentrative meditation, the object is seen with greater depth, breadth and clarity. This aspect of mindfulness has been demonstrated to correct for “over-selectivity” in older adults – the tendency to incorrectly respond to a stimulus situation based upon a limited or over-generalized set of features (McHugh & Reed, 2010)

9. The object is seen “as is” – free from projection, evaluation or conceptual elaboration.

10. With practice, a meditator may reach the purest manifestation of the receptive mind: 
   a) void of any word or concept
   b) void of any “observer” contrasted with an object (observer-object non-differentiation)
   c) void of any intention in regard to the object.
11. Thus, the purest manifestation of the receptive mind is essentially that of “Zen.”

12. As a result of practicing concentrative meditation, one can begin to experiment with a “wider angle” form of mindfulness – awareness of everyday life with all of its changing scenes, changing people, and changing interactions. Though the object may change, the concentrated focus directed at any given object does not.

13. This “wider angle” mindfulness is the form most commonly conceptualized in Western circles.

Mindfulness as a Therapeutic Modality

1. Conventional psychotherapy is frequently conducted on a solely abstract, verbal level. Mindfulness is designed to access all levels of consciousness – emotion, feeling, sensation – as well as thought.

2. This access is especially important given the fact that thoughts often misrepresent emotions and sensations. The Japanese psychiatrist Morita (1998) referred to this phenomenon as “contradiction by ideas.”

3. Most of us find ourselves using the “active” form of consciousness throughout most of the day.

4. In terms of negotiating emotional or psychological issues, active consciousness often works against us. Because it can only “wish” or “will,” it “wishes” that the problematic situation or troubling emotion “didn’t exist.”

5. The active mind or “mind of will” therefore finds itself rejecting negative emotions or repressing them.

6. Alternatively, it attempts to “hold on” to pleasant emotions or pleasant situations.

7. When the active mind rejects or represses feelings, emotions, sensations or thoughts, it attempts to reject its own reality.

8. Similarly, when the active mind attempts to “hold on” to feelings, emotions or thoughts, it also ignores its own reality – the ongoing stream of consciousness and the stream of changing events in the external world.

9. Whether the contents of consciousness are rejected or held onto, one cannot direct oneself or evolve as a person in state of ignorance.

10. Thus, the “cost” for maintaining personal direction of one’s life and the “cost” for personal evolution/self-actualization is the embracing of one’s truth – in whatever form it appears.
Teaching Older Clients about Mindfulness

1. While younger or middle age clients may have no hesitation in being introduced to concepts such as “meditation” or “mindfulness,” older clients may associate such terms with “foreign” or “alien” religions. Therefore, for religious or philosophical reasons, they may refuse any treatment modality employing those words.

2. It should be emphasized that what is being taught is awareness itself and that the cultivation of awareness has multiple implications for coping with physical and psychological distress.

3. Older clients should be introduced to the concept of “acceptance” – the complete recognition and identification of any feeling, emotion, sensation or thought.

3. It should be emphasized that acceptance does not imply “liking” the stream of one’s consciousness or condoning or condemning one’s current mental or physical condition. It is the complete, non-judgmental, exhaustive observation of one’s condition.

4. The non-acceptance, condemnation or fight against negative thoughts, feelings or sensations compounds suffering: the original suffering remains but is now coupled with the stress, frustration and futility of rejecting one’s own psychological reality.

5. While acceptance may not necessarily eliminate emotional or physical pain, it may eliminate suffering – one’s comment on one’s pain.

6. Observation of emotional or physical pain can two basic forms:
   a) Direct perception of pain
   b) Labeling of pain


8. “Labeling” prevents “proliferation” of verbal comment and thus decreases the probability of suffering.

9. Labeling creates non-identification with the objects of perception and therefore psychological distance from them.

10. Both direct perception and labeling can break dysfunctional patterns of perception and association – a process sometimes referred to as “de-automatization” (Deikman, 1971).
11. Both direct perception and labeling are made possible by the activation of the receptive mind. As energy is shifted from the active mind to the receptive mind, the mind engages in neither avoidance nor attachment to any object – thus prompting accurate awareness.

12. Mindful detachment creates a “non-reactive state” in which observed thoughts, feelings, and sensations are not followed by mental reaction or behavior.

13. Thus, mindfulness in action often appears “double-minded” – the receptive mind observing but not reacting to the contents of the active mind. This “double-minded” ability is often thought to be the “core skill” of mindfulness (Segal, Williams, & Teasdale, 2002).

14. Mindfulness observes feelings, thoughts, sensations and emotions but, unlike the active mind, doesn’t get “stuck” in them.

15. It is the egoless quality of mindfulness that makes deep reception possible – the absence of an “I” who suffers.

Instruction in Mindfulness Meditation

1. While concentrative meditation centers upon a single object of contemplation, “holding” the object or dispensing with the active mind is less important than maintaining ongoing awareness of the mind.

2. Mindfulness of breathing can serve as grounding in present-centeredness. To the extent that one is “grounded” in the actuality of the present moment, one becomes free of rumination, apprehension or worry. In a sense, the past is the “land of regret” and the future is the “land of worry.” This decrease in rumination is especially relevant for older clients.

3. For elders, mindfulness meditation “may help to give perspective to their life as physical and mental abilities operate at a slower pace. Deeper goals of meditation include liberating the spirit from the egocentric self, developing a sense of harmony within the universe, and nourishing the ability to increase compassion” (Yuen & Baime, 2006).

4. Mindfulness of breathing should be centered on the breathing process itself – not upon achieving any particular form of breathing.

5. Similar to the practice of mindfulness itself, meditation should not involve either attachment or avoidance of any object contemplated or produced by the mind.
6. Negative sensations, feelings, emotions, and thoughts experienced while meditating can later serve as opportunities for insight. All such negativity may have a “signal” quality – a message communicated to the self.

7. Mindfulness of breathing can provide insights into the relationship between shifting active and receptive states.

8. Distractions during meditation should be noted and accepted. At times, more extended attention to a distraction is necessary. After this noting or contemplation, attention can be re-directed to the original “target” of meditation.

Mindfulness and Insight

1. Mindfulness traces the psychological precursors of negative psychological states and the conditions under which they are removed and prevented.

2. While sati or mindfulness is a “bare” recognition of the object of focus, clear comprehension (sampajanna) is an accurate, objective, often brief, analysis of the object.

3. The quality of insight (clear comprehension or sampajanna) is directly dependent upon the quality of mindfulness or “bare” recognition.

4. Clear Comprehension uses concepts as tools of understanding – keeping in mind their ultimate limitations.

5. Clear Comprehension is cognition without ego, cravings or attachment.

6. Unlike projective consciousness, clear comprehension is perception without attachment to one’s own views.

7. Objectivity is a direct function of the diminishment of the sense of “I”– the sense of the observer as a definite entity with definite, elaborated characteristics.

8. The diminishment of the sense of “I” brings realization of personal identity as an active, evolving mental activity rather than a static, unchanging state.

Mindfulness Specifically Tailored for Older Clients

1. A growing body of research has demonstrated the psychological, cognitive and physiological benefits of meditation/mindfulness for older individuals (Langer, 2009).

2. In a sample of community elderly, Young and Baimie (2010) found that overall emotional distress improved significantly following MBSR (Mindfulness Based Stress Reduction) training. Training resulted in a greater than 50% reduction in the number of older individuals reporting clinically significant depression and anxiety.
3. Older clients prefer mind-body strategies that are self-administered and include both physical and cognitive elements (Robichaud & Lamarre).

4. Difficulties with physical mobility or physical dysfunction can usually be addressed using a meditative approach which encourages the older client to study very small, discrete sensations of the mind/body in a “bare,” non-discursive manner.

5. This method encourages bodily sensitivity and bodily “acceptance” at modest, minimal levels, preventing the destructive cycle of pain perception, pain “interpretation” and pain escalation.

6. Devout Christians may benefit from using prayer as a “mantra” or verbal meditative object. The rosary would be a good example of a repetitive prayer/mantra exercise.

7. Meditation/Mindfulness exercises have been demonstrated to improve metacognition in the elderly (Yuen & Baime, 2006).

8. Meditation may also give insight into losses and grieving by allowing for the observation and contemplation of conflicting emotions (Van Tilburg, 1991).

References


