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CHRISTIAN MEDITATION



in CLINICAL PRACTICE

A Four-Step Model and Workbook for Therapists and Clients

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TRANSDIAGNOSTIC PROCESSES

A New Approach to Understanding Mental Disorders

God had one Son on earth without sin, but never one without suffering.

AUGUSTINE OF HIPPO

IN THIS FIRST CHAPTER, I explore the burgeoning transdiagnostic literature, including the difference between lumping and splitting strategies for psychiatric diagnosing, and provide justification for a lumping approach (i.e., identifying and treating common psychological processes across diagnoses). I also present in more detail the different types of transdiagnostic processes in the psychology literature, which are organized around problems with cognition (repetitive negative thinking), affect (impaired emotional clarity and distress intolerance), behavior (behavioral avoidance), the self (perfectionism), and relationships (impaired mentalization). Throughout the chapter, I offer explanations and an exercise for you to gain more insight into the nature of transdiagnostic processes.

THE PREVALENCE AND COMORBIDITY OF MENTAL DISORDERS IN CONTEMPORARY SOCIETY

In the United States, the lifetime prevalence among adults is about 20 percent for mood disorders and 35 percent for anxiety disorders,⁴ which are two of the more



¹Craske (2012); Harvey et al. (2004).

²Siegel (2010).

³Greeson et al. (2014); Harvey et al. (2004).

⁴Kessler et al. (2012).

common types of psychiatric disorders in contemporary Western society. In other words, about one in five adults will struggle with depression in their lifetime, to the point of meeting criteria for a formal psychiatric diagnosis, whereas about one in three will meet full criteria for an anxiety disorder. Beyond the United States, a recent worldwide survey revealed that about 30 percent of people will suffer from a common mental disorder (e.g., mood, anxiety) at some point in their adult years. Even more troubling, the majority of people who suffer from a depressive disorder may also struggle with an anxiety disorder at the same time, referred to as "comorbidity." These data suggest that depression and anxiety, which are often experienced together, may be quite common in both contemporary Western society and the non-Western world.

For depressive disorders (e.g., major depressive disorder), symptoms may include a low mood, a struggle to enjoy previously pleasurable activities, trouble sleeping, energy loss, impaired concentration, thoughts of worthlessness, and excessive guilt, among others. With anxiety disorders (e.g., panic disorder, social anxiety disorder, generalized anxiety disorder), symptoms may include trouble breathing, shaking, dizziness, fear of judgment by others in social situations, and chronic worry, to name a few. Combined, depressive and anxiety disorders are often referred to as emotional disorders in the psychology literature, since they frequently occur together among adult populations. Said differently, in recent years, psychologists have started to include these types of diagnoses in the same category in order to better understand their common ingredients and develop intervention strategies to treat an amalgam of psychiatric symptoms at the same time.

LUMPING VERSUS SPLITTING IN THE PSYCHOLOGY LITERATURE

In the psychology literature, psychologists often differentiate between lumping and splitting approaches to understanding and treating a variety of mental processes that impair functioning. With lumping, researchers attempt to elucidate common psychological experiences that transcend any one particular diagnosis. In other words, an effort is made to make sense of patterns of thoughts, feelings, and behaviors that are observed across diagnostic categories. As an example, in the last decade, authors have identified "impaired emotional clarity" as a potential mental process that can help to explain the development and maintenance of a variety of psychiatric diagnoses. More specifically, some people may struggle to identify

¹⁰Vine and Aldao (2014).



⁵Steel et al. (2014).

⁶Watson and Stasik (2014).

⁷American Psychiatric Association (APA) (2013).

⁸APA (2013).

⁹Siegel (2010); Taylor and Clark (2009).

and make sense of their emotional experiences, with this struggle linked to depression and anxiety.¹¹ As another example, openness to the future has been explored of late, with researchers identifying this positive emotional state as the ability to maintain a sense of confidence in, and acceptance of, future life experiences.¹² In a recent study, openness to the future was negatively linked to depression and anxiety, meaning people who have a more positive view of the future also report fewer symptoms of depression and anxiety.¹³

With splitting, researchers strive to cultivate an understanding of the unique psychological experiences for each mental disorder, then target the corresponding symptoms with disorder-specific interventions. For instance, psychologists may attempt to make better sense of the most salient symptoms of panic disorder, including panic-related thoughts, feelings, and behaviors and a preoccupation with subsequent panic attacks, then develop a manualized approach that teaches coping skills to ameliorate the disorder. As each new edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)¹⁴ seems to add more diagnoses to its running list, a splitting approach requires additional manualized interventions to be researched in order to treat an ever-growing number of mental disorders.¹⁵

REASONS FOR A TRANSDIAGNOSTIC APPROACH IN THE PSYCHOLOGY LITERATURE

Yet, this splitting strategy may not be the most helpful approach for responding to psychological suffering in the twenty-first century, given some of the growing concerns about the DSM, now in its fifth edition. First, although the DSM can be extremely helpful in identifying a cluster of symptoms and, thus, offering a common language for describing psychological struggles among both mental health professionals and consumers of mental health services, the vast number of diagnoses (currently over 300 in the latest DSM) leaves us vulnerable to pathologizing normal (albeit unfortunate) experiences of psychological suffering, especially in a fallen, imperfect world. In other words, there is seldom a clear-cut dividing line between health and dysfunction when striving to understand the human continuum of thoughts, feelings, and behaviors. What is more, many individuals struggle with



¹¹Vine and Aldao (2014).

¹²Botella et al. (2018).

¹³Botella et al. (2018).

¹⁴APA (2013).

¹⁵Taylor and Clark (2009).

¹⁶APA (2013).

¹⁷Harvey et al. (2004).

¹⁸ Harvey et al. (2004).

more than one diagnosis, which raises the question of whether dichotomous boundaries also exist from disorder to disorder in the real world.

Second, as we organize psychological suffering into more and more categories, we must, in turn, develop corresponding treatment approaches. However, someone with multiple diagnoses may not have the time, money, or energy to participate in multiple interventions to treat a list of psychiatric diagnoses. ¹⁹ This dilemma, too, goes for mental health professionals, who may not have the resources to deliver separate treatments, anchored to different diagnoses, to the same person seeking services. Rather, understanding and treating common mental processes that are experienced across diagnostic categories may be the most efficient option.

COMMON TRANSDIAGNOSTIC PROCESSES IN THE PSYCHOLOGY LITERATURE

As was briefly mentioned in the introduction chapter, we will be focusing on transdiagnostic processes within five domains: thinking, feeling, behaving, the self, and relationships. Although each of these areas is explored individually and in much more detail in subsequent chapters, below are some of their basic ingredients, including examples of how each mental process may impair daily functioning in the Christian life.

Cognition. With repetitive negative thinking, we may ruminate and worry, perseverating as a rigid thinking style on a daily basis. ²⁰ This type of thinking, more specifically, involves ruminating about the past and worrying about the future. With ruminating, we may dwell on a past conversation or event, whereas worrying may consist of anticipating a dangerous situation in the near or distant future. In either case, we may end up getting lost in our thoughts, so much so that we have a hard time focusing on the life that is unfolding before us in the present moment. When this is the case, we may struggle to fulfill our daily obligations, since we are lost in a sea of cognitive distractions. Even more, we may struggle to recognize God's presence in the here-and-now. We may also get lost in the details of events, conversations, and so forth, and have a hard time seeing the bigger picture. In the psychology literature, perseverative thinking is linked to both depressive and anxiety-related symptoms. ²¹

Affect. When it comes to impaired emotional clarity, we may struggle to identify and understand our emotional world,²² especially when it comes to recognizing the role that our emotions play in daily life. In fact, we may end up having a hard

²²Vine and Aldao (2014).



¹⁹Craske (2012).

²⁰Ehring and Watkins (2008).

²¹Ehring et al. (2011).

time understanding even our most basic emotions (e.g., sadness, fear, anxiety, guilt), including their positive influence in helping us to make decisions, navigate relationships, and so on. With distress intolerance, we may struggle to accept the inevitable uncertainties, frustrations, emotions, and physical sensations of daily life.²³ When this happens, we may have a hard time fulfilling daily responsibilities and obligations, as well as recognizing what God is communicating to us in our emotional experiences. For example, if we struggle to accept the uncertainties of life, we may have a hard time making decisions about the future and recognizing God's will for the days, weeks, months, and years ahead, choosing instead to procrastinate in an attempt to delay committing to a course of action for fear of making a mistake. In the psychology literature, impaired emotional clarity is associated with both depressive and anxiety-related symptoms,²⁴ as is distress intolerance.²⁵

Behavior. In the behavior domain, we may struggle to live the life God has called us to live, engaging in avoidance behaviors in an attempt to somehow rid ourselves of daily pain. Of More specifically, we may withdraw or hide in an effort to eliminate unpleasant thoughts and feelings, which likely only makes matters worse given our psychological pain continues to persist, with the added struggle of falling behind on our daily obligations. Even more troubling, we may end up declining to follow Jesus because of the cost of letting go of the things we are dually distracted by and attached to (Mk 10:17-27). In the psychology literature, behavioral avoidance is linked to both depressive and anxiety-related symptoms.

The self. Regarding the self, we may have perfectionistic tendencies, including standards that are unattainable.²⁸ In struggling to live up to our own expectations for ourselves, we may end up judging and criticizing ourselves, so much so that we withdraw in shame and waver in our ability to consent to God's will for our life. In other words, we may have a hard time extending the mercy and grace that God offers us to ourselves,²⁹ leading to impaired daily functioning. In the psychology literature, perfectionism is related to both depressive and anxiety-related symptoms.³⁰

Relationships. In our relationships, we may struggle to understand ourselves and others, referred to as impaired mentalization, especially when it comes to making sense of the thoughts, feelings, and behaviors that drive key interpersonal exchanges.³¹ When we have a hard time understanding these ingredients

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<sup>23</sup>Zvolensky et al. (2010).
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³¹Allen (2008); Allen et al. (2008).



²⁴Vine and Aldao (2014).

²⁵Macatee et al. (2016).

²⁶Gamez et al. (2011).

²⁷Gamez et al. (2011).

²⁸Egan et al. (2011); Limburg et al. (2017).

²⁹Knabb (2018).

³⁰Gnilka and Broda (2019); Maricutoiu et al. (2019).

of relationships, many areas of our life can be impaired, such as family, work, church, and community. Even more, we may struggle to maintain an awareness of God's active, loving, compassionate presence in our daily encounters with others, leading to a disconnect between our relational world and experience of God. In the psychology literature, deficits in mentalizing are associated with anxiety in close relationships (i.e., attachment anxiety) and neuroticism (e.g., worry, anxiety),³² as well as depressive symptoms.³³

With each of these transdiagnostic domains, we may be unable to recognize when our mental processes get in the way of living the life God has called us to live. Therefore, simply recognizing when we are distracted by our imperfect mental processes in a fallen world can serve as a fitting first step. What follows, then, is a metaphor to better understand the dilemma of mental processes, followed by examples of the importance of identifying our mental habits from the psychology literature, the Eastern Orthodox Christian tradition, and Scripture, before concluding with an exercise to finish the first chapter.

IDENTIFYING TRANSDIAGNOSTIC PROCESSES: A STORY OF TWO FISH

There is an old story about two fish peacefully swimming along in the ocean. A third fish passes by and asks, "How's the water?" In response, one of the two fish turns to the other and asks with quite a bit of confusion, "What's water?" With this short story, we can easily draw a parallel with our mental processes. Because we are so close, so to speak, to these processes, swimming in a sea of thoughts and feelings throughout the day, we can struggle to attain the distance necessary to recognize them.

For example, someone may have the thought, *I'm worthless*, swimming in these seemingly powerful words for most of their adult years. Yet, just like fish in water, they may not have the necessary distance to simply observe the inner workings of the human mind. In fact, many of us struggle to develop the requisite psychological and spiritual practices to slow down and notice the mental processes that are unfolding from moment to moment. Without this inner awareness, we may end up making life decisions that are inconsistent with God's will.

Interestingly, both contemporary psychologists and Christians throughout history have advocated for practices to notice the inner world in a more open, curious, detached, and vigilant manner, recognizing the importance of doing so for psychological and spiritual health. Among the former, a wide variety of exercises

³³Fischer-Kern and Tmej (2019).



³²Dimitrijevic et al. (2018).

(e.g., mindfulness meditation) have been recently proposed for gaining a broader awareness of our inner experiences. With the latter, over the last two millennia, Christians have been slowing down to recognize the tempting, compulsive thoughts that can get in the way of a deeper, more restful experience of God's presence, employing both formal and informal spiritual practices to do so.

IDENTIFYING TRANSDIAGNOSTIC PROCESSES: "META-COGNITIVE SELF-REGULATION" IN THE PSYCHOLOGY LITERATURE

In the twenty-first-century psychology literature, researchers have identified several potential ingredients for understanding how meditation leads to positive psychological change. In particular, meditation may help to cultivate the "metacognitive self-regulatory capacity of the mind." With self-regulation, we are developing the ability to simply notice our psychological experiences, including our thoughts, feelings, and behaviors. Along the way, we are learning to observe these psychological processes, then shift toward another point of focus with sustained attention, doing so with an attitude of acceptance and nonjudgment. 36

Ultimately, as we learn to engage in regular meditative practice, we begin to notice the inner world with greater awareness and distance, coupled with the ability to shift our attention in a more purposeful, nonjudgmental manner. In the context of the aforementioned transdiagnostic processes, meta-cognitive self-regulation³⁷ can help us to recognize when we are swimming in a sea of distractions, then gently shift toward an awareness of God's active, loving presence. In fact, some in the Christian tradition have been advocating for deepening our ability to notice and shift for centuries, referred to in the Eastern Orthodox tradition as *nepsis*.

IDENTIFYING TRANSDIAGNOSTIC PROCESSES: NEPSIS IN THE EASTERN ORTHODOX TRADITION

Housed within the Eastern Orthodox tradition, the *Philokalia* is an amalgam of Christian spiritual writings from the fourth to fifteenth centuries, which (among other themes) advocated for the use of the Jesus Prayer (i.e., "Lord Jesus Christ, Son of God, have mercy on me") as a way to cultivate an awareness of God's presence, attentiveness, and inner peace.³⁸ By repeatedly calling on Jesus' name and asking for his mercy, we are learning to notice the steady stream of tempting, compulsive



³⁴Dorjee (2016).

³⁵Dorjee (2016).

³⁶Dorjee (2016).

³⁷Dorjee (2016).

³⁸Ware (2005).

thoughts (*logismoi*, Greek), then shift the mind toward Jesus.³⁹ Even more, Christians are developing an inner watchfulness and alertness (*nepsis*, Greek),⁴⁰ similar to the meta-cognitive self-regulation identified among contemporary mindfulness meditation researchers, which leads to a deeper awareness of a variety of transdiagnostic processes that may get in the way of following Jesus Christ.

As an example, in Hesychios's *On Watchfulness and Holiness* in the *Philokalia*, he states, "Watchfulness is a continual fixing and halting of thought at the entrance to the heart. In this way predatory and murderous thoughts are marked down as they approach and what they say and do is noted." Or, as another example from Hesychios,

When the mind, taking refuge in Christ and calling upon Him, stands firm and repels its unseen enemies, like a wild beast facing a pack of hounds from a good position of defence, then it inwardly anticipates their inner ambuscades well in advance. Through continually invoking Jesus the peacemaker against them, it remains invulnerable. 42

Here we see that repeatedly calling on Jesus' name can lead to a deeper awareness of the "inner ambuscades" of the human mind, given we are noticing our mental processes, then pivoting toward Jesus by reaching for him as our source of mercy, comfort, and peace. In other words, we are cultivating a sort of vigilance, reminiscent of a guard on patrol to ensure no one scales the walls of a king's palace.

In a similar vein, in *Into the Silent Land: A Guide to the Christian Practice of Contemplation*, Martin Laird⁴³ discussed the use of a "prayer word" (e.g., "Jesus," "Abba") in the Christian tradition to maintain an awareness of God's loving presence from moment to moment. Given our attention will inevitably wander from God to other mental activities, a short word or phrase, anchored to Scripture, can help us to bring our focus back to God when it has drifted. Again, this simple process of noticing and shifting can help us to dually get to know the inner workings of the fallen human mind and maintain an awareness of God's merciful, compassionate presence in the here-and-now. As we learn to invite God into our inner experiences, we may begin to notice we can relate to our most difficult thoughts, feelings, and sensations with more compassion and acceptance, decreasing the tendency to judge and shame ourselves for inner experiences that may never fully go away. To deepen our understanding of this dynamic—noticing and inviting—the book of Hebrews can offer us a fitting example from Scripture.

⁴³Laird (2006).



³⁹Ware (2005).

⁴⁰Ware (2005).

⁴¹ Nikodimos (1782).

⁴²Nikodimos (1782).

IDENTIFYING TRANSDIAGNOSTIC PROCESSES: AN EXAMPLE IN SCRIPTURE

In Hebrews, the author explicates that, as a human being, Jesus suffered, which means he can assist us when we struggle: "Because he himself suffered when he was tempted, he is able to help those who are being tempted" (Heb 2:18). To help us in our suffering, the writer of Hebrews instructs us to "fix [our] thoughts on Jesus" (Heb 3:1), before going on to state the following:

Therefore, since we have a great high priest who has ascended into heaven, Jesus the Son of God, let us hold firmly to the faith we profess. For we do not have a high priest who is unable to empathize with our weaknesses, but we have one who has been tempted in every way, just as we are—yet he did not sin. Let us then approach God's throne of grace with confidence, so that we may receive mercy and find grace to help us in our time of need. (Heb 4:14-16)

As the great high priest, Jesus understands our struggles because he has suffered just as we suffer. In fact, Jesus "learned obedience from what he suffered" (Heb 5:8), suggesting that suffering can teach us to yield to God's will and depend on his perfect love in our experience of daily psychological struggles. ⁴⁴ In the midst of our suffering, then, we are called to persevere with a sense of hope, faithfully enduring with the recognition that God is with us (Heb 10:19-23). Ultimately, we are called to "throw off everything that hinders" in order to "run with perseverance the race marked out for us, fixing our eyes on Jesus, the pioneer and perfecter of faith" (Heb 12:1-2).

To reiterate, as Christians in a fallen world, we will inevitably suffer. Yet, from a Christian perspective, God is with us as we strive to press forward. To navigate our dimly lit paths on this side of heaven, the first step simply involves getting to know our suffering; then, as a second step, we are to shift our focus to God, reminiscent of Jesus' consent to the will of his Father in the midst of suffering.

As a reminder, throughout this workbook, you will be practicing a broader four-step process for responding to psychological suffering, with your struggles made up of a variety of psychiatric symptoms in our fast-paced, contemporary Western society. As the first step, you will be learning to notice the mental processes that are unfolding from moment to moment, before shifting to an awareness of God's active, loving presence in the here-and-now. Or, phrased differently, the first two steps involve recognizing and inviting—slowing down to identify a variety of transdiagnostic processes, some of which may be getting in the way of living a fulfilling life, then asking God to be with you in the difficult experience by turning to a more



⁴⁴Koessler (1999).

spiritual, transcendent perspective to make sense of your suffering. As you get into the habit of noticing and shifting, you will be, in turn, learning to rest in God's presence, recognizing that, although you cannot fully eliminate suffering on this side of heaven, you can relate differently to your psychological experiences as you patiently walk with God along the arduous roads of life. In other words, you can, like Jesus, learn to yield to God's providential care and trust in his plan, even when you suffer in this fallen world. As the fourth and final step, you are learning to patiently walk with God and find contentment in him, despite the psychological struggles—both internal and external—you may be experiencing on a daily basis.

But how, exactly, will you be learning to notice and shift as the first two (of four) steps? Christian meditation, prayer, and contemplation, anchored to Scripture, can help you to get into the daily habit of cultivating Christlikeness and a hopeful endurance in the midst of suffering. In the next chapter, you will get to know some of the spiritual practices that have been present within the Christian tradition for millennia, including the psychological role they can play in helping you to respond differently to the transdiagnostic processes that may be getting in the way of following Jesus on the roads of life. Before concluding the chapter, though, I would like to offer an exercise to help you begin to simply notice the patterns of your inner world.

IDENTIFYING TRANSDIAGNOSTIC PROCESSES: AN EXERCISE

For this exercise, please set aside ten minutes, finding a quiet location that is free from distractions. Sit in a comfortable chair, with your back straight and eyes closed. The purpose of this exercise is to simply watch whatever is unfolding within your inner world, recognizing that God is with you in the here-and-now.

First, slowly read the following passage in Scripture:

That day when evening came, he said to his disciples, "Let us go over to the other side." Leaving the crowd behind, they took him along, just as he was, in the boat. There were also other boats with him. A furious squall came up, and the waves broke over the boat, so that it was nearly swamped. Jesus was in the stern, sleeping on a cushion. The disciples woke him and said to him, "Teacher, don't you care if we drown?"

He got up, rebuked the wind and said to the waves, "Quiet! Be still!" Then the wind died down and it was completely calm.

He said to his disciples, "Why are you so afraid? Do you still have no faith?"

They were terrified and asked each other, "Who is this? Even the wind and the waves obey him!" (Mk 4:35-41)

Second, consider that Jesus was resting in the boat, despite the surrounding storm, before attempting to apply this passage to the subject matter from this chapter. In other words, in your own life you may feel like a "furious squall" is



taking up all the space in your inner and outer world. For example, you may be ruminating about the past, worrying about the future, struggling to accept the uncertainties of life, isolating and withdrawing from the pains of life, and struggling to build and maintain healthy relationships with others. In the middle of the storm, you may easily lose sight of the fact that Jesus is with you on the boat, asking for you to faithfully trust in him as the wind and the waves surround. Stated differently, Jesus is in control and has the ability to simply say "be still" at any given moment, even as we question where he is in the midst of the winds and waves of life: "Teacher, don't you care if we drown?"

Third, begin to actually visualize yourself on the boat with Jesus. However, rather than noticing the winds and waves, you are observing your thoughts, feelings, and sensations, whether pleasant or unpleasant. Whatever inner experiences arise, simply notice them with a distant, curious attitude, given Jesus is with you on the boat. Because he is sovereign, there is nothing you need to do, other than get to know the patterns of your mental processes. Spend the next few minutes just observing, with no other goal in mind. Rather, your job is to just notice your patterns of thinking and feeling by attempting to answer the following questions:

- What am I thinking right now? Am I ruminating? Am I worrying? Am I getting stuck in a certain repetitive, perseverative type of thinking?
- What am I feeling right now? Am I feeling happy, sad, angry, afraid, anxious, or guilty? What other emotions might I be feeling right now? Where am I feeling these emotions in my body right now?

Fourth, once you have spent some time observing your thoughts and feelings, spend a few minutes journaling by answering the following questions:

What patterns of thinking did you notice in this exercise? Were you ruminating? Were you worrying? Were you getting stuck in a certain repetitive, perseverative type of thinking?
What emotions did you experience in this exercise? Did you feel happy, sad, angry, afraid, anxious, or guilty? Where did you feel these emotions in your body?

How well did you do in simply noticing your thoughts and feelings with an accepting, nonjudgmental curiosity? Did you struggle to allow these experiences to naturally unfold, without trying to change them in any way?
Where was Jesus during the exercise? Did you experience him as next to you in the boat? Did you experience him as in control, regardless of the thoughts and feelings
that emerged? What other experiences did you have of Jesus during this exercise?
What are the strengths of this exercise? What about the limitations? How might this exercise help you to learn to notice your inner world, including the transdiag nostic processes that may be getting in the way of following Jesus on the roads of
life? How can you extend this exercise to the rest of your day, recognizing that Jesus is with you, regardless of the thoughts and feelings that may arise?

CONCLUSION

In this chapter, we explored lumping and splitting strategies in the psychology literature, ⁴⁵ including a rationale for focusing on a lumping approach in this workbook. We also reviewed the five different domains of mental processes we will be focusing on in subsequent chapters. To conclude, we completed an exercise to help you get to know your inner world. In the next chapter, we will review several common transdiagnostic treatment approaches for responding to the transdiagnostic processes that may be keeping you stuck in life.

⁴⁵Craske (2012); Harvey et al. (2004); Siegel (2010).



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