

3 - The Witness in Cognitive Behavior Therapy and Buddhist Psychology

Dr. Paul Soons

Chapter 3 In: T. Oei & C. So-Kum Tang (Eds). Current Research & Practices on Cognitive Behavior Therapy in Asia. Congress Proceedings, Hongkong 2008.

Abstract

It can be stated that psychotherapy and mindfulness meditation aim at the development of the witness, *alaya-vijana*. This is a state in which man can observe his lower and higher emotions, thoughts and behaviours, without being attached by them. A fully developed witness is the last phase before entering the level of Mind, non-dualistic consciousness, or silence or void.

The first aim of this lecture is to investigate what is stated about this state or concept in the cognitive behavioral tradition. It seemed evident that this concept is not enough elaborated for CBT to function in confluence with a path of awakening. The second aim is to explore in the Buddhistic tradition how this concept is elaborated. The third aim is to formulate the concept of the witness into a cognitive behavioural framework with help of Buddhist Psychology. It can be concluded that the concept of the witness can be reformulated in the cognitive behavioural framework. This is an important step because now there is a connection between CBT and the Buddhist path of awakening on the theoretical level.

Introduction

Psychotherapy and the path of awakening (insight meditation) are two different disciplines that emerged in two different cultures and environments. They have two different goals but we all know that there is an overlap in working of these two. Now in this era the two practices are linked together on a practical level. For example the MBCT is such a combined approach. There have been conducted therapy effect studies

that indicated that such an approach is an effective treatment for example for the treatment of depression (Segal, Williams & Teasdale, 2002). So there is a confluence in all day practice. Why is there that connection, why are they practiced together? But there is not a connection between the two approaches on a conceptual or philosophical level.

In the past 50 years many westerners started a Buddhist practice as a spiritual path. It was beneficial for many of us, but there is a shadow side in the transplantation of an ancient spiritual tradition to the west. Buddhist philosophy and meditation practice both offer many tools for profound spiritual development, but they do not address all psychological concerns for westerners. Without more culturally appropriate interventions such as psychotherapy, even advanced meditators continue to suffer from anxiety, depression, isolating narcissism or numbed disengagement (Aronson, 2004).

In the 1970s, when meditation was first taught widely, there was much hope for its therapeutic potential. Evidence showed that meditation contributed positively to reducing the physical correlates of stress, such as high blood pressure. There was hope that meditation would help to prevent emotional problems in relationships and work. But it did not. So there was a realization that something was missing in our practice. It was not just a question to “practice harder”. Many stopped meditation definitely, others stopped temporarily and started in the meanwhile psychotherapy (Aronson, 2004). So was my own experience, when I started with meditation about 30 years ago.

But psychotherapy and meditation have different goals on the practical level: the meditation teacher told us to abandon anger, develop patience, give up attachment and understand the absence of self. The psychotherapists, conversely, encourage us to experience feelings of anger and this is done in a context of promoting self-assertion and individuality. The question follows how are these inconsistencies to be understood and can they be reconciled? And of course this is a field of much misunderstanding.

Han de Wit (1987) acknowledged this and stated that psychotherapy is for neurotic problems and the path of awakening is for existential problems. When neurotic pain is dominant, then spiritual practices are

not indicated. When someone is wrestling with existential (sickness, ageing, death) questions then a spiritual approach is the just choice. When there is no existential pain, there can be no neurotic pain. Neurotic pain originates as a consequence of unbearable existential pain. When there is neurotic pain, no existential pain can be experienced.

Goleman (1988) stated that there are different goals for psychotherapy and the path of awakening. A similarity between the paths of awakening and psychotherapy is the focus that both give to the way people think about themselves, about their relations with others and nature. Psychotherapy works with people with neurotic problems and personality disorders (DSM-problems). Eastern paths of awakening work with normal, and socially adjusted people (Watts, 1973). In some therapeutic schools there is more similarity with spiritual eastern practices: Jung's individuation process, Maslow's self actualisation, Allport's functional autonomy and Adler's creative individuality.

Psychotherapy aims at reducing the influence of the conditioning of the past in this moment. Meditation aims at changing the conditioning process itself, so that it has no influence anymore on our behaviour in the future. From the perspective of the paths of awakening behaviour- and personality change is only secondary. They are epi-phenomena of the changings in the fundamental processes of experiencing reality. Consciousness is the medium for messages, which together form our experience. Psychotherapy engages in the messages and their meaning. Meditation is engaged with consciousness, the medium. Both are complementary (Goleman, 1988).

What is the connection between psychotherapy and the path of awakening: both advocate insight, behaviour change, development. The traditional paths of religion in the West (maybe not those in contemplative monk orders) were more passive. They were directed towards a status quo, a function. They have not the aim to change the inner nature of man. Both approaches found each other. Psychotherapy filled the gap, that path's of awakening could not fulfil. It was a practical confluence and it seemed to work.

In this article I would like to link CBT and Mindfulness Meditation/Buddhist Psychology on a conceptual and philosophical

level. What is common between the two? How can the connection be made? Is there a common concept? What are the differences?

The psychotherapeutic tradition, especially the cognitive behavioural approach

The question here is whether there are concepts to indicate something like the concept of “observing function”? Are there connecting concepts?

Albert Ellis (1977) uses the concepts of self-acceptance and self-esteem. Self-acceptance means that the individual fully and unconditionally accepts himself whether or not he behaves intelligently, correctly or competently and whether or not other people approve, respect or love him. Instead of strongly evaluating his or other people's selves, he can pretty rigorously stick to rating only performance. Blaming or praising the whole individual for a few of his acts is an unscientific overgeneralization. “I am not my behaviour, feelings, cognitions. It is better only to rate these aspects and just do not rate the whole person (=self)”.

CBT promotes self-awareness and introspection in the experience of behaviours, feelings and cognitions that contribute to people's problems and symptoms. To learn the ABC-approach is an activity that dissociates those elements from the self through teaching by the therapist and in the resulting introspection of the client. Introspection enhances awareness, mindfulness and observation capacity. Insight is needed to discern between behaviours, feelings and cognitions. After practising vigorously you can get more control over your functioning (Ellis, 1962).

REBT strives for an egoless state of being, in a manner which according to Ellis, is only matched by Zen Buddhism. In REBT actions and performances may be judged, but not the self, for the essence of a human being is found as a process in state of flux. Any judgement will fail, as they are artificial attempts to stop an ongoing development. Even if an representative sample of such a process is taken at random of all aspects of the self, such judgements would be, according to Kwee “a pars

pro toto” and an identification of the concept with the self (Kwee & Holdstock, 1996; Kwee & Ellis, 1998; Watson, 2000).

Lazarus (1977) wrote a chapter in a reader with the title: “Towards an Ego-less state of being”. A very self-destructive habit of thought and action is the widespread tendency to place one’s “ego” on the line. The “overgeneralized self” is involved in errors of absolutistic thinking, poor “self-worth”, blaming and damning, categorical imperatives. Inappropriate and overextended ego-involvement is probably responsible for the bulk of anxiety, guilt, and depression-related reactions from which so many people suffer. Effective therapy succeeds in showing clients how to dissociate a unitary “self” from the numerous situations that pervade their lives. Instead, emphasis is placed upon clients to see the plurality of “selves” across innumerable situations. A unitary self is to be dissociated from the numerous situations that one lives in. Not “I am a failure”, but “I failed in this situation”. The therapist teaches the client the profound differences between statements such as “I am a failure” versus “I failed in that particular situation”.

So what is promoted here is a disconnection of self and the contents of the self (behaviour, feeling and cognitions) as a basis for a better mental health.

C.O. Evans (1970) seeks in his book “The subject of consciousness”: a solution to link cbt and paths of awakening in terms of cognitive psychology. He found that solution in the term “not-projected consciousness”. These are those elements of consciousness who form together the background of consciousness when awareness is directed to the objects. The observing self is the “not-projected consciousness”. The background of the elements and the background of experience of objects are the same. But the observing self itself can not be observed. We are consciousness, which can not be observed. Only the objects of consciousness can be observed (Deikman, 1982).

A definition of the process of identification according to Walsh & Vaughan (1983) is: the process in which consciousness assumes that something belongs to the self. Dis-identification is the process when someone becomes mindfull of the fact that a thought or cognitive structure is part of himself and then tries to not identify with it. Identification is egosyntonic, a realization that something belongs to the

self. Dis-identification is an egodystonic process, it is a kind of “letting go’ (Evers, 1994).

Assagioli (1965), from the psychodynamic tradition, stated that there is an observing self that can be distinguished from the transpersonal self. Experiences of feelings, behaviours and cognitions can be attached to the self, in a way that there is no distinction. The experiences are identified with the self. To become aware of these experiences you should observe them. Then they are dis-identified from the self.

Deikman (1982), also from the psychodynamic tradition, postulated an observing self which can experience thinking, feeling and behaviour. The observing self is prior to feeling, thinking and behaving. It is transcendent and it has a “mirror”-function. Subject is not object. The observer is not that which can be observed.

Conclusion: in the psychothepeutic tradition, especially the cognitive behavioural approach, there can be found a concept that can be used to witness behaviour, emotions and cognitions. It is the observing self or the observing function. There is some awareness of a self, a person, an “I”, that is not the same as behaviour, feeling of cognition. The observing function is implicit in it. That concept of self is a static concept. It really is not a concept but a process or function. This might be an adequate concept for the observing function on the personal level, which is the level of conventional psychotherapy.

The Eastern, especially the Buddhistic Tradition

Mindfulness is the process of witnessing in the mind’s eye (Kwee ea, 2006). The concept of “non-self (anatta)” is helpful here: the mind is not-personal. There is only the uninterrupted stream of phenomena (Goleman, 1988). Mindfulness is consciousness free of choice. Selfobservation and introspection show us that there is no permanent “I”. The witness cristallizes into a constant mental quality.

In the Buddhist tradition the meditator is instructed to become a witness to his own experience. The first thing to occur is what classical Theravada meditation texts call “dispelling the illusion of compactness”. My sense of being an independent observer disappears. No enduring or

substantial entity or observer or experiences or agent – no-self – can be found behind or apart from these moment-to-moment events to which they could be attributed (an-atta = no-self). The only observable reality are the events themselves. There is no awareness of an observer. There are just individual moments of observation (Wilber, 1986).

In what is called the transpersonal witness there is a difference between witness (subject) and that what is witnessed (object). The Transpersonal Bands are sometimes experienced as the supra-individual witness: that which is capable of observing the flow of what is – without interfering with it, commenting on it, or in any way manipulating it. The witness simply observes the stream of events both inside and outside the mind-body in a creatively detached fashion, since, in fact, the witness is not exclusively identified with either. In other words, when the individual realizes that his mind and his body can be perceived objectively, he spontaneously realizes that they cannot constitute a real subjective self. The perceived cannot perceive. This position of the witness, or we might say, this state of witnessing, is the foundation of all beginning Buddhist practice (mindfulness). Remind the distinction of lesser and true mysticism, it is the distinction of the transpersonal Witness (there is dualism) and the Level of Mind (non-dualism). The last phase in spiritual development is the Level of Mind, or the state of unity. The transpersonal self is the witness. The transpersonal witness or better a state of witnessing: that which is capable of observing the flow of what is, without interfering with it, commenting on it, or in any way manipulating it (Wilber, 1977).

There are more concepts found in the Indian spiritual tradition. “Alaya-vijana” ‘the storehouse consciousness’ (Murti, 1955). “Alaya-vijana”, also called the Buddhist Brahman, is beyond all conception and imagination, yet at the same time is it the potentiality of all possible thought, it is pure consciousness (Zimmer, 1974). Patanjali (a non-Buddhist writer) made a distinction between “purusha” and “drashta”, soul and observer. “Purusha” is the witness of the activities of the mind, the “cita” . There is an intentionality or identification between the “purusha” and the “cita”. The aim of yoga and meditation is meant to loosen this intentionality (Bor ea, 2003). Another non-Buddhist tradition is the Advaita Vedanta tradition (Tiemersma, 1998, 2003). “Sakshin” is called the witness of all experience of consciousness. In the Sankhya-

philosophy a distinction is made between “purusha”, the soul which is the witness and “prakriti” all phenomena in nature (Potter, 1981).

The conclusion here is that in the Indian spiritual tradition and especially in the Buddhistic path of awakening there are found useful concepts to bridge the gap between psychotherapy and insight meditation. There is found the concept of the witness or observer, which can be considered as a central concept in the development of insight through awareness. The concept is not a static one but is to be considered as a process, a function or mental quality.

Discussion: the function of the witness as the connection between cbt and mindfulness

Wilber (1986) makes a distinction between different levels of development:

the pre-personal level, which includes the development of the physical self, the emotional self and the mental self the personal level, which includes the rule-role phase, the critical self phase and the development of the visionary or existential self the transpersonal level, which includes the phase of the nature mystic, the phase of the goddess mystic and eventually the phase of the formless mystic which is a development beyond the person, beyond duality and encompasses non-duality.

The development of the witness starts from the end of the personal realm through the transpersonal realm and ends in unity. Also Goleman (1988) postulates a likewise model of different levels of insight through insight meditation.

Conventional psychotherapy can be considered to work as the lower levels of insight of Vipassana. Transpersonal psychotherapies work at the medium and higher but not the highest levels of insight meditation. Goleman (1988) stated that conventional psychotherapy is a kind of insight meditation on the lowest levels.

What then is the connection between the observer or observing self and the different levels of development of higher insights? The observer can start at the end of the personal development which is at the beginning of the transpersonal development till the end of the transpersonal

development. The observer is a function that develops through all these stages of different and developing insight. Observation results in awareness, which in turns results in insight.

MBCT functions on the personal level. So that is for both insight meditation and CBT.

Mindfulness itself – awareness of present experience with acceptance – may be seen as a common factor contributing to the efficacy of both Western psychotherapy and formal mindfulness meditation practice (Germer, 2005).

Like western psychotherapy, mindfulness meditation developed in response to suffering that was understood to have a psychological cause. Also like psychotherapy the domain of mindfulness meditation includes thoughts, feelings, perception, intentions and behaviour. MBCT borrows from the mindfulness practice the idea that learning to accept painful experiences, rather than to get rid of them (the classical approach of CBT), can be transformative (Germer, 2005).

In both traditions, insight involves stepping back and seeing the way one has mistakenly come to believe that thoughts and perceptions are more real than they are. This is often described as loosening our “identification” with our thoughts and emotions. Beliefs loosen their grip on us in this process. Insight is a process of loosening our grip on rigid beliefs. Common between CBT and insight meditation is the purpose of loosening the grip of unreflectively held ideas (Germer, 2005). The capacity of observation may lead to awareness, which may lead to insight, which may lead to further development.

The function of psychotherapy is to develop the observing self. But also the function of insight meditation is to develop the observing self, in which there is a full distinction between subject and object. So insight meditation and CBT work towards a full development of the observer function. Deikman (1982) states that the first step in spiritual development is to develop an observing self so there will be a distinction between subject and object. The second and last step is the phase in which there is no distinction anymore between subject and object, so there is non-duality.

In psychopathology dissociation might be the case. A gradual scale can be postulated which goes from being detached, being attached and being dissociated (Wilber, 1986). Pathology is the case when we use the concept of “detached observer” of thoughts and feelings taught in most meditative traditions, which are intended to intellectualize and dissociate themselves from their libidinal drives, or to engage in reaction formation whereby the opposites of such drives are embraced as natural products of new-found “spirituality”. The degree of detachment might be an indicator of healthy or unhealthy development and this might be used as a single criterion measure of spiritual development. Both the generic as well as the specific (DSM), can be considered from the perspective in which the observation function is central. Mindfulness instruments can be used to detect from being attached, detached or dissociated. The concept of observation function can be used as a theoretical basis for an operationalization of the concept of mindfulness. What are markers of mindfulness? There can be construed questionnaires to measure the degree of mindfulness. This could be a fruitful approach for effect measurement and a measurement of symptoms. Such mindfulness instruments are the KIMS and the MAAS (Baer et al., 2004).

Conclusions

Psychotherapy and the Buddhist path of awakening are both ways of diminishing unhappiness and promoting happiness. That is what they have in common. They come from a different culture and tradition. They are practiced in combination as well on the same level (the personal level) as on different levels (on the personal level and the transpersonal level). Psychotherapy is for DSM-problems (personal level) and path of awakening is for existential problems, originally (Soons, 2004; 2006).

Mindfulness meditation and psychotherapy are both ways to enhance the observing self or the observing function. The observing function is a central concept in developing mindfulness awareness and also in psychotherapy. It aims at awareness enhancing. There are common levels and also not overlapping levels. The witnessing quality is a common quality and it is the connection on the conceptual/philosophical level. Witnessing or observation can lead to

awareness and eventually insight. Psychotherapy works on the lower levels of the continuum. Paths of awakening do that as well on the lower levels (=psychotherapy level) as on the higher/existential levels. Both psychotherapy and mindfulness meditation aim at enhancing the witness capacity: psychotherapy is very specific and problem oriented; mindfulness does it in a non-specific way.

MBCT is a combination of the mindfulness approach and psychotherapy both on the personal or the conventional level. This combination on the same (= personal) level is relative new. From two perspectives the observation function is enhanced: people learn to use the ABC- model by working on specific problems and meditation helps by dis-identification as a general quality. As a double force it might be double effective. Both enhance the observation function in a different way: CBT by analyzing and changing thoughts and insight meditation just by observing and accepting them. It seems a potentially, powerful joint venture!

Health and psychopathology can be considered from the perspective of attachment-detachment-dissociation (=degree of mindfulness). This has clinical relevance, as well generic, as specific problem oriented.

A fully developed observation function is the last phase before unity: eventually the observation (“alaya vijana”) function disappears. Then there is only consciousness in unity. This is the place of this concept in the total journey of the path of awakening. It raises the question: what is the relation between mindfulness and non-duality? Eventually the observation function disappears, there is only consciousness. So the whole endeavour ends in unity (non-duality).

References

Aronson, H.B. Buddhist practice on western ground. Reconciling eastern ideals and western psychology. Boston & London: Shambala, 2004.

Assagioli, R. Psychosynthesis: a manual of principles and techniques. New York: Hobbs, Dorman & Co., 1965.

Baer, Smit & Allen (2004) Assessment of mindfulness by self-report: the KIMS (Kentucky Inventory etc), *Assessment*, 11, 191-206

- Bor, J. & Leeuw van der, K. (red). 25 Eeuwen Oosterse Filosofie. Amsterdam: Boom, 2003.
- Deikman, A. J. The Observing Self: mysticism and psychotherapy. Boston: Beacon Press, 1982.
- Ellis, A. Reason and Emotion in Psychotherapy. Syracuse, New Jersey: Lyle Stuart, 1962.
- Ellis, A. Psychotherapy and the Value of a human being. In: A. Ellis & R. Grieger. Handbook of Rational-Emotive Therapy. New York: Springer Publishing Company, 1977.
- Evans, C.O. The subject of consciousness. New York, 1970.
- Evers, R.A.F. Desidentificatie ofwel de weg van het loslaten: een cognitive strategie. Gedragstherapie, 27, june 1994, p. 127-144.
- Germer, C.K., Siegel, R.D. & Fulton, P.R. (Eds). Mindfulness and Psychotherapy. New York: The Guilford Press, 2005.
- Goleman, D. The Meditative Mind. The varieties of meditative experience. New York: J.P.Tarcher, 1988.
- Kwee, M. & Holdstock, T. (Eds.). Western and Buddhist Psychology. Clinical Perspectives. Delft: Eburon, 1996.
- Kwee, M. & Ellis, A. The Interface between Rational Emotive Behavior Therapy (REBT) and Zen. Journal of Rational-Emotive & Cognitive-Behavior Therapy, Vol. 16, nr 1, Spring 1998.
- Kwee, M.G.T., Gergen, K.J. & Koshikawa, F. (Eds). Horizons in Buddhist psychology: Practice, Research and Theory. Taos, New Mexico: Taos Institute Publications, 2006.
- Lazarus, A. Toward an Egoless State of Being. In: A. Ellis & R. Grieger. Handbook of Rational-Emotive Therapy. New York: Springer Publishing Company, 1977.
- Murti, T.V.R. The Central Philosophy of Buddhism. A study of the Madhyamika System. London: George Allen and Unwin Ltd, 1955.
- Potter, K.H. Encyclopedia of Indian Philosophies (Volume III Advaita Vedanta up to Samkara and his pupils). Delhi: Motilal Banarsidass, 1981.
- Segal, Z.V., Williams, J.M.G. & Teasdale, J.D. Mindfulness Based Cognitive Therapy: A new approach to preventing relapse. New York: The Guilford Press, 2002.
- Soons, P. Mensbeeld en Praktijk van Rationaal- Emotieve-Therapie, Psychosynthese en Advaita Vedanta. Rotterdam: Erasmus University (Masterthesis), 2004.
- Soons, P. Emotional changes in Rational Emotive Behavior Therapy

and Buddhist Psychology. In: M.G.T. Kwee, K.J. Gergen & F. Koshikawa (Eds.). *Horizons in Buddhist psychology: Practice, Research & Theory*. Taos, New Mexico: Taos Institute Publications, 2006.

Tiemersma, D. De getuige (sâkshin). *Zien. Teksten over non-dualiteit*, nr. 11, 1998, p. 34-43.

Tiemersma, D. (red.). *Psychotherapie en non-dualiteit. 3e Advaita Symposium*. Leusden: Uitgeverij Advaita Centrum, 2003.

Walsh, R. & Vaughan, F. Towards an integrative psychology of well-being. In: R. Walsh & D.H. Shapiro (Eds.). *Beyond health and normality*. New York: Van Nostrand Reinhold Company, 1983.

Watson, G., Batchelor, S & Claxton, G. (Eds.). *The Psychology of Awakening. Buddhism, Science and Our Day-to-Day Lives*. Boston: Weiser Books, 2000.

Watts, A. *Psychotherapy East and West*. New York: Random House, 1973.

Wilber, K. *The Spectrum of Consciousness*. Wheaton, Illinois: The Theosophical Publishing House, 1977.

Wilber, K., Engler, J. & Brown D.P. *Transformations of Consciousness. Conventional and Contemplative Perspectives on Development*. Boston: New Science Library Shambala, 1986.

Wit de, H. *Contemplatieve Psychologie*. Kampen: Agora, 1987.

Zimmer, H. *Philosophies of India*. Princeton: New J