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A healing triad: An analysis of Mindfulness Based Stress reduction (MBSR) and Acceptance and Commitment Therapy (ACT) through a lens of Gurdjieff's phenomenology of awareness

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Abstract

Since its introduction in 1972 by Jon Kabat-Zinn, Mindfulness Based Interventions (MBIs) have progressively become part of medical and mental health protocols, and many levels of society. Barker [1] points out that MBIs have become a popular and paradigmatic alternative healing practice and one of the frequently used tools from the toolbox of contemporary Mind-Body or Integrative medicine. Two of the most popular approaches, Mindfulness Based Stress Reduction ([MBSR], [2]) and acceptance and commitment therapy ([ACT], [3]) are the topics informing this article. In particular, this question is being asked: What makes MBSR and ACT so effective?

Keywords Mindfulness, attention regulation, meditative practices, well being

1. Introduction

Regarding the efficacy of MBSR and ACT the following hypothesis is proposed: MBSR and ACT create a *third force* internally aiding in the progression of healing. The third force referenced here pertains to Gurdjieff's (as cited in Ouspensky [4]) *Law of Three*:

> The Law of Three Principles consists of the fact that every phenomenon, on whatever scale, and in whatever world it may take place, from molecular to cosmic phenomena, is the result of the combination of three different and opposing forces, active, passive, and neutralizing ... the presence of a third force is necessary for it is only with the help of a third force that the first two can produce what may be called a phenomenon no matter in what sphere. ([4], p. 77).

Since both MBSR and ACT have mindfulness components as part of their psychological mechanisms, a second hypothesis is proposed: Mindfulness practices = attention regulation. An ability to use attention regulation as mechanism of action gives mindfulness based interventions, MBIs, a uniqueness, providing a new meaning to practice. Baer [5] asserts that mindfulness has to do with specific qualities of attention and awareness that can be cultivated through meditation: paying attention on purpose, making mindfulness a universal concept, and when conceived as insight meditation it is a form of deep, penetrative, non-conceptual seeing into the nature of mind and reality. Walsh [6] looks at mindfulness from a behavioral perspective calling it *conscious discipline* since it requires a sensitivity to and understanding of the science underlying mindfulness practices, a merging of spiritual traditions and psychological science and actual engagement in the discipline.

Acceptance and Commitment Therapy (ACT; [7] is a post -Skinnerian approach based in relational frame therapy (RFT; [8]) offering a new approach to language and cognition that attempts to provide malleable, basic principles, embodying the practical application of psychological flexibility, and the six core processes: acceptance, cognitive defusion, present moment contact, values, and committed action [9].

Clinically applied, both MBSR and ACT represent scientific approaches in evidence: evidence based psychological science of empiricism in opposites, and a structural approach to mindfulness called *trait mindfulness* [10], defined as *a personality disposition for a capacity of paying attention with an open, nonjudgmental attitude.* However, construing mindfulness as a trait glosses over and ignores the change of awareness occurring during mindfulness practices, thereby forcing a formless concept into a form, a structure to be measured and quantified. Trait mindfulness presented as the standardized version of mindfulness pretends to represent the whole

phenomenological field rather than a slice in the whole pie of mindfulness phenomenology. MBSR and ACT have been designated third wave interventions in cognitive behavioral therapy with: approaches sensitive to context and functions of psychological phenomena, with and an emphasis on contextual and experiential change strategies [7].

2. Literature review

Defining studies on MBSR: the early efficacy in pain regulation established MBSR as the standard bearer [11]. Further application as a mitigation for pain followed with several studies using MBSR to mitigate symptoms of Fibromyalgia by: Cash et al. [12], Grossman et al. [13], Schmidt et al. & Cash [14], Simister et al. [15], and Luciano et al. [16]. Each study cited on Fibromyalgia followed a well established protocol:

Clients were taught an attention- focusing MBI called a *body scan*, where attention is focused on various body parts noting any tension in the muscles, then a release of tension in that body region. The noting of tension and its release is then done throughout the whole body resulting in relaxed body state;

- Using the body scan as an attention regulation tool, and when combined with yoga asanas, has become the state of the art in opening up awareness of body tension;
- Following a body scan, clients were then given a questionnaire on fibromyalgia Questionnaire (FIQ) which asked these questions:
  - From a list of these tasks (shopping, laundry, meal preparation, clean-up, vacuuming, making the bed, walking, visiting friends, yard work, driving, and climbing stairs), which tasks can you do?
  - How have you felt in the last 7 days?
  - How bad is your pain (1-10)?
  - How tired have you been (not tired-extremely tired)?
  - How do you feel upon awakening in the morning?
  - Are you depressed, and if so, how much and how often?

All the studies using MBSR in pain mitigation followed similar protocols as employed for fibromyalgia clients. In Morris' [17] work, MBSR was used to enhance well-being in educators and findings showed a positive influence on well-being.

3. Defining studies on ACT

Thorsell et al. [18]: completed a study comparing ACT to applied relaxation (AR; [19]) using a manual and an accompanying CD ROM to help clients learn how to relax. These questions were asked:

- What is pain?: Clients used descriptive adjectives to describe the pain they were experiencing as, confining, intense, fluctuating, hot, and overwhelming*;*
- What is ACT?: Clients were given a reading assignment on ACT, then asked questions about the reading to determine their level of comprehension, listened to a CD ROM on progressive relaxation (a technique similar to a body scan used in MBSR);
- What do you value?: This question opened up a discussion on thinking following progressive relaxation focusing on the phrase, 'you are not your thoughts,' and the felt body sense being experienced;
- Are you willing to engage your pain?: This was asked during a walking meditation exercise of relaxing while walking;
- What is holding you back?: Discussion following walking meditation on the success of the progressive relaxation exercise.

3.1 Further studies on ACT include

- Zhang et al. [20]: ACT used by athletes to enhance performance;
- Öst [21]: efficacy of ACT in medical and psychological protocol;
- Prevedini et al. [22]: ACT as a therapeutic model for chronic illness;
- Twohig & and Levine [23]: ACT used as a treatment for anxiety;
- Wong Li et al. [24]: ACT used to improve psychological and physical well-being in cancer survivors;
- Godfrey et al. [25]: ACT used in the treatment of lower back pain;
- Hayes [26] points out that ACT was created as a model that can provide a more progressive scientific discipline and the very essence of third generation CBT, and like mindfulness based cognitive behavioral therapy, (MBCBT) the emphasis is not on changing the context of thought but on changing awareness of the connections between thoughts, feelings, and bodily sensations [27], which suggests that ACT shares a philosophical tradition with humanistic, existential, and analytic traditions [9]. In his their 1998 study on skin care, Kabat-Zinn and colleagues found that: (1) some factor or combination of factors concerning the activity of the mind can positively influence a healing process; (2) psychological participation by the client is a necessary ingredient; and (3) MBSR offers a model that is integrative (has a meditative intervention that is coextensive in time and place with the allopathic treatment), and participatory because the engagement of the client's mind-body is part of the psychological intervention.

4. Discussion and analysis

My hypothesis suggests that the factor or combination of factors concerning the activity of the mind*,* referred

to above by Kabat-Zinn [28], could well be a *change in conscious experience* activated during mindfulness practices as a result of the introduction of a neutralizing or third force to a polarized condition. In this triad, the client's pain or distress is the active force, their attitude about their suffering is the passive or opposing force, and the reaction to the protocol being engaged, either MBSR or ACT, is the neutralizing or third force. The complete triad of three forces makes the healing progression possible, and the continuing involvement of three forces by the client makes their healing progression a positive life changing process. The continuing engagement of three forces offers a person the possibility of changing oppositional dynamics encountered during treatment, and may be framed as a new way of looking at and perceiving their suffering leading to a new model for behavior. In his their 2011 book, *The Mind's Own Physician*, Kabat-Zinn and Davidson [29] points out that MBIs— like MBSR, and its relatives are an attempt to introduce core Buddhist meditative practices and principles into medicine and psychiatry in a universal framework that stays as close to the dharma, thereby expanding the range of medical and psychological models for understanding disease and for approaching the client's suffering from illness and stress with greater compassion and wisdom. With their shared legacy of innovation, MBSR & and ACT are approaches which can offer practioner's a pathway for helping client's to become what their shared experiences embody as well as what their vision of the future embodies.

5. Summary and concluding remarks

One main aim of this article was to present an overview of MBSR and ACT as premier approaches in the mitigation of symptoms associated with illness and disease, and to propose one a possible theory on the efficacy of MBSR and ACT as healing protocols. Several studies have been cited documenting the effectiveness of MBSR and ACT as mitigations in pain management and as an aid in the lessening of client suffering from various illnesses and diseases.

A theory has been presented concerning the efficacy of both approaches, this being that MBSR and ACT use a mindful state of awareness induced by a mindfulness practice to affect change, and that this *change process is the result of the action of three forces*: an active force (suffering), a passive or opposing force (attitude), and a third force (MBSR & ACT). The framework of these three forces is summarized in Gurdjieff's *Law of Three* (as cited in Ouspensky [4]). The action of three forces in human existence is not new: it has been noted in quantum physics [30] and in psychology [31]. My application of the Law of Three in understanding the psychodynamics occurring in MBSR and ACT seems quite appropriate in understanding their efficacy as healing protocols. Verification of the action of three forces in personal psychology starts with self-observation, observing the healing affects effects of MBSR and ACT in oneself. The literature supports the efficacy of MBSR and ACT as healing protocols. Personal efforts are the necessary ingredient for change.

Author Contributions

The author did all the research work for this study.

Conflicts of Interest

No competing interests exist.

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