THE USE OF BIBLIOThERAPY AND MINDFULNESS MEDITATION IN A PSYCHIATRIC SETTING

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This is the report of a somewhat standard psychiatric case which employed a treatment approach that is unusual in the psychotherapeutic literature and in my own practice as a psychoanalyst and psychiatrist. It concerns a 44 year old male, Mr. B, who was referred for psychiatric treatment by a psychoanalyst who had evaluated him for the workman's compensation board after he had suffered an industrial disability.

PRESENT HISTORY

For 20 years Mr. B had been a pasteup person in a large commercial art firm specializing in advertisements. A few years prior to my seeing him, a new supervisor had been appointed over him. Soon thereafter this new supervisor began having an affair with Mr. B's ex-wife, with whom Mr. B was on bad terms. Later evidence verified that the new supervisor was harrassing Mr. B and making the job situation very difficult. Mr. B became more and more angry, depressed and suspicious that his supervisor, employer, and ex-wife were conspiring to hurt him. He was unable to express his rage and feared he would kill his supervisor. He quit the job, tried to find other employment, but could not do so and finally sought legal redress with the workman's compensation board. The evidence supported his case and Mr. B won a financial settlement with the finding that he was totally disabled because of depression, agitation, and episodes of weeping.
PAST HISTORY

Mr. B, a Caucasian, came from a rural family in the Southern U.S. where he had a harsh disciplinarian father and mother. There were seven siblings, with the patient being the middle child. He was a bed-wetter until the age of 12 and was always frightened of the dark. In addition, he felt that he had always been a bit "paranoid" (his term) and that people were talking about him. In high school he had problems of jealousy and of being hot-tempered. After three uneventful years in the Navy, he married, began working on his present job, divorced and recently remarried. At age 37 he had a laminectomy for a disc problem and at 39 injured his leg in a motorcycle accident. Mr. B's appearance was that of a backwoods farmer with a full, untrimmed gray-black beard, and blue jeans. His interests included hunting, fishing, drinking to drunkenness, and getting "stoned" (intoxicated) on marijuana with his male friends.

REVIEW OF THE PREVIOUS RECORD

The referring psychiatrist indicated in his report that Mr. B exhibited strong hostility and suspiciousness of others, which might make a therapeutic relationship difficult. An MMPI indicated a sufficiently severe test pattern not unlike persons who later require inpatient treatment, and similar to that of schizophrenic patients. Another examining psychiatrist concluded that Mr. B had a pre-existing paranoid personality with authority problems, oversensitivity to criticism, and feelings of persecution.

COURSE OF TREATMENT

Mr. B came to my office with reluctance, feeling he was compelled to do so as a provision of his financial settlement. He would cry, be agitated, depressed, and have constant intrusive thoughts about his "case." In my initial evaluation I concluded that, given his paranoid defenses and style, his depression and agitation, and possible secondary gains from issues connected with his lawsuit against his previous employer, traditional psychotherapy would be very difficult if not impossible. While considering an alternative strategy, I recalled that Mr. B came from a Pentecostal background and believed in a God that was within all of us. I felt that the presence of such a belief system might indicate some openness to a non-confrontive, gentle interaction which employed both reading and discussion. As a form of bib-
Bibliotherapy this approach had as a primary near-term goal the introduction of ideas to expand his perception of the world beyond a fixation with his "legal case against his boss and company." A second step of the treatment plan, assuming satisfactory results from the first, was to introduce some rudimentary forms of meditational practice in order to counteract some of the emotional and thinking patterns that entrapped Mr. B, and to turn his attention away from the exercise of fixated responses and redirect it toward more flexible and harmonious interactions.

I asked Mr. B to read a variety of books, each of which I knew rather well, and all of which were characterized by psychological and/or spiritual material with transpersonal elements. During our once-a-week sessions he would talk about what he learned from the readings and how they applied to such things as his hanging on to old grudges, and anger toward his boss and ex-wife, and his need for revenge.

The early sessions began with Castaneda's *Journey to Ixtlan* which opened the possibility that one can work on one's mind without drugs. Outside of the use of Librium which I prescribed for anxiety reduction, there was evidence that he did reduce his use of mind-altering chemicals as a result of our discussion of the book. Mr. B responded enough to encourage me to continue with the other books which he read with varying degrees of interest and identification.

THE ADDITION OF MEDITATION

After a few months of reading to open his mind and loosen attachments to some of his more restrictive traditional attitudes, I provided him with some literature and basic instruction in meditation. I had come to feel that the depth of his psychopathology and all of the secondary (legal, etc.) issues indicated that once-a-week standard psychotherapy would be grossly inadequate to cope with his problem. I also felt it was necessary for him to do something specifically therapeutic every day between sessions, if any change was to occur.

*I Stalking the wild pendulum* (Bentov); *Life after life* (Moody); *Center of the cyclone* (Lilly); *No boundary* (Wilber); *Living Buddhist masters* (Kornfield); *Caffing through spiritual materialism* (Trungpa); *Be here now* (Ram Dass); *Grist for the mill* (Ram Dass & Levine); *The master game* (De Ropp); *The varieties of meditative experience* (Goleman); *Zen mind, beginner's mind* (Suzuki); *I am that* (Maharaji); *The Aquarian gospel* (Levi); *Siddhartha* (Hesse); *How to enjoy life in spite of it all* (Keyes); *Lope is letting go off ear* (Jampolsky).
At this juncture in the therapy I introduced Mr. B to the practice of "loving-kindness-forgiveness" (Metta) meditation as presented in *Gradual awakening* (Levine). This simple meditation is a very old method of practicing kind and loving thoughts toward specific individuals and anyone with whom one has contact, regardless of their behavior and attitudes. In this situation Mr. B used this meditation daily. It was clearly instrumental in diminishing his rage at his supervisor and ex-wife. As Mr. B became aware that practicing meditation gave him a means to reduce his cycle of rage, it raised the possibility that he could also forgive these individuals for their actions. Soon thereafter I pointed out that if he could learn to forgive others he could also learn to forgive some of his own behavior, thoughts and feelings. Brought in this way, and with the regular practice of loving-kindness-forgiveness meditation toward himself and others, the therapy proceeded to issues of self-acceptance.

About this time Mr. B's symptoms began to diminish generally, and he began to experience a sense of well being. At this stage I introduced instruction in the rudiments of mindfulness meditation practice, as described by Joseph Goldstein in *The experience of insight*. My own background and training for this included instruction from various teachers in the Vipassana tradition, such as Joseph Goldstein, Jack Kornfield, Angarika Munindra, and some familiarity with the literature, as well as practice of eight retreats of two to three weeks each. I do not, however, consider myself a meditation teacher, preferring to send my patients to formal retreats if their interest is to learn formal meditation.

Having experienced some of the demands of this practice and knowing the experiences of a number of others who practice the meditation regularly, I was surprised with Mr. B's capacity to learn these rudimentary stages of mindfulness practice. This practice, to oversimplify, is a technique which focuses precisely on each thought or affect as it arises in consciousness. It develops an observing ego which can then witness strong affects or thoughts without being caught up in them. In Mr. B's case it meant learning how to observe the onset of feelings of rage, jealousy, and paranoia, and then letting them pass away without being caught up in them. As his practice continued he was able to do this meditation in a formal daily sitting of 45-60 minutes. However, I discovered that he was also able to do some form of it while walking, driving, and doing everyday chores, without negatively affecting his normal functioning. Eventually he was practicing, to varying degrees, a form of mindfulness meditation apparently up to 10-15 hours a day. Soon after
the practice reached this frequency, Mr. B's wife found that the meditation was interfering with their relationship. Mr. B, for example, would want to sit in formal meditation when his wife wanted to spend time with him. I found, however, that with some minimal coaching he was able to meditate without upsetting his wife, specifically by learning to meditate informally while lying in bed early in the morning, or during periods that did not permit formal sitting.

As Mr. B's mental symptoms diminished he began to think more and more of going back to school in a different field. However, after some exploration of other fields, it became clear to him that he would lose substantial employee and career benefits if he did not return to his original job, which was still open to him. Mr. B decided to return to his old job, under his original supervisor. He prepared for this challenge by learning to do the loving-kindness-forgiveness meditation, and the mindfulness meditation while working. He was able to make an uneventful re-adjustment on his job. He accomplished this in large part by continuing his meditation practice and adapting to coping with no demonstrable anger, resentment, or agitation. The change from his former fiesty and argumentative nature to one with more friendly and caring qualities was a surprise to his co-workers. Apparently this change in his demeanor also led to improved relationships with his supervisor, which in turn led to better work relations generally.

Mr. B's progress continued throughout the remainder of our 14 months of weekly meetings. In our last session Mr. B brought his present wife to meet me. I asked to speak with her alone briefly and she confirmed that Mr. B had changed radically, and that their relationship had improved. This was a useful corroboration because Mrs. B was a caring, but unsophisticated woman, and had no understanding whatsoever of meditation.

FOLLOW-UP EVALUATIONS

Shortly after stopping treatment, Mr. B was evaluated by a senior psychiatrist at a well-known psychiatric center. This exam was for the state compensation fund's final evaluation of Mr. B's case. This psychiatrist, though informed of the reading aspect of therapy, was unaware of the use of meditation in the "treatment." The following comments are excerpted from his final report:

Given his history and given the history described by Drs. A and B (previous evaluators), and given the personality profile
drawn by the MMPI, I would conclude that this man might be functioning better today than he has at any time since he has become an adult. I would also conclude that he is more tranquil today than at any time since he became an adult. This cannot be attributed to medication. He rejected medication quite early, because he did not like the side effects. I believe that the psychotherapy that he had with Dr. [S.B.] was successful, in spite of all the handicaps, and in spite of predictions that this man could not benefit from psychotherapy. It is always difficult to know why psychotherapy works when it does and why it doesn't at other times. Possibly even Dr. [S.B.] doesn't know why this patient improved as he did, contrary to the expectations of all the psychiatrists who had seen him. I suspect it happened because Dr. [S.B.] taped in [011] this man's intelligence rather than on his psychopathology and helped him make a discovery that he could enjoy reading and that he had many more resources than he imagined before he went into psychotherapy. I believe that this increased this man's sense of autonomy and made him less vulnerable to his inner fears and outer slights. I believe that this man has been treated successfully and that his psychological problems that arose have been resolved. I believe there is no residual impairment or disability.

Five months after Mr. B finished his therapy, he attended a formal 10-day insight meditation retreat, which is conducted in the mindfulness or Vipassana tradition. This further cemented his emotional gains. A one-year follow-up by a workman's compensation reviewer indicated that he was functioning normally. My own separate one-year and two-year telephone follow-up, including further inquiry to his wife, indicates that Mr. B is continuing satisfactorily in his work, home and social life.

COMMENTS AND CONCLUSIONS

Mr. B's presenting problems and test patterns indicated that standard psychotherapy was not likely to be helpful. Further, his background, social, and working environment did not offer much promise or support for improvement in his life situation. An alternative to traditional psychotherapy was introduced which relied on bibliotherapy and the use of meditation procedures of a non-confrontational nature. After establishing a working alliance early in the therapy, these two therapeutic forces were employed for application within and without the weekly sessions. It appears that the patient accepted almost totally and at face value, the therapeutic procedures and recommendations of the therapist, without challenging or doubting their efficacy. This resulted in rapid learning and application of the meditation practices
with surprising therapeutic gains, including the apparent resolution of conflicts in several aspects of the patient’s life. It also appears that the patient, not being reared in a culture that encouraged insight or learning, gained increased self-esteem by demonstrating to his and others satisfaction that he had the intelligence and ability to read and comprehend meaningful literature and ideas. This also allowed him to expand his own spectrum of thinking and feeling. Not only did this suggest ways to process his psychological pains, it also pointed to positive ways to use his pains to grow spiritually. Immediate and moderate term follow-up indicate that Mr. B is functioning adequately and normally, and that after two years he is still free of the original symptoms and problems that brought him to therapy.

REFERENCES


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