

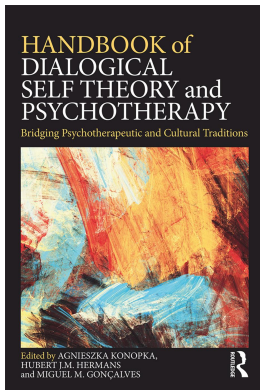
This article was downloaded by: 10.2.97.136

On: 08 Dec 2023

Access details: *subscription number*

Publisher: *Routledge*

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London SW1P 1WG, UK



## **Handbook of Dialogical Self Theory and Psychotherapy Bridging Psychotherapeutic and Cultural Traditions**

Agnieszka Konopka, Hubert J. M. Hermans, Miguel M. Gonçalves

### **Mindfulness-based interventions de-reify self**

Publication details

<https://test.routledgehandbooks.com/doi/10.4324/9781315145693-16>

Michelle H. Mamberg, Donald McCown

**Published online on: 20 Nov 2018**

**How to cite :-** Michelle H. Mamberg, Donald McCown. 20 Nov 2018, *Mindfulness-based interventions*

*de-reify self from:* Handbook of Dialogical Self Theory and Psychotherapy, Bridging Psychotherapeutic and Cultural Traditions Routledge

Accessed on: 08 Dec 2023

**PLEASE SCROLL DOWN FOR DOCUMENT**

Full terms and conditions of use: <https://test.routledgehandbooks.com/legal-notices/terms>

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

## 16 Mindfulness-based interventions de-reify self

DST clarifies a new therapeutic voice

*Michelle H. Marnberg and Donald McCown*

Group mindfulness-based interventions (MBIs) are educational courses in which participants learn formal meditation practices to develop new ways of being. Mindfulness-based stress reduction (MBSR), the earliest, most researched and most widely taught of these programs, was designed to help participants develop present moment, non-judgmental awareness via training in contemplative practices (Kabat-Zinn, 1990, 2009/2017; Santorelli, 1999). This highly experiential course uses an eight-week, semi-structured curriculum that weaves together dialogue about stress reactivity, a systematic body scan, mindful movement, sitting, walking, and loving-kindness meditations. Each of these practices employs some degree of focused concentration (e.g., upon breathing) and open monitoring of perceptions as they arise (Lutz, Slagter, Dunne, & Davidson, 2008). This MBI was widely adopted because its founder, Jon Kabat-Zinn (1990, 2003), advocated for objective assessment of the program's effectiveness.

The psychological literature is now replete with outcome studies validating MBSR as an adjunct to treatment in numerous clinical populations as well as for improved quality of life in non-clinical populations (Salmon et al., 2004; Salmon, Santorelli, Sephton, & Kabat-Zinn, 2009). This empirically supported program, used in conjunction with traditional medical and psychological interventions, has clear psychotherapeutic qualities and effects, yet, it is not a psychotherapy. Because MBIs were not designed exclusively for diagnosed patients, instructors are not expected to have clinical training. While MBIs are not seen as psychotherapies among clinicians (or insurers),<sup>1</sup> researchers have been keen to identify their therapeutic properties. For years, outcome research has looked for the intrapsychic "mechanism" (Kabat-Zinn, 2003; Shapiro, Carlson, Astin, & Freedman, 2006) of mindfulness (a single, hoped-for, seemingly secret, ingredient). Whether MBIs are viewed as psychotherapies or not, as clinical theorists we seek to identify the underpinnings of their psychotherapeutic benefits. Such understanding requires a new approach that clarifies the relational aspects of MBI pedagogy, moving away from narrowly mechanistic views of individuals, toward a theoretically sound framework.

## Self in psychotherapy and mindfulness-based interventions

The MBI research and pedagogical literatures lack systematic articulation of key aspects of the major (Western) psychological approaches they incorporate. Since MBSR's creator (Kabat-Zinn, 1990) was a molecular biologist trained in meditation, rather than a clinician, he was not constrained by any particular psychological theory. Yet, as a product of the American zeitgeist of the late twentieth century, MBSR was steeped in the US cultural milieu. Psychotherapies of the day were generally related to one or more of five theoretical frameworks: psychodynamic, behaviorist, cognitive, humanistic, or existentialist. Within MBSR teacher training, too, this intentionally integrative program can be seen to reflect its cultural context: each of these psychological perspectives can be identified within the MBSR curriculum. It may be seen as a flowering of the best of all approaches: skillfully weaving together many threads, without allegiance to any one particular theory. Such integration made MBSR a novelty in the mental health field (psychiatry, psychology, and social work), as it was quickly dubbed the "next wave" in some quarters. Resonance with a variety of psychotherapy approaches may explain why so many clinicians embraced MBSR – its non-aligned approach not only broke down academic silos, but also fitted with significant aspects of most professionals' prior training, while offering something quite new.

It is from within this cultural context that we take up a dialogical perspective to tease out those novel aspects of the MBIs<sup>2</sup> that we believe make them therapeutic. Given their specific cultural context, how do MBIs reframe participants' self-experiences from those of the reductionistic, isolated self toward a contextualized, interactive self-as-process? Our purpose here is to argue that a key psychological component of the MBIs is to highlight the fluid processes of direct experience, thereby shifting participants away from self-reification. Dialogical Self Theory (DST; Hermans & Dimaggio, 2004; Hermans & Gieser, 2012; Hermans, Kempen, & van Loon, 1992) serves as a contextualizing theory (Freeman, 2014) through which we can review these therapeutic aspects of MBIs and the Buddhist psychological insights upon which they rest. Having articulated those theoretical connections, we use DST to facilitate an understanding of methods suited to analyzing the MBIs' therapeutic aspects.

A comprehensive overview of how the self has been constituted within psychotherapeutic theories was articulated by Cushman (1990) nearly three decades ago. As he described the "empty self" constituted by psychotherapy in the United States during the late twentieth century, the implicit indictment of the field was clear. American psychotherapy aimed to alleviate suffering, yet inadvertently perpetuated suffering by reifying an individualistic self. Steeped as it has been in consumerism, materialism, and superficial change, American psychology has yet to shift out of this paradigm to critique its own contribution to this decontextualized and increasingly alienated self. Hermans et al. (1992) noted then how a dialogical approach could address this problematic individualism by reconceptualizing self "as a dialogical narrator . . . spatially organized and *embodied* . . . [as well as] *social* . . . resulting in a multiplicity of dialogically interacting selves" (p. 23, italics in original).

Contemporaneously, clinical researchers were noting that key psychotherapeutic mechanisms are the therapist's capacity to set a warm and non-judgmental environment, to listen with open attention, to validate the client's suffering, and to convey unconditional positive regard (Rogers, 1947). Without these common factors, assumed to undergird nearly all techniques (Frank & Frank, 1991), therapeutic progress is stunted. Also during this time, clinicians of all persuasions began integrating Eastern contemplative approaches (Epstein, 1995; Fromm, Suzuki, & DeMartino, 1960/1974; Linehan, 1987; Watts, 1961). On their own, merely exploring unconscious material, modifying behavior, or challenging the content of thoughts, were implicitly acknowledged as insufficient to reduce suffering. Despite psychotherapists having recognized the limits of individualism, academic psychology, via theories and research methodologies, increasingly reified the self. Psychotherapy became reduced to a clinician applying specific techniques to change the contents of a client's mind or alter behavior; this was accompanied by a drive toward manualizing treatments and focusing exclusively on symptom reduction in health care (Cushman & Guilford, 2000). In this context, MBIs arose, utilizing a humanistic and existential approach combined with an inherently relational discourse, offering participants new ways to meet their physical and psychological distress. Thus, MBIs return a potential for self-growth and a sense of agency to even the most demoralized clients (Frank & Frank, 1991). To understand how MBIs implicitly challenge Western psychological assumptions, we briefly review some conceptual underpinnings.

### **Non-self in Buddhist psychology**

There has been widespread confusion about mindfulness in Western health care and the larger culture. Contrary to popular representations, meditation is not oriented toward "blinking out" thoughts or achieving perpetual bliss. Rather, the insight meditation taught within MBIs entails staying present with all experience, including disturbing thoughts, difficult emotions, and physical discomforts. Concentration on one domain of sensation is emphasized, usually focusing on an anchor (e.g., bodily sensations). Thoughts are neither suppressed nor avoided, but *related to* in new ways that de-emphasize their content, while prioritizing an exploration of the non-conceptual process of knowing (Gunaratana, 1996; Kabat-Zinn, 1990). Mindfulness practices encourage inquiry into, and acceptance of, all perceptual phenomena, whether pleasant, unpleasant, or neutral. Practitioners are encouraged to experience incoming sensory information, thoughts, and emotions *directly*, i.e., without assuming some stable self exists to mediate those states. By thus focusing attention, the meditation practitioner does not reject or cling to any sensation, rather each is observed to arise and dissipate. An attitude is adopted that is not merely non-judgmental, but is accepting, even embracing, of change. Meditation becomes practice for letting each self-story arise and pass away. In this way, formal mindfulness practice reduces attachment to self. Gunaratana (1996) captures the process well, depicting how discomfort engenders self-reification, whereas mindfulness dissolves the reified self:

You find yourself thinking of it as “the pain”. That is a concept . . . a label, something added to the sensation itself. You find yourself building a mental image, a picture of the pain . . . Most likely, you will probably find yourself thinking: “I have a pain in my leg.” “I” is a concept. It is something extra added to the pure experience.

When you introduce “I” into the process, you are building a conceptual gap between the reality and the awareness viewing that reality . . . When you bring “me” into the picture, you are identifying with the pain . . . If you leave “I” out of the operation, pain is not painful. It is just a pure surging energy flow . . . If you find “I” insinuating itself in your experience of pain or indeed any other sensation, then just observe that mindfully.

(p. 132)

The Buddhist concept of *anatta*, non-self, describes a key aspect of the MBIs’ therapeutic effect: perceiving the self not as an entity, but as a process. During meditation, practitioners observe transient moments of “selfing” (i.e., the fabrication of a fixed self; Olendzki, 2010), linking the reality of constant change to the inevitable realization that self is not permanent. Addressing the concept of impermanence, Gunaratana (1996) goes on to give mindfulness practitioners a way to think about the observational process:

Mindfulness is awareness of change . . . observing the passing flow of experience. It is watching things as they are changing. It is seeing the birth, growth, and maturity of all phenomena. It is watching phenomena decay and die. Mindfulness is watching things moment by moment, continuously . . . observing all phenomena – physical, mental or emotional – whatever is presently taking place in the mind. One just sits back and watches the show. Mindfulness is . . . seeing how that thing makes us feel and how we react to it . . . observing how it affects others. In Mindfulness, one is an unbiased observer whose sole job is to keep track of the constantly passing show of the universe within . . . Mindfulness is participatory observation. The meditator is both participant and observer at one and the same time . . . Mindfulness is not an intellectual awareness. It is just awareness . . . Mindfulness is objective, but it is not cold or unfeeling. It is the wakeful experience of life, an alert participation in the ongoing process of living.

(p. 141)

Here the pronoun “one” depicts the observational process that we typically refer to as self. The sense of some unified entity managing experiences is deconstructed; the observer is not involved in mental content, nor is any perspective prioritized over others. Returning to the psychotherapeutic aspects of the MBIs, we contend that reified self-stories of clients as dysfunctional are challenged in the process of change. The open, accepting atmosphere found in all effective psychotherapies provides a context in which clients adopt a parallel discourse that is open to the fluid nature of self, accepting of one’s challenges or

weaknesses, and does not cling to ideas about how one “should” be. Through its assumptions of *anatta* and the impermanence of self, MBSR can be seen as having served as a practical intervention that helped precipitate a cultural shift out of modernist psychological theory towards acceptance of post-modern perspectives. Scholars now need alternative methods to explore such a dramatically different view of self. We propose a dialogical framework and discursive methods to shift Western psychology out of self-reification so as to better align with the assumptions inhering in mindfulness approaches (Stanley, 2008).

### **DST de-reifies self**

DST (Gonçlaves, Konopka, & Hermans, Chapter 1 this volume) facilitates a clearer understanding of constitutions of self in context. Using this theory, we show how the MBIs bridged the gap between traditional psychotherapies and a post-modern constitution of selfhood. In addition to clarifying what makes MBIs therapeutic, integration of dialogicality within psychotherapeutic frames helps move the field away from its individualistic focus (e.g., Dimaggio, Ottavi, Popolo, & Salvatore, Chapter 10 this volume; Georgaca & Avdi, Chapter 11 this volume). MBIs de-reify self through dialogue, yet MBI research that is based in realist assumptions and positivist methods still reifies self. By providing the theoretical constructs to discuss de-reification, DST provides a framework for more fruitful research into MBI processes. Hermans (2004, 2011) describes a meta-positioning of “I as observer,” which we see as capturing mindfulness practitioners’ observing of direct experience. Recognizing this fluid taking up of varying *I*-positions maps on well to Gunaratana’s (1996) mindful awareness. During meditation, practitioners watch the ongoing shifting of positions, from a neutral distance, without rigid identification with any one. The observing process itself may be variously termed *attention*, *awareness*, or *consciousness*. Western psychology has often collapsed observing processes into nouns, whereas DST prevents us from seeing such meta-positions (continual observation) as static. Mindful awareness, then, may best be seen as perpetual “de-positioning”: the process of taking up and letting go of various (meta-)positions can be noted directly, in the moment. Hermans-Konopka (2012), in her exploration of emotions from a DST perspective, coined the term “*I*-prison,” which can logically be expanded to the reified self as a whole, in persons who are unable to de-position, to deliberately leave positions, or are otherwise locked into a constrained and inflexible story of a unitary, unchanging self. DST terminology thus provides a language for describing the process of mindful awareness, without risk of reification. DST and MBIs both employ discourses aimed at moving beyond limited and limiting, conceptual self-stories in order to point to the process of directly experiencing the phenomenological flux.

Similarly, DST is inherently social, relational, and discursive. When Hermans and Gieser (2012), building on Hermans’ earlier works, framed DST as a bridging theory, they were in essence creating a space for psychological theorizing in which the interiorized self of Western psychology could be seen as

inherently interactive while, in parallel, society would be seen as an ongoing dialogue of mind(s). The implications they saw were that “changes and developments in the self automatically imply changes and developments in society at large and reversed . . . self and society are not mutually exclusive but inclusive” (p. 2). Their landscape metaphor, a spatialization of mind as interiorization of discourse into a multiplicity of positions, resonates with MBI classroom dialogues known as *inquiry*. These teacher-directed discussions treat all present as “thou,” in Buber’s (1958/1970) sense; participants learn to treat each *I*-position as a thou within, even those an observing-*I* might disown. Much as in psychotherapy, then, MBI practitioners interiorize what Cooper (2004) has called an “*I*-*I* . . . mode of self-relating” (p. 62). Classroom discourse that de-reifies self is taken up as participants accept and dispassionately explore the phenomenological flux through a friendly lens. Morioka (2015, Chapter 14 this volume) has used the Japanese word, *ma*, to describe the open space and time characterizing therapeutic dialogues in which clients and therapists move toward meaning reconstruction. He focuses on the observing meta-position as integral to understanding forward movement in therapy; MBI classrooms provide similar space for practitioners to integrate a process approach to their varied momentary experiences. Relatedly, Neimeyer and Buchanan-Arvey (2004) and Neimeyer and Konopka (Chapter 8 this volume) integrate DST with a meaning reconstruction model where psychotherapy supports dialogue with lost others. Grief work yields re-integration of the relationship disrupted by the loved one’s death. Such a therapeutic approach resonates with how the social and discursive space created within the MBI classroom is adopted by practitioners, reducing reification by highlighting how distress-inducing self-positions can be met in kinder, more flexible ways.

Additionally, Bertau’s work (2007, 2014) offers the concept of *voice*, conveying an interiorized aspect of the embodied nature of positioning. Her dialogical framework provides a language to examine the inherently social nature of speech, allowing us to treat the talk of practitioners and of meditation instructors as together instantiating a larger social discourse, embedded in a particular context. The pedagogy outlined by McCown, Reibel, and Micozzi (2010) instantiates a voice that challenges participants’ conditioned notions of self-as-entity in the open, yet highly focused, community of an MBI group (McCown, 2013). By continually noting momentary sensations and the ephemeral nature of thoughts and emotions, teachers voice acceptance of all that occurs. They highlight non-self, which practitioners then cultivate through contemplation of ever-changing experience. Attitudes of open acceptance and curiosity displayed in meditation guidance and classroom inquiry develop practitioners’ de-positioning capacity. In this way, we consider the teacher’s de-reification of self to serve as a *promoter position* (Hermans & Hermans-Konopka, 2010). Interacting with a teacher who relates to her own and others’ experiences without recourse to a fixed self, practitioners interiorize her way of being: a promoter of self-as-process. Throughout the program, numerous brief interactions enable them to become familiar with prioritizing the fluid process of de-positioning rather than identifying with any particular *I*-position.

**Discursive-dialogical methods examine the MBI voice**

DST's formulations of mind as a society or a landscape challenge traditional conceptualizations of the self as a decontextualized entity with fixed qualities (e. g., ongoing coherence or unity through time). Since the framework reveals how MBIs bridged twentieth-century psychology's individualistic notions of self to the Buddhist concept of non-self, we propose using dialogical and discursive methodologies to examine first-person empirical data about how mindfulness is learned. Discursive analyses grounded in DST provide an alternative, non-reductive, research methodology to better examine the relational nature of selfhood imbued in the MBIs. We suggest three approaches to studying MBIs dialogically: (1) discursive analyses of practitioners' talk, (2) explication of the languaging found in guided meditation instructions, and (3) examining classroom inquiry dialogue. Such qualitative methods depict the MBIs' therapeutic aspects, which shift practitioners' typical reification of self toward formulating self-as-process. A voice unique to the MBIs de-reifies the self embedded in traditional psychology by creating a dialogical space of friendliness toward human suffering.

***Discursive analyses of mindfulness practitioners' talk***

As the MBIs were increasingly researched during the 2000s, and small outcome studies were replaced by larger randomized controlled trials, an imbalance in the scholarly literature became apparent. Grossman (2011) cogently critiqued the quantitative assessment inventories then in vogue (and still in use today); his concerns about their unclear definitions of mindfulness and assumptions within their methods, paved the way for more qualitative approaches. Unfortunately, many of these retained the reductive approach to self seen in quantitative, third-person research. In response, we combined content analysis (Charmaz, 1995) and discursive approaches (Edwards & Potter, 1992; Harré & Gillett, 1994) to examine interviews with MBSR practitioners. By studying micro-narratives, participants' retrospective accounts of how they learned mindfulness meditation were explored with particular attention paid to self-portrayals, resulting in explication of an "MBSR voice" (Mamberg & Bassarear, 2015, 2016). Participants reported deriving benefits from dialoguing with their own intentions to cultivate mindfulness, intentions observed to shift over time (Field, Mamberg, & Bassarear, 2014). The teacher's engaged presence and encouragement of discussion was deemed pivotal to helping participants develop mindful awareness (Mamberg, Bassarear, & Schubert, 2013). These close examinations of practitioners' accounts then clarified a concept unique to mindfulness studies: *reperceiving* (Shapiro et al., 2006). This term depicts practitioners' development of a novel, slightly distanced, relationship toward their own reactivity, wherein experiences are recognized as momentary, rather than treated as qualities of oneself (Mamberg, Madonna, & Bassarear, 2017). Reperceiving captures how practitioners come to notice the constant moving beyond positions, gaining broader perspective of their own experiences; DST theorists would consider this de-positioning.



By examining this MBSR voice taken up by practitioners, these studies differentiated that voice from typical American discourse about cognitions and behavior and interviewees' languaging varied from monological and reified to more dialogical and fluid portrayals of self (Mamberg & Bassarear, 2015). A developmental sequence was laid out that ran from rigidly fixed self-portrayals (e.g., absolute language, first-person pronouns) to a de-reified self seen in more developmentally advanced statements (e.g., awareness conveyed without recourse to a personal pronoun). This research program captured how teachers' languaging promotes a formulation of self-as-observer that is taken up quickly and persists after the course has ended. If there is a 'mechanism' of mindfulness, it appears to be the capacity to move fluidly in and out of varying *I*-positions without reifying any given position.

### *The languaging of guided meditation instructions*

Verbal mindfulness meditation instructions repeat and rehearse (i.e., practice) the flexible shifting of attention from one's automatic selfing to the process of noting sensory experience. Language is employed that encourages participants to take up more compassionate and accepting ways of relating to their thoughts, emotions, and sensations. Formal mindfulness practice highlights the universal human predilection to resist change, thus emphasizing that meditators are connected to each other and a larger community of practitioners. This community shares a dedication to maintaining awareness that the conditioned self is not an entity and a present moment recognition of self-stories being no more than mere thoughts. How does this occur?

MBI pedagogy entails specific languaging of meditation instructions; MBI teachers' verbal and nonverbal guidance conveys an open and accepting approach to experience. To understand how practitioners might interiorize such discourse, a particular guided meditation was examined as a text. The body scan is a 45-minute, sequential exploration of different body regions in which participants are encouraged to carefully observe all physical sensations, and to note the affective valence attached to each, as well as judgmental cognitions arising in response to those sensations (Dreeben, Mamberg, & Salmon, 2013). Discursive analysis of the instructor's languaging highlighted aspects not previously articulated in the scholarly literature. Beginning with the assumption that teaching is dialogical – that teachers implicitly frame the selves of learners and encourage the taking up of specific self-portrayals – the research question, "How is the practitioner's self portrayed in the body scan instructor's discourse?" was applied to a transcript of Kabat-Zinn's recorded body scan (Mamberg, Dreeben, & Salmon, 2014). As with all MBI guidance, instructors lead the body scan while attending to their own experience of bodily sensations in the moment, rather than by relying on a script. Unique features of MBI discourse were identified in Kabat-Zinn's recorded guidance, which systematically direct practitioners toward awareness of self-as-process and thus subvert reification. Three discursive patterns were identified: *inclusivity*, where plural pronouns ("we,"

“us,” “our”) de-emphasized separation between instructor and practitioner; *process focus*, where definite articles (“*the* breathing” or “*an* awareness of”) replaced “your,” emphasizing the observing agent; and *actions without agents* where present participles replaced both possessive pronouns (“breathing” in place of “your breath”) and imperatives (“noticing,” rather than “now notice how”), de-emphasizing the self by minimizing the sense of an observer who prefers some sensations or rejects others.

Describing these discursive patterns clarifies the relational nature of de-reification. Guided meditation instructions might appear to be a monologue simply spoken by a teacher, but they are inherently dialogical. As the participants listen to and interiorize the spoken guidance, they meet each arising of thought or sensation in the ways languaged by the instructor. From a DST view, MBI instructions create the context for a new voice through which self-reification is challenged. Cushman’s (1990) point was that psychotherapists unwittingly perpetuate a culturally conditioned reification of self, but MBI instructors intentionally use language to ‘un-self’ their participants.

### *Classroom inquiry dialogue*

Beyond interviewees’ talk and meditation instructions, the MBI voice can be seen explicitly in classroom discussions. The importance of the teachers’ and participants’ co-creation of an ethical space has been reviewed elsewhere, detailing MBI pedagogy and the unique micro-culture that emerges in each MBI classroom (McCown, 2013, 2017; McCown & Ahn, 2015). The inter-related concepts of *guidance* (i.e., meditation instructions) and *inquiry* (teacher-led discussions) frame how class discourse allows participants to relate to their experience in an open, non-evaluative and non-reifying way. Crane et al. (2015) conducted conversation analyses of MBI inquiry, which displayed this emergent culture. MBI discourse was seen to impact participants’ self-construals and systematic analyses revealed

how turn-taking happens and how the teacher reformulates participant contributions; particular participant competencies that are being trained through dialogue; and the atmosphere of affiliation that is created through the process of interaction in the group . . . [as well as] the complexity of the interactional work that MB[I] teachers are engaged in when leading participatory dialogue.

(Crane et al., 2015, p. 1113)

This nascent line of research examining MBI classroom dialogue displays how participants’ discourse changes as this unique voice is taken up through practice. Here, the DST approach contributes to understanding empirically how the teacher’s languaging serves as a promoter position to encourage de-reification of self. Whether attending to meditation instructions or engaging in post-meditation

inquiry dialogues, MBI participants are afforded an opportunity to develop a new position that promotes non-self and recognizes fluidity of *I*-positions.

This embeddedness of the meditation practices and inquiry in the classroom context has been examined in depth by McCown and Reibel (2017), using Gergen's (2009) notion of *confluence*, a discursive community that creates an ethical space (McCown, 2013). To demonstrate, we provide a case example (McCown & Billington, 2017) that conveys how the confluence of the group enacts MBI pedagogy. Within class inquiry, participants are given space to approach and stay with aversive experiences. In the extract that follows, Jessica (pseudonym) and her MBSR instructor discuss her anxiety. Presenting only the two-person dialogue risks de-contextualizing their exchange from the larger ethical space in which it is embedded, however we reproduce portions of their interchange here to note that despite differing from psychotherapy, the interchange still facilitates what certainly appears to be a therapeutic moment. Jessica is encouraged to observe an aversive experience with curiosity and gentleness. The teacher's guided inquiry enables Jessica to articulate her experience without pathologizing, fixing, or reifying the *I*-position that is anxious.

t: So, Jessica, are you still noticing some anxiety?

j: Some, yeah.

t: If you bring attention to your body right now, can you feel where that anxiety is showing up? Just take your time and feel into it.

As might well occur within standard psychotherapies, this focusing on the aversive feeling is presumed to be locatable in the body as a sensation that can be observed and reported, from some distance, where the participant can dis-identify from it. As we saw in the body scan recording, personal pronouns are used primarily with regard to location within the body and the positioning of participant-observer, but they are not attached to anxiety (nor any psychological causes of it). Generic referents ("*some* anxiety," "*that* anxiety") are contrasted to her perspective ("*are you noticing*," "*if you bring* attention"), identifying anxiety as separate from the awareness noticing it. The suggestion to "take time" invites the valuing of *ma*, the space of not-knowing, encouraging a new way to relate to anxiety. The slow, patient, careful investigation of a scientist conveys that objectivity and a neutral curiosity can be brought to bear on this experience.

j: In my back. That's where it's been a lot recently. It sort of moves around.

t: Can you bring your attention there? And see what you find out about that feeling?

j: That's scary, but I'll try . . . [pause] ok, I am . . . I'm paying attention.

t: And what is the feeling like?

j: It's like, constricted . . . tight.

t: Do you know anything more? Like how big the area is, or, maybe, what shape it is?

Having readily identified a location in the body where the anxiety is apparent, Jessica is asked to explore subtle sensations even more precisely. Her statement “that’s scary” goes unacknowledged as the instructor uses silence to convey patience, giving time and space for Jessica to observe and articulate physical sensations in detail.

- J: It’s a rectangle, about this big [raises fingers several inches apart], in the center of my back. It’s really tight.
- T: Ok, you’re right there with it . . . I wonder if you can find a way to give it a little room, to open some space around it? Maybe you can use your breath to soften around it . . . [pause] Can your breath go to that part of your back when you breathe in? Do you know what I mean?
- J: I think so . . . Yeah.
- T: So when you breathe in, letting some space open up around that rectangle . . . and when you breathe out, letting it stay soft . . . What more do you know about that spot now? Anything?
- J: It’s gotten smaller, much smaller . . . It’s like the size of my finger now.
- T: So it changed . . . You gave it space and it stopped taking up so much space in you.

Spatial language concretizes diffuse sensation while allowing Jessica to relate to it differently, enlarging *ma* rather than attempting to eradicate or interpret away her anxiety. Cognitivist MBI researchers would label Jessica’s insight a moment of re-perceiving. Dialogical theorists may frame it as her adopting the MBI voice provided during inquiry. Our example captures how a discursive approach enables us to better understand this voice in its inherently dialogical context.

### **Implications for psychotherapy and MBIs**

As MBI teachers, it has been our goal to demonstrate how DST can help psychologists let go of outdated Western individualist self-constitutions, in order to recognize the relationality of mindfulness that undergirds the numerous benefits shown across diagnostic populations and institutional contexts. To articulate an MBI voice, we delineated three DST-based methodologies: (1) discursive analyses of mindfulness practitioners’ talk, (2) examining the languaging of guided meditation instructions, and (3) classroom inquiry dialogue. We sought to show that MBIs reduce suffering and are therapeutic (i.e., enhance healing from physical or psychological distress) because a shared relational space is co-created in which practitioners’ language their experience, moment to moment, thus de-reifying self. DST enabled us to articulate how the therapeutic benefits of mindfulness practice derive from dis-identifying with self in order to observe its arising – what MBI teachers would frame as gaining insight into *anatta*.

In contrast to traditional psychology, DST is uniquely suited to clarifying the therapeutic processes within the micro-culture of the MBI classroom. Through language selected to portray selfing as a flow of ever-changing experiences, MBI practitioners “re-mind” themselves and others to stay with the phenomenological

flux, without judging, avoiding, or solidifying experience. MBIs provide a therapeutic space by instantiating openness, friendliness, and hospitality to each of the participants, particularly when they show little toward themselves. The MBI teacher, holding a promoter position that can be interiorized, exemplifies the potential to be with whatever arises, thus conveying the opportunity for liberation from old conditioned habits and the *I*-prison of over-identification with one's thoughts or emotional states.

Meta-positioning, parallel to mindful awareness, connotes the capacity to flexibly shift among a multiplicity of *I*-positions. This means observing one's reactivity without reifying the observing position. Both MBIs and DST assume healthy self-constitution is a complex process, marked by flexibility to take up and put down multiple perspectives (*I*-positions) without getting stuck (*I*-prison). Letting go of over-attachment to a single, simplified self-position is psychotherapy's implicit goal, whereas it can be seen more explicitly in the MBIs.<sup>3</sup> As psychotherapy process research continues to utilize DST (Cooper, 2004; Gonçalves, 2016; Gonçalves & Ribeiro, 2012; Martínez & Tomicic, Chapter 12 this volume), and as MBI pedagogy continues to examine the confluence of classroom culture (McCown, 2016), the relational-contextual nature of both psychotherapy and MBIs is becoming clearer.

If, indeed, psychotherapeutic benefits of MBIs derive from interactions that de-reify self and focus awareness on the de-positioning process, we suggest teachers be trained more explicitly in such dialogical development of an MBI voice. MBI instructors will benefit from seeing this voice as a *telos* toward which practice instructions and inquiry might fruitfully be aimed. A clear understanding of how MBIs convey mindfulness is needed to train teachers who are both confident and competent. Seeing these dialogical aspects of MBIs will facilitate assessment of competencies in would-be mindfulness teachers. Indeed, future research may show discursively observable markers that could distinguish skilled versus unskilled teachers-in-training. If MBI teachers are taught through a reductionist, overly cognitive, individualistic lens, they will struggle to understand how the group format and specific languaging allow for the ethical space to develop, let alone how it may shift self-portrayals. Without the contextual understanding of non-self, insufficiently trained teachers could inadvertently reduce mindfulness to simply sitting still on a cushion, calming the autonomic nervous system.

A second implication of our work, then, is that it be applied to MBI teacher training. The teacher's own mindfulness practice is not simply a matter of practicing what we preach: it is only through continual recognition of de-positioning, of shifting out of his own reifying discourse, that an instructor can adjust his language so as not to reify self in classroom dialogues. Only through cultivating compassion for her anger, will an MBI teacher be able to language for participants how they might be more hospitable to their own. A DST framework facilitates deepening MBI pedagogy by recognizing that teaching mindfulness cannot be decontextualized from the language and social interaction in which it occurs. We are only just beginning as a culture

of academics, clinicians, and teachers to recognize the tectonic perspective shift involved in practicing mindfulness, let alone in bringing it into a culture with deeply held realist assumptions in which self is not only reified, but glorified. DST language shifts us out of the dualism of self and other in our scholarship, re-conceptualizing the MBI classroom as an incubator for detecting how we constitute otherness within ourselves and thus expanding our capacity to detect ourselves in others' experience.

Quantitative and physiological explorations of MBI outcomes will continue to have their place, but without updated conceptualizations of voice, self-as-process, and dialogical inquiry to propel its development, MBI pedagogy could stagnate. Bringing DST to MBI scholarship and pedagogy discards the misrepresentation that mindfulness resides in individual brains. The relational and discursive focus provides new ways to discuss how mindfulness is co-created via group interaction. By adopting a DST framework, future research will be able to take the structural and cultural features of MBIs into account, thus better highlighting how dialogue that de-reifies self sustains mindful awareness.

## Notes

- 1 Mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002/2013) is a notable exception: it was developed to prevent relapse in severely depressed clients, requires clinical training, and has been included in the UK National Health Service guidelines.
- 2 Throughout the rest of this chapter, we will primarily focus on MBIs as the overarching term, referring to the specific MBSR program, when relevant.
- 3 Additionally, just as DST enhances MBI conceptualization, dialogical theory may benefit from further examination of mindfulness. MBIs' emphasis on embodied experience at a micro-level allows us to examine the process of positioning and de-positioning, moment to moment.

## References

- Bertau, M.-C. (2007). On the notion of voice: An exploration from a psycholinguistic perspective with developmental implications. *International Journal for Dialogical Science*, 2(1), 133–161.
- Bertau, M.-C. (2014). Introduction: The self within the space-time of language performance. *Theory and Psychology*, 24(4), 433–441.
- Buber, M. (1958/1970). *I and Thou: A Translation with a prologue "I and You" and notes*. W. Kaufmann (Trans.). New York: Scribners.
- Charmaz, K. (1995). Grounded Theory. In J. A. Smith, R. Harré, & L. van Langenhove's (Eds.), *Rethinking methods in psychology* (pp. 27–49). London: Sage.
- Cooper, M. (2004). Encountering self-otherness: 'I-I' and 'I-Me' modes of self-relating. In H. J. M. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy*. (pp. 60–73) New York: Brunner-Routledge University Press.
- Crane, R., Stanley, S., Rooney, M., Bartley, T., Cooper, L. & Mardula, J. (2015). Disciplined improvisation: Characteristics of inquiry in mindfulness-based teaching. *Mindfulness*, 6(5), 1104–1114.
- Cushman, P. (1990). Why the self is empty. *American Psychologist*, 45(5), 599–611.

- Cushman, P. & Guilford, P. (2000). Will managed care change our way of being? *American Psychologist*, 55(9), 985–996.
- Dreeben, S., Mamberg, M. & Salmon, P. (2013). The MBSR body scan in clinical practice. *Mindfulness*, 4(4), 394–401.
- Edwards, D. & Potter, J. (1992). *Discursive psychology*. London: Sage.
- Epstein, M. (1995). *Thoughts without a thinker*. New York: Basic Books.
- Field, J., Mamberg, M. & Bassarear, T. (2014, October). Mindfulness-based stress reduction participants describe why they meditate. Poster presented at the New England Psychological Association Conference, Lewiston, Maine.
- Frank, J. D. & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed. Baltimore, MD: Johns Hopkins University Press.
- Freeman, M. (2014). A theory for our time, size medium. *Theory and Psychology*, 24(5), 728–730.
- Fromm, E., Suzuki, D. T. & DeMartino, R. (1974). *Zen Buddhism & psychoanalysis*. New York: Harper & Row. (Original work published 1960)
- Gergen, K. (2009). *Relational being: Beyond self and community*. New York: Oxford University Press.
- Gonçalves, M. (2016). Innovative moments in psychotherapy: A dialogical research program. Paper presented at the Ninth International Conference on the Dialogical Self, John Paul II Catholic University, Lublin, Poland.
- Gonçalves, M. & Ribeiro, A. (2012). Therapeutic change, innovative moments, and the reconceptualization of the self: A dialogical account. *International Journal for Dialogical Science*, 6(1), 81–98.
- Grossman, P. (2011). Defining mindfulness by how poorly I think I pay attention during everyday awareness and other intractable problems for psychology's (re)invention of mindfulness. *Psychological Assessment*, 23(4), 1034–1040.
- Gunaratana, H. (1996). *Mindfulness in plain English*. Somerville, MA: Wisdom Publications.
- Harré, R. & Gillett, G. (1994). *The discursive mind*. Thousand Oaks, CA: Sage.
- Hermans, H. J. M. (2004). The dialogical self: Between exchange and power. In H. J. M. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 13–28). New York: Brunner-Routledge.
- Hermans, H. J. M. (2011). The dialogical self: A process of positioning in space and time. S. Gallagher (Ed.) *Oxford handbook of the self* (pp. 654–680). Oxford: Oxford University Press.
- Hermans, H. J. M., & Dimaggio, G. (2004). *The dialogical self in psychotherapy*. New York: Brunner-Routledge University Press.
- Hermans, H. J. M., & Gieser, T. (2012). *Handbook of dialogical self theory*. Cambridge, UK: Cambridge University Press.
- Hermans, H. J. M., & Hermans-Konopka, A. (2010). *Dialogical self theory: Positioning and counter-positioning in a globalizing society*. New York: Cambridge University Press.
- Hermans, H. J. M., Kempen, H. & van Loon, R. (1992). The dialogical self: Beyond individualism and rationalism. *American Psychologist*, 47(1), 23–33.
- Hermans-Konopka, A. (2012). The de-positioning of the I: Emotional coaching in the context of transpersonal awareness. In H. J. M. Hermans & T. Gieser, *Handbook of dialogical self theory* (pp. 432–453). Cambridge, UK: Cambridge University Press.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell.

- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present and future. *Clinical Psychology, 10*(2), 144–156.
- Kabat-Zinn, J. (2017). *Mindfulness-based stress reduction (MBSR) authorized curriculum guide*. Revised and edited by S. Santorelli, F. Meleo-Meyer, & L. Koerbel. Center for Mindfulness in Medicine, Health Care and Society. [www.umassmed.edu/cfm/training/mbsr-curriculum](http://www.umassmed.edu/cfm/training/mbsr-curriculum). (Original work published 2009)
- Linehan, M. (1987). Dialectical behavior therapy for borderline personality disorder: Theory and method. *Bulletin of the Menninger Clinic, 51*(3), 261–276.
- Lutz, A., Slagter, H., Dunne, J. & Davidson, R. (2008). Attention regulation and monitoring in meditation. *Trends in Cognitive Sciences, 12*(4), 163–169.
- McCown, D. (2013). *The ethical space of mindfulness in clinical practice: An exploratory essay*. Philadelphia, MA: Jessica Kingsley Publishers.
- McCown, D. (2016). Stewardship: The deeper structures of the co-created group, in D. McCown, D. Reibel, & M. Micozzi (Eds.) *Resources for teaching mindfulness: An international handbook*. New York: Springer.
- McCown, D. (2017). A new hope. In L. Monteiro, R. Musten, & J. Compson's (Eds.), *A practitioner's guide to ethics in mindfulness-based programs*. (pp. 1–20) New York: Springer.
- McCown, D. & Ahn, H. (2015). Dialogical and Eastern perspectives on the self in practice: Teaching mindfulness-based stress reduction in Philadelphia and Seoul. *International Journal of Dialogical Science, 9*(1), 39–80.
- McCown, D. & Billington, J. (2017). Correspondence: Sitting and reading as two routes to community. *Journal of Contemplative Inquiry, 4*(1), 165–185.
- McCown, D. & Reibel, D. (2017). *Pedagogy in the MBIs: An international exploration*. Presented at the Third Conference of the Center for Mindfulness Research and Practice, Chester, UK.
- McCown, D., Reibel, D. & Micozzi, M. (2010). *Teaching mindfulness: A practical guide for clinicians and educators*. New York: Springer.
- Mamberg, M. & Bassarear, T. (2015). From reified self to being mindful: A dialogical analysis of the MBSR voice. *International Journal of Dialogical Science, 9*(1), 11–37.
- Mamberg, M. & Bassarear, T. (2016). Voicing mindfulness-based stress reduction: A developmental-dialogical analysis. Paper presented at the International Conference on the Dialogical Self, John Paul II Catholic University, Lublin, Poland.
- Mamberg, M., Bassarear, T. & Schubert, A. (2013, April). “So, how did you learn to practice mindfulness?”: A qualitative interview study. Poster presented at the Eleventh Annual Scientific Conference of the Center for Mindfulness, Norwood, MA.
- Mamberg, M., Dreeben, S. & Salmon, P. (2014, October). The languaging of MBSR's body scan: Cultivating self-as-process. Poster presented at the Mind and Life Institute's International Symposium for Contemplative Studies, Boston, MA.
- Mamberg, M., Madonna, J., & Bassarear, T. (2017, October). Articulating an MBSR voice: A dialogical self theory analysis of re-perceiving in practitioners' interviews. Poster presented at the Fourth Biannual Psychology and the Other Conference, Cambridge, MA.
- Morioka, M. (2015). How to create *ma* – the living pause – in the landscape of the mind: The wisdom of Noh theater. *International Journal of Dialogical Science, 9*(1), 81–95.
- Neimeyer, R. & Buchanan-Arvay, M. (2004). Performing the self: Therapeutic enactment and the narrative integration of traumatic loss. In H. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 173–189). New York: Brunner-Routledge.



- Olendzki, A. (2010). *Unlimiting mind: The radically experiential psychology of Buddhism*. Somerville, MA: Wisdom.
- Rogers, C. (1947). Some observations on the organization of personality. *American Psychologist*, 2, 358–368.
- Salmon, P., Santorelli, S., Sephton, S. & Kabat-Zinn, J. (2009). Intervention elements promoting adherence to mindfulness-based stress reduction (MBSR) programs in a clinical behavioral medicine setting. In S. Shumaker, J. Ockene, & K. Riekert (Eds.), *The handbook of health behavior change* (3rd ed. (pp. 271–286). New York: Springer.
- Salmon, P., Sephton, S., Weissbecker, I., Hoover, K., Ulmer, C. & Studts, J. (2004). Mindfulness meditation in clinical practice. *Cognitive and Behavioral Practice*, 11, 434–446.
- Santorelli, S. (1999). *Healthy self: Lessons on mindfulness in medicine*. New York: Three Rivers Press.
- Segal, Z., Williams, M. & Teasdale, J. (2013). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse* (2nd ed. New York: Guilford Press. (Original work published 2002).
- Shapiro, S., Carlson, L., Astin, J. & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology*, 62(3), 373–386.
- Stanley, S. (2008). From discourse to awareness: Rhetoric, mindfulness, and a psychology without foundations. *Theory and Psychology*, 23(1), 60–80.
- Watts, A. (1961). *Psychotherapy East and West*. New York: Pantheon.