

Mindfulness, Emotions, and the Organization of Experience

Greg Johanson, Ph.D.

Editor's note: This material was first presented at the 118th annual convention of the American Psychological Association at San Diego, California in August 2010. It was first published in article form as "Mindfulness, Emotions, and the Organization of Experience" in *The USA Body Psychotherapy Journal* [10(1), 38-57, 2011].

Gregory J. Johanson, PhD, NCC received his doctorate from Drew University graduate school and did a post-doctorate at the Center for the Study of Religion at Princeton University. He is the director of Hakomi Educational Resources in Mill City, Oregon, offering psychotherapy, teaching, training, and consultation to organizations. He is a founding trainer of the Hakomi Institute and has been active in writing, including (with Ron Kurtz) *Grace Unfolding: Psychotherapy in the Spirit of the Tao-te Ching*, and serves on the editorial boards of six professional journals. His background is in theology as well as therapy, and he is a member of the American Psychological Association as well as the American Association of Pastoral Counselors. Correspondence may be addressed to: Greg Johanson, PO Box 23, Mill City, Oregon 97360 USA; telephone: (503) 897-4830; or email: greg@gregjohanson.net; website: www.gregjohanson.net.

Abstract

A mindful state of consciousness engages the frontal cortex in a way that allows for mindfulness of the mind (or ego states). By becoming mindful of emotions, one enters into the integrated amalgam of affect, sensations, tensions, memories, attitudes, and more that reflect how experience is organized. Mindfulness of emotion—in a safe compassionate context—then allows for the exploration of present experience that becomes a royal road to the unconscious or the core organizers of experience. These core beliefs are then made available for modification through inter- and intrapersonal affective interaction that facilitates organizing in elements of life previously organized out. When trauma is present that activates lower brain functions, becoming mindful of emotions can risk stimulating a trauma vortex that spirals the patient into a dysregulated state of hyper- or hypoarousal where there is more risk of re-traumatization than therapeutic integration. This approach to mindfulness of the mind in relation to emotions functions as a bridge between Eastern and Western perspectives on psychology. Annotated case verbatims from both developmental issues and trauma histories are offered to illustrate the theoretical material.

Keywords: mindfulness, emotions, organization of experience, core beliefs, trauma, directed mindfulness

Emotions as Messy

Gendlin (1992) noted that psychological science is much more friendly with emotions today than was once the case, not that long ago:

A sentient body not only is, but also feels its interactions with the environment. . . . A vast amount of information is sensed—not in separated facets—but as a global, bodily sentience. . . . In the history of thought, this bodily sentience is a crucial, forgotten dimension! . . . Feelings were said to be mere “reactions to” the facts—after the facts are given by the five external senses and reason. For two millennia feelings were said to contain no information about one’s situational reality. How could this have been believed? (pp. 15-16).

Now that emotions have assumed their rightful place in psychological study, a dizzying array have found their way into the discipline. There are, of course, the categorical emotions. Then, Fosha’s (2000, 2001, 2004, 2005, 2006, 2008, 2009a, 2009b, 2010) therapeutic involvement with emotions alone included receptive affective experiences, transitional affects, heralding affects, green and red signal affects, post-breakthrough affects, mastery affects, mourning-the-self affects, tremulous affects, healing affects, relational affects, and transformational affects. Fosha called attention to Fredrickson (2001) who differentiated between the negative emotions for survival, and the positive emotions for expansion of capacities and growth. Sundararajan (2000) named recognition emotions, being emotions, transpersonal emotions, and egoist emotions. Ogden (2009) referenced the structural developmental model of Lane and Schwartz (1987) that outlined five stages of emotional development from physical sensations, to physical actions tendencies, to single emotions, to blends of emotions, and blends of blends of emotions.

In terms of making sense out of all these possibilities, Siegel (2009) noted that “clearly the term emotion does not have a precisely shared meaning even for those who use the concept in their daily work”

Depending upon the larger story of the particular discipline of science, emotion can be seen as a process that links people together (anthropology, sociology), a fundamental part of the continuity that connects a person across development (attachment research, developmental psychology, developmental psychopathology), or a way that the body proper—our somatic physiology—is connected to the brain and coordinated within its various layers (neuroscience with its branches in affective and social neuroscience especially). (p. 147)

Porges (2009) did significant work through his polyvagal theory, establishing that social interactions and emotion are biobehavioral processes where varying bodily states underlie varying forms of behavior. “Emotions, affect regulation, and interpersonal social behavior . . . represent a complex interplay between our psychological experience and our physiological regulation” (p. 27). In situations where normal social engagement skills fail to deal with perceived dangers, lower brain functions inducing flight, fight, or freezing automatically activate, which is one reason van der Kolk (1994; van der Kolk, McFarlane, & Waisaeth, 1994) argued that normal talk therapies have difficulty touching the bodily processes underlying trauma.

Porges noted that what form of biological-emotional response becomes activated comes from an interpretation of the neuroception of intentionality, something Lipton (2005) agreed with through his theory of the biology of belief. For instance, if one is standing at a train station and another person suddenly begins sprinting from six feet away and knocks one to the ground, it can be a profoundly shocking, disorienting, emotionally hurtful situation. However, if the same person is playing end in football, catches a ball, and is knocked to the ground, the intentional context in play totally transforms the physical-emotional response. Likewise, if the person that knocked one over at the train station immediately comes back and apologizes, and explains that he had to sprint directly to the point where he could save a child who was about to fall on the tracks, the entire meaning and effect of the incident is changed.

Gendlin (1992), along with feminist and post-modern theorists, agreed that culture and learning inform bodily sensing and mobilizing. “Emotions are not things by themselves. Emotions are only part of a story. . . . This narrow story is itself only part of the story. The wider context was involved in giving rise to the emotion” (p. 20). To complicate things further, “a ‘feeling’ contains, or rather can generate or re-generate a number of emotions as we enter into it. Emotions are embedded within such a texture” (p. 19).

For Tronick (2009):

Emotions, and what might be thought of as emotional activation patterns (EMAPs) in the brain, are activated by a variety of internal and external events. . . . An EMAP is not a fixed form but one that changes in relation to other EMAPs, to its own reiteration, and to the overall gestalt of EMAPs in the emotion meaning-making network. (pp. 108-109)

Damasio's (1999) research suggested activating signals originated in part from our life experiences that generated sensations through the emotional brain. These he termed somatic markers that then informed us of the significance of whatever we were considering. Normally these somatic markers work on our decisions below consciousness, supplying us preverbal intuitions of "right" or "not right" about doing something. To anticipate more below, mindfully attending to these felt bodily senses, as in Gendlin's (1996) work, can bring their messages and memories into consciousness.

However, for the all the work that has been done to establish that "neural firing and mental activity mutually influence each other," Siegel (2009) concluded that "we have a nonquantifiable inner world of our subjective reality. The truth is that we actually do not know how neural firing and subjective experience create each other" (p. 146). There is mystery abundant to go around.

The mystery, of course, is predictable in terms of non-linear systems theory that says all of us perpetuate ourselves through multiple patterns that evolve over time (Piers et al, 2007). Self-organizing systems begin with many parts with large degrees of initial freedom that are then "compressed to produce more patterned behavior" (Thelen & Smith, 2002, p. 51). "In self-organization, the system selects or is attracted to one preferred configuration out of many possible states, but behavioral variability is an essential precursor" (Thelen & Smith, 2002, p. 55). Nonlinear means order out of chaos (Jobanson, 2009a, b).

Under different conditions the components are free to assemble into other stable behavioral modes, and it is indeed this ability of multi-component systems to "soft-assemble" that both provides the enormous flexibility of biological systems and explains some of the most persistent puzzles of development (Thelen & Smith, 2002, p. 60).

For all this complexity, Tronick (2009) asserted that emotions had meaning, even if they were multiply and contextually derived. For Siegel (2009) this was because the "mind is defined as an embodied and relational process that regulates the flow of energy and information. This energy and information flow is happening all the time, and its texture, the music of the mind, can be considered 'primary emotion'" (p. 163).

Tronick (2009) emphasized the word "flow" by arguing that emotional meaning was never fixed:

Emotions have meaning. Emotions are elements of meaning, being perhaps even the foremost and principle elements assembled in humans' state of consciousness.

And though emotions are elements within the individual (the essentialist or individual psychology perspectives), I believe that they are both internally created in new emergent forms, as well as dyadically cocreated in new emergent forms with both externalized others and internalized objects. Thus, emotions are not fixed elements. They evolve over moments. Old ones change, new ones emerge, nuanced forms abound. (p. 88)

Tronick (2009b) offered the following summary statement that wisely emphasizes the complexity and messiness of emotions, emotional research, and emotional work:

Emotions are elements of meaning, being perhaps even the foremost and principle elements assembled in humans' states of consciousness. . . . Meaning is biopsychological. It is made by polymorphic systems operating at multiple levels of the individual. These polymorphic systems create qualitatively different forms of meaning, what Freeman (2000) refers to as actualizations of meaning, which at best only messily fit together. (p. 88).

Messiness and the Organization of Experience

Though it might indeed be—at best—messy, the above emphasis on meaning and the regulation of energy and information flow implies that living human systems embody a degree of organization that affects how individuals experience themselves emotionally, cognitively, physically, and spiritually.

This is consistent with Bateson's (1979) propositions on the nature of living organic systems that make it clear that humans are hard-wired to organize their experiential messiness and complexity. What is of primary importance in a system is not the amount of energy, but the way the system processes information. The system encodes, filters, or transforms signals from both internal and external sources (proposition five), and then organizes this information into a hierarchy of logical levels of organization (proposition six). This view is paralleled in the philosophical new key methods, such as Langer's (1962) conception of the symbolic transformation of the given. Likewise, Siegel (1999), as noted above, argued that the human mind emerged from patterns in the flow that organize energy and information within the brain and between brains. Porges (2009) also agreed that psychology must pay attention to the organizing variable:

In the polyvagal theory, neuroception is an S-O-R model. Within this context, autonomic state is an intervening process that contributes to the

transformation of the external physical stimulus to the complex internal cognitive affective processes that determine the quality of the interpersonal interaction. (p. 53)

There are many languages, and many ways of expressing this concept. Ogden (2009, p. 210) observed that “From interactions with attachment figures, the child forms internal working models (Bowlby, 1988), which are encoded in procedural memory and become non-conscious strategies of affect regulation (Schore, 1994) and relational interaction.” This now commonplace assertion, in line with Gendlin’s opening remarks about psychology only coming lately to appreciate emotions, was controversial within our own generation. When Bowlby reported the result of his attachment research to the United Nations in 1950, specifically that the mother-infant relationship was extremely important and that early separations can hurt growing children, many professionals scorned and ridiculed him (Karen, 1998).

Now much research, such as Tronick’s (1980, 1989, 1998), has made it clear that “Though we don’t truly know the infant’s experience, nonetheless, they gave evidence of an organized state of consciousness” (Tronick, 2009, p. 90). This means that many of the core organizers that affect us are in implicit memory (Nadel, 1994). As the emotional responses to organizers become engrained patterns of neural firing (Schoener & Kelson, 1988), Siegel (1999) observed that they come to function as attractor states that “help the system organize itself and achieve stability. Attractor states lend a degree of continuity to the infinitely possible options for activation profiles” (p. 218). Schwartz (1995), and Rowan and Cooper (1999) added that our organization was characterized by a multiplicity of common internal attractor states, which means we have an exquisitely complex inner ecology of parts, and therefore are never completely of one mind or one emotion in relation to any issue.

Since core organizers control how we experience and express ourselves before we ever perceive something or react, Kurtz (1990) understood transformational characterological level psychotherapy as dealing with the modification of what he termed core organizing beliefs. Since these beliefs are at the basis of what story we live in the world, they can be termed core narrative beliefs. Similarly, Stolorow, Brandchaft, and Atwood, (1987) titled the chapter in their work on intersubjective psychoanalytic therapy “The Organization of Experience.”

Transference in its essence refers neither to regression, displacement, projection, nor distortion, but rather to

the assimilation of the analytic relationship into the thematic structures of the patient’s personal subjective world. Thus conceived, transference is an expression of the universal psychological striving to organize experience and create meanings. (pp. 45-46)

When Tronick (2009) considered the organization of experience into meaningful units, he used the term *state of consciousness*:

. . . the flow of meaning has to be assembled by individuals into a coherent sense of themselves in the world, into what I will call a state of consciousness. No simple task. Bruner (1990) has said that humans are meaning makers. They make meaning to gain a sense of their self in relation to their own self, and in relation to the world of things and other people. These meanings are held in the individual’s state of consciousness. A state of consciousness is the in-or mostly out-of-awareness polysemic meanings made by the totality of an individual’s biopsychological processes. Some meanings are known, and symbolizable, some are unknown, implicit but with “work” can become known, and some may be unknowable. (p. 87)

Tronick raises the issue here of the mind/body interface in terms of the knowable and unknowable. Often the concept of meaning is associated with verbal meaning. Certainly, as Ricoeur (1987) has stated, it is part of our identity as humans that we know and express ourselves through symbols. At the same time, Ogden’s (2009, p. 213) point remains that “Neuroscience has taught us that emotions and the body are mutually dependent and inseparable in terms of functions (Damasio, 1994; Frijda, 1986; LeDoux, 1996; Schore, 1994). Thus, psychotherapists must struggle with words in terms of how they can articulate and give birth to emotionally charged meaning, and also how they can distance, separate, and deaden one from authentic, felt-sense meaning, especially meanings rooted in implicit memory (Johanson, 1996). Here, mindfulness can be a resource.

Those who deal with religion and spirituality do not escape the dilemma of words bearing both the birth and death of meaning, but they are often clear they are dealing with core organizing belief systems.

To understand people, one must understand their unique ways of construing their worlds (Evans, 1993). . . . Every individual has a global meaning or orienting system. . . . Meaning systems provide the general framework through which individuals structure their lives and assign meanings to specific situational encounters with their environment.

Global meaning consists of three aspects-- beliefs, goals,

and feelings (Park & Folkman, 1997)—and is central in determining behavior patterns in both everyday life and situations of adversity (Park, 2005; Silberman, 2005a) (Park & Slattery, 2009, p. 123).

Likewise, for Tronick, emotions were never fixed entities understood without context. Once they became integrated into a larger scheme of meaning, they in turn influenced perception and expression in wide areas:

They change and develop through emotion organizing processes and through the interaction of those processes with other processes (e. g. cognitive processes). Further, when emotional means are self-created or cocreated in a state of consciousness, their creation has consequences for the formation of relationships, ongoing emotional experience, and the growth of the individual: how the individual thrusts him- or herself into the world (Freeman, 1994) (Tronick, 2009, p. 88)

Emotions as Integrated Ports to the Organization of Experience

Considering that a multiplicity of experiences are organized leads to a congruent concept of integration. For all of the remarkable, incredible complexity humans display with their billions of neurons and trillions of interconnections, there is also unity alongside fragmentation. There is the one and the many, growth in agency and communion (Wilber, 1995). Bateson (1979) said that what made a system organic was not just that it was a whole made of parts, but that all the parts communicated within the whole.

Likewise, Siegel (2009) concluded that the one consistent finding that has emerged from diverse scientific investigations “is that of ‘connection’ or ‘linkage’ of different elements into a functional whole. The linguistic term we use for the linkage of differentiated parts into a functional whole is the word integration. . . . emotion is integrative” (p. 149). Further, “emotion, clarified as integration . . . [is] the fundamental pattern of energy and information flow that is at the heart of our subjective lives (Siegel, 2009, p. 160). “The integration of consciousness involves the linkage of differentiated aspects of attention into a state of mindful awareness in the moment” (Siegel, 2009, p. 167). “Discussing emotion as integration, as we link our individual sense of self with its own unique, differentiated history to the selves of others now, in the past, and also in a future we will never directly see, we come to realize our “emotional ties” to a much larger whole” (Siegel, 2009, p. 171).

Sundararajan (2008a) also wrote about the unifying pattern that wove together disparate elements related to emotion:

After a comprehensive review of the literature, Jams Russell (2008) concludes that the so-called emotion is perceived pattern of configuration out of multiple ingredients—brain modes, instrumental action, action tendencies, reflexes, attitudes, cognitive structures, motives, sensation feelings, facial, vocal and autonomic changes—none of which have any intrinsic connection with one another. (pp. 710-711)

Tronick (2009) dealt with integration both in terms of the meaning-making mentioned above, and a principle of singularity. Seeing the “Myriad biopsychological processes that make up the whole individual (the whole system and all its components) as meaning-making systems provides a unifying conceptualization that makes sense of the individual’s place in the world” (p. 111).

Meanings include anything from the linguistic, symbolic, abstract realms, which we easily think of as forms of meaning, to the bodily, physiological, behavior, and emotional structures and processes, which we find more difficult to conceptualize as forms, acts, or actualizations of meaning. . . . It is possible to comfortably integrate these ideas about meaning under a principle of singularity. . . . All systems making up the whole individual—the totality of human biopsychological processes, including, but not limited to what we call mind, brain, and behavior—operate to gain information about the world in order to act in and on the world in alignment with their intentions and goals as well as to create the individual’s unique, singular purposes, intention, meanings, and sense of self in the world. (Tronick, 2009, p. 88)

Infants begin this task right away according to Tronick, even though the hippocampus and the ability to have full memory is not present until around age three. “Given the precocious sophistication of infants in responding to the expressing emotions, compared to their ability to act skillfully on the world,” wrote Tronick (2009, p. 93), “emotions may be the foundational form of their sense making (Tronick, 1980). Perhaps too mechanistically, infants can be thought of as emotion-meaning-making devices.

Fosha, Siegel, and Solomon (2009) commented on a book chapter by Trevarthen that also emphasized unity, integration, and interconnectedness:

Trevarthen outlines how emotions operate in all spheres of human endeavor and serve many functions. He shows them as forces for the healthy intersubjectivity that is at the core of healing not just our individual selves but also our relationships and even our culture. Reaching down into neurophysiology and evolutionary history and up toward community and culture, emotion

for Trevarthen allows individuals to participate in the music and dance of interrelatedness toward establishing sympathetic companionship and transmitting the value of human community throughout the lifespan, the upper reaches of the human endeavor. (p. x)

The upper reaches of the human endeavor are often talked about in terms of compassion, which in turn depends on an experiential sense of connectedness, realizing “our ‘emotional ties’ to a much larger whole” as Siegel (2009, p. 171) wrote. Thomas Merton noted that compassion was a profound sense of the interdependence of all things. The Greek language translation of compassion is “being moved in the guts” by the situation of the other. It is harder to harm, or to not help another, if one is so emotionally close that their predicament moves one’s core physically. The Dalai Lama has said compassion is the next needed stage in human development. Wilber (1979) argued that various therapies have been designed to deal with overcoming various levels of splitting or lack of connection in a client’s world, thereby cultivating compassion at diverse levels.

In any case, there are far reaching stakes when therapists work with individuals, families, communities or groups to enhance or repair the level of integration present. For trauma patients, Ogden (2009) said the “overarching aim of trauma therapy is integration” (p. 226). Therefore, “Abreaction and expression of trauma-related emotion that takes place far beyond the regulatory boundaries of the patient’s window of affective tolerance is not encouraged because it does not promote integration (Van der Hart et al., 1992) (Ogden, 2009, p. 226).

The good news of this subsection is that even when profound disintegration, fragmentation, and disassociation is present, emotional material remains holographic in that it is organized into a larger whole that can be a gateway to greater integration.

What therapists can know and trust is that important experiences in both implicit and explicit memory are embedded in emotion as Morgan (forthcoming) points out, “and emotion arises in the body. Damasio (1999) differentiates between emotion as bodily response, and feeling as conscious perception of the emotion. Emotions play out in the theatre of the body. Feelings play out in the theatre of the mind.” Further:

When the client focuses on the body, in the present moment, unconscious material can surface into awareness. Implicit memory doesn’t feel like memory; it is perceived in the present. Unconscious memory related to core material seems to come in packages, similar to the complexes described by Carl Jung, and COEX

systems detailed by Stanislav Grof (1975). . . . Touch one aspect of the package, use mindful attention and hang out with the experience, and the rest will emerge into awareness. Often it is experiencing the somatic marker that is the doorway opening to awareness and change. (Damasio, 1999)

Ogden (2009) pointed out that “Gestures, facial expressions, and posture are not only reflections of emotion, but actively participate in the subjective experience of emotion and in our interpretation of our experiences” (p. 214). Clinically then, bringing compassionate awareness to any of these elements when appropriate safety is present, can help access the core organizing beliefs that brought it into being. Since organizing one’s experience is in part a creative act, the principle of integration allows therapeutic curiosity of any aspect of one’s creation to lead back to the level of the creator.

Since emotions are integrated within the organization of experience in such important ways, they can be used as a royal road to the unconscious level of core organizers. Fosha (2010) taught that each emotion, once accessed and viscerally experienced, acted as *a magnet for experiences* that were organized under its aegis and “lights up the network” (Shapiro, 2000): It draws to it and facilitates the emergence of emotion-specific constellations of memories, perceptions, fantasies, relational configurations, and ways of being. It is this that allows the working-through of traumatic experience.

Gendlin (1992) talked about the unity and integration of the organism that underlies the possibility of therapy in the following ways:

Body and environment together make up one interactional process . . . Interactional information about the environment is therefore implicit in body-structure and in every bodily process. (p. 15)

Your situation is not just what the five senses give you. . . . A situation doesn’t consist of sense-bits. Nor does it consist of separate bits of any sort. You can think of a few special factors, but you cannot think all of the parts of a situation separately. But you speak and act from a sense of the whole situation. That sense guides how you act and what you say, think, and need in the situation. You would be lost without that bodily sense of the situation. (p. 16)

Psychotherapy: Working with the Organization of Experience

Given the material in the previous sections, one way of conceptualizing psychotherapy is that it works with

the organization of experience, often how a client's way of organizing has organized something out (Johanson, 2006b). That we organize our experience to make sense and meaning out of life is not a therapy issue. It is a normal necessity. However, if we have appropriately, at one time, organized ourselves to be self-reliant because there was not trustworthy, dependable support in our life, it could be problematic later if we have not found a way to reassess and update our core organizing beliefs. If we still unconsciously organize out the possibility of support, perceiving and assimilating non-support years later when there is realistic support available, we can find ourselves dealing with the unnecessary suffering of starving in the midst of a banquet.

In psychotherapy today, one could argue an emerging consensus that all therapies that recognize constructivist principles deal with the organization of experience. While there is ongoing dialogue about how things get organized and what is required to reorganize them, the agreement of Kurtz (1990) in the humanistic world, Schwartz (1995) in the family therapy world, White and Epston (1990) in the narrative therapy world, Mahoney (2003) in the cognitive-behavioral world, and Stolorow, Brandchaft, and Atwood (1987) in the psychoanalytic world—to name a few—is that we are working with the organization of experience.

Siegel (2009) expressed this by saying

Healing is integration, psychotherapy is facilitated integration catalyzed by the relationship between two people. . . . When the degree of differentiation and/or linkage of components in a system such as the brain or our relationships is changed . . . we are changed as a result. (p. 155)

Tronick's language (2009) was this: "Therapy is a process of changing individuals' biopsychological state of consciousness, their sense of themselves in relation to the world" (p. 102).

The "what" of "what is changed" in psychotherapy is the core organizers that govern perception and expression. These often reflect a change that organizes something in (support, intimacy, freedom, etc.) that was previously organized out, resulting in increased connections and possibilities. This can be languaged in many ways as a change in one's imagination, map maker, core organizing beliefs, schemas, filters, scripts, state of consciousness, meaning-maker, pre-reflective consciousness, or whatever one's preferred term may be. Freud thought it auspicious when one could recognize something new as new. Tronick (2009) wrote, "Successful self or self-and-other creation

of new meanings leads to an expansion of the complexity and coherence of the individual's state of consciousness" (p. 87).

Ogden (2009) referred to "mentalizing," the process by which we make sense of the contents of our minds and the minds of others," and continued: "Through mindfulness, we become aware of . . . procedural tendencies as these contribute to implicit mentalizing. . . . Mindfulness is . . . useful in changing procedural tendencies so that implicit mentalizing becomes more adaptive and responsive to current life situations instead of the past (p. 222).

These kinds of transformational changes often do not come through insight. Normally, it requires a new experience to counteract an old one, and to begin reinforcing new neural pathways (Cozolino, 2006). In terms of mindfulness, Siegel (2007) established that mindfully relating to aspects of oneself was an experience that generated such new neural nets, and affected neural plasticity (Doig, 2007).

Psychotherapy: Assuming an Impulse to Enlarge One's Organization of Experience

Freud's full development of his concept of the repetition compulsion (Johanson, 2002) led him to a pessimistic—or what he might consider realistic—view of life and therapy, namely that "the aim of all life is death" (Freud, 1961, p. 32).

Luckily, something occurs in therapy that seems beyond the theories and/or control of therapists and/or clients. Growth happens in the face of ignorance, stumbling, and fumbling by therapist and client alike. Growth doesn't happen despite the most highly trained clinician employing the most state of the art techniques. Peck (1978) was so impressed that growth happened at all, in the face of so many obstacles working against it, that he posited some spiritual force called *grace* to account for it in his best seller *The Road Less Traveled*.

In Hakomi Therapy, Kurtz (1990) often referred to the concept of negentropy as expounded by Bateson (1979), Prigogine and Stengers (1984), and Wilber (1995)—the notion that there is a force in organic life that moves to build wholes out of parts, as well as the more well-known second law of thermodynamics that posits the opposite. By any name (*transformance* for Fosha, 2000; "the life-forward direction" for Gendlin, 1996, pp. 259-263), there is a natural impulse to heal through moving toward increased wholeness that can be experienced phenomenologically, and which therapists always count on, that has received

increasing research support in recent years (Eigen, 1996; Emde, 1988; Fosha, 2006, 2008, 2009a,b; Ghent, 1999, 2002)

When working therapeutically with a client's way of organizing their experience, the possibility simply must be assumed that it is plastic enough to reorganize, and that some aspect of the person wants it to organically unfold. Bateson (1979) expressed support for this by saying living organic systems are self-organizing, self-directing, self-correcting. Siegel (2009, p. 163) argued that the human mind embodied an inherent push toward integrative complexity, as did Tronick (2009, p. 99) who spoke of systems gaining resources for increased complexity and coherence.

Fosha (2009b) gave this assumption strong support through saying, "transformation is fundamental to our natures" (p. 175). Deep in our brains, there for the awakening and activation in facilitating environments, lodge wired-in dispositions for self-healing and self-righting (Doig, 2007; Emde, 1983; Gendlin, 1996; Sander, 2002, Siegel, 2007) and for resuming impeded growth (Ghent, 1990; Grotstein, 2004, Winnicott, 1965).

A perspective from the sciences of non-linear systems is that transformational changes are fostered when "Inherent fluctuations act like continuous perturbations in the form of noise on the collective behavior of the system. Within ranges of the control parameter, the system maintains its preferred behavioral pattern despite the noise" (Thelen & Smith, 2002, p. 63). However, when the internal and/or external perturbations sufficiently shake the system's ability to satisfyingly operate out of old order parameters, it can come to a critical or bifurcation point where transformation to new attractor states becomes possible.

So, when one loses a job, a marriage is threatened, drugs are getting out of hand, or kids leave the nest, the old ways of coping no longer function, and a bifurcation point arises that might lead one to therapy. Fosha (2009a), LeShan (1989), and others also argued that concentrating on the positive in the present, the person's best self, and mobilizing to walk into the future with realistic hope can also lure the system forward.

Wilber (1995) adopted the language of holons from Koestler (1967), holon being shorthand for a whole that is made up of parts and in turn part of a larger whole, a succinct way of expressing a fundamental of systems theory. It has the advantage of covering both the internal-subjective and external-objective aspect of systems. Wilber then studied various holonic systems, and discovered

twenty tenets of evolution that drove or pulled a system to develop. Here are a few that support the notion that there is an impulse toward growth one can count on in therapy.

- Holons display capacity for self-transcendence, symmetry breaks creativity (Whitehead) or emergent transformation into new wholes with new forms of agency and communion.
- Holons have directionality toward increasing complexity with a greater overall simplicity.
- Holons have directionality toward increasing differentiation (producing partness, novelty or a new manyness), and integration (producing wholeness, coherence or a new oneness).
- Holons have directionality toward increasing organization/structuralization.
- Holons have directionality toward increasing relative autonomy.
- Holons have directionality toward increasing telos of larger/deeper contexts.

Before entering a more specific discussion of how mindfulness can work with emotions in the context of the organization of experience, we return to Tronick's (2009) beginning metaphor of messiness:

Messiness is the wellspring of change, and the stuff out of which new meanings emerge. Systems that are fixed, static, and tightly controlled do not change. They remain the same even if they are complicated. For example, spacecrafts have enormously complicated control systems, but they do not develop; nothing new emerges with them. They have a singular purpose, variability is limited, and if variability gets too great, the spacecraft simply fails. By contrast, self and dyadically organized systems generate new meanings. Self-organized private meaning making, such as self-reflection or mentalization (Fonagy & Target, 1998), may lead to a new insight. So might engaging with another person. Either may generate a new state of consciousness. (p. 98)

Mindfulness Studies the Organization of Experience and Helps Reorganize it Through Compassion

Top-down Processing with Mindfulness. Mindfulness can function as a premiere tool for studying the messiness and complexity of one's emotions in relation to their embeddedness in one's organization of experience (Johanson, 2006a), thus discovering core organizers in implicit memory where they can then become available

for explicit reorganization (Kurtz, 1990, 2008). For Germer (2005, p. 6), this was employing mindfulness as “a psychological process (being mindful);” described by Baer (2003, p. 125) it was “The nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise.” Siegel (2009) wrote that to

. . . be mindful . . . means that we intentionally seek to notice the categories that shape our preconceived idea of how we structure our perceptions. We avoid premature categorizations, come to an experience with an emergent sense of novelty and freshness. (p. 151)

Khong (2007) noted that this approach had similarities to Heidegger’s concept of releasement consciousness (*gelassenheit*), where releasing oneself to the reality of an event was contrasted with automatically imposing one’s view in an unconscious way. Sundararajan’s (2008b, p. 15) concept of savoring is appropriate here: “Savoring . . . is a receptive mode of information processing, a ‘letting be’ characterized by awareness and acceptance of one’s own emotional states, a capacity generally known as ‘affect tolerance’ (see Krystal, 1988).” Likewise, Frijda and Sundararajan (2007) spoke of discovering refined aspects of emotion by approaching them with “experientially engaged detachment” (p. 15). Or, as Fritz Perls was heard to say, “I am the bulls eye the arrow hits every time.”

Mindfulness as described here is an expression of non-doing, or non-efforting where one self-consciously suspends agendas, judgments, and normal-common understandings (Johanson & Kurtz, 1991; Sorajjakool, 2009). In so doing, one can easily lose track of space and time, like a child at play who becomes totally engaged in the activity before her. In addition to the passive capacity to simply witness experience as it unfolds, a mindful state of consciousness may also manifest essential qualities such as compassion and acceptance, highlighted by Almaas (1986, 1988), Schwartz (1995), Germer (2006), and others, qualities that can be positively brought to bear on what comes into awareness.

For clinical purposes, mindfulness can be considered a distinct state of consciousness distinguished from the ordinary consciousness of everyday living (Johanson & Kurtz, 1991). In general, a mindful state of consciousness is characterized by awareness turned inward toward present felt experience. It is passive, though alert, open, curious, and exploratory. It seeks to simply be aware of what is, as opposed to attempting to do or confirm anything.

These characteristics contrast with ordinary consciousness, appropriate for much life in the everyday

world. In ordinary consciousness, attention is actively directed outward in regular space and time, normally in the service of some agenda or task, most often ruled by habitual response patterns, and where one by and large has an investment in one’s theories and actions.

Though mindfulness is distinguished from ordinary consciousness, it is not a hypnotic trance state in the classic sense of distracting conscious awareness. Awareness is fully present and demonstrably heightened; Wolinsky (1991) argued that mindfulness was actually the way out of the everyday trances we live at the mercy of unconscious, habitual, automatic patterns of conditioning.

This use of mindfulness in relation to emotions functions as a bridge between Eastern and Western perspectives on psychology through its combination of passive distancing aspects of witnessing that can lead to the sense of unity consciousness valued in the East, and active compassionate awareness that can foster affect-based healing to internal parts that is sought in the West.

A fundamental aspect of mindfulness is that it can allow clients to get some distance on the way they are automatically driven or activated by their present organization (Khong, 2004). They can move from being their symptoms to having symptoms, making—in Kegan’s (1982) sense of the evolving self—what was once subject, now object. As Segal, Williams, and Teasdale (2002) discovered in their work researching cognitive-behavioral methods for depression relapse, what is most clinically helpful is that the client’s relationship to negative thoughts and feelings is altered (pp. 38 ff.). It is the distancing or de-centering aspect of cognitive work, namely the mindful aspect that proves helpful through allowing one to shift perspective and view negativities as passing events rather than abiding realities.

As a state of consciousness, mindfulness can be encouraged in relation to anything present, our emotions as well as our breathing, walking, or movements; a spouse’s way of talking; the woods through which we’re strolling; the dishes we’re washing; or the thoughts in our mind. Psychotherapists, of course, are especially interested in encouraging clients to be mindful of sensations, emotions, thoughts, feelings, and memories that might be connected to deeper core narratives, transference, schemas, filters, scripts, introjects, beliefs, or other ways of conceptualizing the organization of one’s experience.

The receptive concentration of bare attention on concrete, live, present reality yields experiential knowledge valued by therapists and clients alike.

. . . direct or experiential knowledge bestowed by meditation [is] distinguished from inferential knowledge obtained by study and reflection. . . . Conceptual generalizations interrupt the meditation practice of bare attention, tend to “shove aside” or dispose of, the respective particular fact, by saying, as it were: “It is nothing else but . . .” and finds it soon boring after having it classified. Bare attention . . . keeps to the particular. (Nyanaponika, 1972, p. 55)

Nyanaponika (1972) added that, “Mindfulness enters deeply into its object . . . [and] therefore ‘non-superficiality’ will be an appropriate . . . term, and a befitting characterization of mindfulness” (p. 43). This concept is attractive to therapists who have found that clients continually rehashing their stories in ordinary consciousness can indeed begin to feel superficial. Thich Nhat Hanh (1976) concurred that, “Meditation [another word for mindfulness] is not evasion; it is a serene encounter with reality” (p. 60). “The term ‘mindfulness’ refers to keeping one’s consciousness alive to the present reality” (Hanh, 1976, p. 11).

When therapists help clients become mindful about what they are experiencing in the ongoing stream of their experience, a number of possibilities are brought into play. Nyanaponika Thera (1972, p. 46) noted that “The detrimental effect of habitual, spontaneous reactions . . . manifest in what is called, in a derogative sense, the ‘force of habit’ [with] its deadening, stultifying and narrowing influence, productive of [identifying] with one’s so-called character or personality” may be studied. To do this, “. . . we must step out of the ruts for awhile, regain a direct vision of things and make a fresh appraisal of them in the light of that vision. . . . [The insight from mindfulness] is helpful in discovering false conceptions due to misdirected associative thinking or misapplied analogies” (p. 52).

False conceptions are often perpetuated because “On receiving a first signal from his perceptions, man rushes into hasty or habitual reactions which so often commit him to the . . . misapprehensions of reality (Nyanaponika, 1972, p. 33).” To counteract this,

In practicing bare attention, we keep still at the mental and spatial place of observation. . . . There is . . . the capacity of deferring action and applying the brake . . . of suspending judgment while pausing for observation of facts and wise reflection on them. There is also a wholesome slowing down in the impetuosity of thought, speech and action. [This is] the restraining power of mindfulness. (Nyanaponika, 1972, p. 25)

Thich Nhat Hanh (1976) added:

Bare attention identifies and pursues the single threads of that closely interwoven tissue of our habits. . . . Bare attention lays open the minute crevices in the seemingly impenetrable structure of unquestioned mental processes. . . . If the inner connections between the single parts of a seemingly compact whole become intelligible, then it ceases to be inaccessible. . . . If the facts and details of the conditioned nature become known, there is a chance of effecting fundamental changes in it. (p. 10-11)

Mindful therapy, which studies the organization of experience, may begin then by taking some aspect of what we have created (sensations, feelings, memories, etc) and mindfully following the thread back to the level of the creator (core organizing beliefs or order parameters). Nyanaponika (1972, p. 61) suggested: “[use] your own state of mind as meditation’s subject. Such meditation reveals and heals. . . . The sadness (or whatever has caused the pain) can be used as a means of liberation from torment and suffering, like using a thorn to remove a thorn” (p. 61).

In clinical practice, an implication here is that mindful attention to one’s present moment experience goes beyond free association (Kris, 1982) in that it is more focused while still open. Top-down processing can be termed here *mindfulness of the mind*. It assumes the integration mentioned above that will yield rich contextual knowledge if there is discipline to stay with one emotion and allow other elements to gather around it as the cooperation of the unconscious (Kurtz, 1990) works to unleash the impulse to heal.

To trust the wisdom of organic unfolding moving towards increasing levels of wholeness implies that the therapist must proceed in a disciplined way in terms of process, and a radically non-directive way in terms of taking cues from the client (Weiss, 2008). *The best leader follows* was the ancient wisdom of Lao Tzu (Johanson & Kurtz, 1991), echoed in contemporary times by Winnicott (1982), who affirmed that it doesn’t matter how much therapists know, as long as they can keep it to themselves.

Transformation is the reward for mindfully following the thread from some aspect of a client’s creation—such as an emotion—to the level of their core organizing beliefs where experientially organizing in additional connections becomes possible. Siegel (2007) reported, “Experience can create structural changes in the brain” (p. 31). This is the basis for interpersonal neurobiology that demonstrates how the mind shapes the brain (Gallese, 2001; Lewis et al., 2000; Lipton, 2005; Siegel, 1999). Experiences change

neural firing that changes neural connections. Siegel (2007) then went on to say, “Mindful awareness is a form of experience that seems to promote neural plasticity” (p. 31)

Compassion

Germer (2006) cautioned that there was a danger in that mindfulness was now being manualized for therapeutic applications in a way that left out the crucial element of compassion. Brach (2003, pp. 27-31) agreed that healing work must include the wings of both clear mindful awareness, and of compassion that allowed for wholehearted acceptance. Kurtz (2008) taught for many years that cultivating loving presence was essential alongside mindfulness. Fosha (2009a) likewise emphasized the importance of positive affects in the service of transforming suffering into flourishing. In the Buddhist tradition, the practice of bare attention in Vipassana meditation is often combined with the practice of Metta meditation that serves to cultivate compassion.

A gratifying development in Western psychodynamic work through the influence of attachment, developmental, and psychotherapy efficacy studies is research supporting the use of compassion and positive affects in therapy (Baumeister & Leary, 1995; Beebe & Lachmann, 2002; Bridges, 2006, Davidson & Harrington, 2002; Decety & Jackson, 2004; Fehr, Sprecher, & Underwood, 2009; Fosha, 2000, 2004, 2009c; Fredrickson, 2001; Fredrickson & Losada, 2005; Germer, 2009; Gilbert, 2005, 2010; Greenberg & Paivio, 1997; Greenberg, Riche, & Elliott, 1993; Ji-Woong et al, 2009; Johnson, 2009; Keltner & Haidt, 1999; Laithwaite et al, 2009; Lamagna & Gleiser, 2007; Lewis, Amini, & Lannon, 2000; Panksepp, 2001; Paivio & Laurent, 2001; Prenn, 2009; Schore, 2001; Shiota et al, 2004; Trevarthen, 2001; Tronick, 1998; Tugade & Frederickson, 2004). While Kurtz (1990) and others affirmed this approach over thirty years ago, it was not the mainline model of “professional demeanor” at the time (Kurtz, 2008, p. 15).

Siegel’s (2007) study of interpersonal attunement in relation to attachment issues led him to suggest “That mindful awareness is a form of intrapersonal attunement. In other words, being mindful is a way of becoming your own best friend,” (p. xiv) an internal act of compassion.

Affect communicating growth in the context of mindfulness-based therapies is both from the awareness and compassion of the patient functioning—in Siegel’s sense—as a friend to him or herself, and the parallel component of attuned compassion from the therapist.

Here mindfulness potentiates top-down processing, often in relation to developmental or attachment issues.

Self States

The core aspects of mindfulness or consciousness—inclusive of passive awareness and active compassion—that have been outlined here are essentially present in all clients. These potentials are there, regardless of the client’s object-relations history as it shows up on the ego level of past conditioning. This has led some theorists to refer to these essential qualities as comprising a self, core self, heart self, ontological self, or a self-state. The concept of a larger self, new to Western psychology (Schmidt, 1994), has likewise received research support in recent years (Almaas, 1988; Eisman, 2006; Fosha, 2005; Marlock & Weiss 2006; Mones & Schwartz, 2007; Panksepp & Northoff, 2008; Russell & Fosha, 2008; Schwartz, 1995).

Schwartz’s (1995) concept of the self included passive awareness alongside a number of essential qualities that can be actively employed in healing. Siegel (2007) put it this way:

With mindful awareness we can propose, the mind enters a state of being in which one’s here-and-now experiences are sensed directly, accepted for what they are, and acknowledged with kindness and respect. This is the kind of interpersonal attunement that promotes love. And this is, I believe, the intrapersonal attunement that helps us see how mindful awareness can promote love for oneself. (pp. 16-17)

A clinical implication of self-states is that therapists become conscious of differentiating the larger self elements of awareness and compassion that clients can use on their own behalf, from immersion in the ego level, historically conditioned parts organized in their inner ecology.

Bottom-up Processing with Mindfulness

Mindfulness may be used in top-down processing of emotions, as well as bottom-up processing of sensations and physical tendencies when the trauma present (Ogden, Minton, & Pain, 2006; (Rothschild, 2000), and ordinary talk therapies risk evoking a trauma vortex that can risk retraumatization.

Ogden (2009) is justly acclaimed for developing ways to use mindfulness in directed ways that promote healing in a safe way by avoiding the risk of retransmitting.

“Directed mindfulness” is an application of mindfulness that directs the patient’s awareness toward particular elements of present-moment experience considered important to therapeutic goals. . . . Directing mindfulness toward emotions or toward the body makes

it possible to utilize precise interventions targeted at emotional processing—the experience, articulation, expression and integration of emotions—as well as sensorimotor processing—the experience, articulation, expression and integration of sensations and physical actions. (pp. 222-223)

Through attending preferentially and exclusively to sensorimotor processing when arousal is at the edge of the window of tolerance, patients learn that the overwhelming arousal can be brought back to the window [of tolerance]. This can be done independent of any particular emotional or cognitive content. Noticing and changing somatic tendencies in the present to the exclusion of emotions and content limits the information to be addressed to a tolerable amount and intensity that can be integrated, facilitates affect regulation and paves the way for future work with strong emotions without causing excessive dysregulation. (p. 226)

In the following quote, Ogden (2009, pp. 221-222) wrote of using mindfulness with core organizing beliefs in terms of procedural tendencies, which operate in implicit memory where they can easily generate an unwanted trauma vortex.

To discover and change procedural tendencies, the therapist is interested not only in the narrative or “story,” but in observing the emergence of procedural tendencies in the here and now of the therapy hour. Through the practice of mindfulness, patients learn to notice rather than enact or “talk about” these tendencies. Therapist and patient together “. . . study what is going on, not as disease or something to be rid of, but in an effort to help the client become conscious of how experience is managed and how the capacity for experience can be expanded” (Kurtz, 1990, p. 111). Because mindfulness is “motivated by curiosity” (Kurtz, 1990, p. 111), it “allow[s] difficult thoughts and feelings [and body sensations and movements] simply to be there, to bring to them a kindly awareness, to adopt toward them a more ‘welcome’ than a ‘need to solve’ stance” (Segal et al, 2002, p. 55). Mindfulness also includes labeling and describing experience using language (Siegel, 2007; Kurtz, 1990; Ogden et al, 2006). Such non-judgmental observation and description of internal experience engages the prefrontal cortex in learning about procedural tendencies rather than enacting them (Davidson et al., 2003). Since emotions and procedural tendencies are the purview of the right hemisphere (Schore, 2003), while language is the purview of the left hemisphere, mindfulness may serve to promote communication between the two hemispheres (Siegel, 2007; Neborsky, 2006).

Conclusion

In addition to being friendly to emotions through providing an accepting, curious space where they can be welcomed, savored, and learned from, it is also obvious that mindfulness is being friendly to the field in general by bringing people together who were not sure they had any business being together: humanists, psychoanalysts, cognitive-behaviorists, brain scientists, traumatologists, positive psychologists, as well as elective general practitioners, and those open to spirituality. One can anticipate a lot of future dialogue and debate on the various ways mindfulness could be used in therapeutic protocols with emotions and a myriad of presenting issues (Johanson, 2009c).

Case Study Verbatims Illustrating the Use of Mindfulness and Compassion

What follows are case verbatims with commentaries that illustrate actual clinical use of the above discussion of theory. The case verbatims here are individual sessions with a wife and husband who both participated in a veteran’s program offered by a church-related mental health center with state and county funding. The program offers therapy groups for veterans, support groups for spouse-partners, individual sessions for each, and couples sessions. In this example, the vet—Ben—chooses to work on issues in individual sessions because he feels he would have to contain himself too much in a couples’ session with a non-vet. However, he is happy for his wife Trish to get individual support.

Wife Trish

Client: So, I’m really struggling with Ben’s wanting to go with me and the kids, alone or separately, wherever we go. It felt like caring and protective when he first got home from the deployment. Now it’s starting to feel smothering or something. I can feel some angry part of me getting touched. But, I don’t want to push him away and get him activated, and make him feel like we don’t want him. And, he is also a bit angry and distant with Ed [four-year-old son]; kind of ordering him around instead of being warm in his communications. [Client tells story with appropriate affect in ordinary consciousness]

Therapist: Okay. So, I’d probably need to continue to deal with Ben directly about what’s up with Ed. On the smothering thing, it sounds reasonable to be feel hemmed in when you are so used to being self-reliant with him away. But, you are saying it feels like something in you is cranking up your reaction beyond what is normal((?)) [Sorting out issues in story, and working to collaborate on

where the session might focus. The ((?)) symbol implies a certain unattached curiosity in the therapist's voice tone that invites the client to explore her experience more deeply.]

Client: Yeah, it feels like some kind of fire that is ready to react to provocation before there is any. [Client taking responsibility for her part in the couple's interaction and expressing a willingness to explore it, knowing Ben is doing the same in his own sessions.]

Therapist: So, exploring more deeply this part of you that is ready to feed the fire seems good, huh? [Proposing an agenda that seems to be where the client's curiosity is. The "huh?" communicates that the therapist is not attached to the agenda and is willing to be corrected or have the proposal be fine tuned.]

Client: Yeah. Let's. I don't want to get into something that ends up being more ugly than it needs to be. [Mini-contract confirmed.]

Therapist: Good. Okay. There are a number of ways to get into this. How about you imagining the last time Ben came along that seemed a bit much, and we can slow down and study what that was like for you? [This is an invitation to switch states of consciousness into mindfulness that is fairly brief and straightforward since it is the fourth session and the client has already been exposed to the process.]

Client: [Closes eyes, slows down, turns her awareness inward toward her felt present experience. Almost immediately her shoulders shake, and she shows emotion in face and voice.] Oh, it was yucky! But I didn't let myself express it like here. [While the client is observing and reporting her experience, it seems she is fairly fused or blended with the yucky part, and doesn't have much distance.]

Therapist: So just remembering that last time is pretty activating, huh? [Looks for non-verbal assent to contact statement.]

Therapist: How about we get a little more distance on the issue by just imagining you will be calling down the hall to let Ben know you are going out, anticipating he will say, "Oh, I'll come too." But before you actually call, stop and be a witness to whatever is evoked in you prior to calling. As you anticipate his response, notice what comes up for you spontaneously, without you efforting anything—any sensations, muscle tensions, feelings, attitudes, thoughts, memories . . . ((?)) [The therapist attempts to modulate the energy level by evoking enough of a signal to guide the process, but not so much that the person becomes the emotion as opposed to being present to it. More specific

suggestions are offered to support a mindful state of consciousness. Notice the therapist does not limit the study of experience to affect alone, but broadens the range of possibilities.]

Client: The anticipation would be more like, "Don't leave! I'll be right there." [It is a good sign for a client to fine-tune the words or process. It is an indication she is immersed in and listening closely to her experience.]

Therapist: Great. Anticipate the "Don't leave!" and study closely what it evokes in you. [The word "study" supports mindfulness in that it invites someone to be present to their concrete, felt experience, but also a step back where they can notice and be curious about it, as opposed to simply being swept along by it. It is a middle position between "talking about" their feelings or simply "acting them out."]

Client: I notice some sense of resentment with my cheeks and arms warmed up, almost hot, but I'm clamped down, and feel tension in my face and arm muscles. [Good witnessing by the client who is both present to her experience and able to comment on it from the position of an observer.]

Therapist: Uh, huh. Maybe if you just hang out with the resentment, befriend it, and be curious about it, you will sense more about it, or it will tell you more about itself ((?)) [Now that the client has been invited into a mindful space, the therapist encourages staying in the state longer, and deepening into present experience with trust in the organic impulse to unfold toward greater wholeness or complexity.]

Client: It seems to be muttering something about "unfair" between clenched teeth, but afraid to really be heard. [More threads or context gather magnetically around the original report of anger as the experiential spaciousness of the mindful process allows the unconscious to lead more deeply into unhealed constraints.]

Therapist: Like really in a bind ((?)) [A simple contact statement addressed to the present experience facilitates the deepening of the process.]

Client: [More emotional, with a younger quality to her voice.] Yeah, like her father loves her, but won't let her go play with the other bigger kids, and she is really mad, but can't say so because he is really strict, and will punish her right there in front of the other kids, and she would really be embarrassed! [Process spontaneously deepens into a memory.]

Therapist: Oh, a memory comes up. How old does she

seem to be? [Contacting details like age help stabilize the memory, and referring to “she” as opposed to “you” helps maintain the witnessing position.]

At this point the process has gone from becoming mindful of some aspect of creation—the anger—and descended close to the level of creation, the memory that informs a core belief about not being able to be liberated to explore in freedom and/or express displeasure about not being able.]

Client: Four, maybe five. [. . . more processing, deepening and stabilizing the memory . . .]

Therapist: As you simply view the four/five-year-old from your position of compassionate awareness, what do you sense that she most needs that she is not getting in her situation . . . (?) [Therapist invites both witnessing and compassionate aspects of the client’s larger self-state.]

Client: She needs to know that it is unfair for her dad to limit her and overprotect her, and then scare her into not even being able to express her feelings about it. And . . . she needs to know, to know, uhh . . . it won’t be this way forever . . . that sometimes people in power do try to hold you back . . . that’s true . . . but . . . that there will be times when she finds the freedom to use all her strengths and energies without being held back. [Here the empty, non-agenda space of compassionate awareness releases itself to the situation of the inner child and receives some relevant psychological-emotional information. The slowness and space between realizations is an indicator of a mindful process.]

Therapist: Yes. So, go ahead and communicate that to her in any verbal and non-verbal ways that seem right, perhaps having her look in your eyes so she really gets your presence, and check whether she is taking it in or not. [A therapeutic directive that invites her to take the awareness and loving presence of her self-state and apply it interpersonally to this inner child, thus, as Daniel Siegel puts it, helping her mindfully become a friend to herself. Communicating through the eyes and face are crucial for safety and communication as Porges’ research shows.]

Client: Yes, she is getting it. But, it is a new thought to get used to, kind of like a fragile flower coming up that needs some tender care. [Acknowledging both the transformation of organizing in new information previously organized out, as well as the fragility of the process that will need more integration.]

Therapist: That’s really important to follow up and keep integrating to foster this new neural network. In particular, ask her if she is willing to have a conversation with you

when you go home, directly or through journaling, about how to have a conversation with Ben that acknowledges both your knowledge of his care and your need for freedom to use your own strengths. [A directive to help foster this intra-psychic relationship, so the internalized object of the inner child and her larger self-state can dyadically regulate the affect that gets stirred up in these situations with the husband, as well as other situations.]

Client: Yes, she wants that . . . and needs that . . . to keep from going into that suppressed rage, and to know more about what is really possible. [Relationship is reinforced.]

Therapist: You can really help her grow into a new future by experimenting with this new possibility of freedom in relation to real situations. And do you feel you will be able to have a little distance on the anger when it arises in situations like with Ben, so that it doesn’t completely take over and blend and fuse with you? [Reinforcing compassionate intra-psychic relationship, and checking for distancing or decentering aspect of mindfulness.]

Client: Yes, I think I’m much clearer now about what the anger and fear and holding are about, and if it comes up too hard, too fast, like with Ben, I’ll be able to ask for a time-out before we talk more, so I can sit, check with the young one, and get more distance and centeredness before sorting things out with him. I’m not quite clear about what is going on with Ben, but I have a more relaxed sense of compassion for what is going on with me. [Starting to complete and move back into ordinary consciousness.]

Therapist: Awareness and compassion are an ongoing practice we keep learning from. Good luck with this one.

Reflection

Internalized objects such as “self-narratives using stories about experienced events” (Bons-Storm, 1996, p. 437), or inner children frozen in time, are ultimately illusion, basically a way of organizing energy and information (Eisman, 1989). To simply allow their manifestations to come into awareness and pass by like clouds in the sky, as in classic meditation practice, is a fine project that enhances spaciousness (Roberts, 2009) and does not give them undue importance and reality. However, when their clouds come continuously into the sky over time and affect the organization of one’s experience in the world in unconscious ways, perhaps a little compassion can be helpful in the overall quest to not be at the mercy of unconscious core organizers. Adding the active elements of compassion to the passive element of bare attention of awareness can help heal the fragmented ego appreciated in the West. Staying with the practice of simply watching

experience arise and move by can help progress toward the unity consciousness esteemed in Eastern psychology. There can be a bridge here, with no need for a false forced choice. Thich Nhat Hahn, the eminent teacher of mindfulness and peace, could come upon a Japanese soldier in the jungle and teach him the value of a witnessing form of meditation. He could also have the active compassion to let the soldier know that the war is over.

Husband Ben

Therapist: Hey, good to see you. [Promoting positive affect and transference, nourishment, secure attachment, and what Fosha (2010) referred to as not just seeking a new ending, but also seeking a new beginning.]

Client: Uh huh. And what is so good about it? [Trusts therapist enough to challenge—a return greeting in ordinary consciousness.]

Therapist: [Smiling and making eye contact.] Oh, you know. No good reason really. Well maybe your engaging smile, your dedication to your family, your persistence, your loyalty. Not your good looks, for sure. Well actually, you are skinnier than me. I wouldn't even be able to deploy. [An attempt at integrating humor into the process. If people are at least co-creators of the meaning of their lives, then the creativity they used to organize their experience in one way is still available to help reorganize it in a new way. Humor affirms this capacity, which would not be appropriate with someone who was an absolute "victim" or "sick." Also an example of the use of self-disclosure (Prenn, 2009).]

Client: [Laughs]. Hey you can be skinny too. Want to join me each morning with a ten-mile run? [Appropriate rejoinder reflecting decent therapeutic alliance, a lot of mutuality, though still asymmetric. It is important that clients know the therapist appreciates them in their strengths as well as their vulnerabilities.]

Therapist: Pass. Although, I am working out a lot. I can now do three laps around the car without needing an oxygen tank! So, what is going on that it is not so good today? [Transition from initial nourishing small talk and contact to issues at hand. Important that positive exchanges never gloss over the truth of present experience.]

Client: Still having a hard time just relaxing with Ed. End up ordering him around, like I'm trying to whip him into shape or something. Geez! The kid is barely four, and feels like I'm an E9 [sergeant major]. But, the most distressing thing is that I was walking around the village when Trish and Ed were in church; fairly relaxed, taking in the green, starting to feel that maybe I was in a relaxing place when

a car backfired and I hit the deck! Jumped back up really quick, but really embarrassing and I haven't been back in town since. [PTSD symptoms: exaggerated startle response, sense of reliving trauma experience, significant social stress, avoiding activities and places.]

Therapist: Wow! Lower brain just took over. Yeah, very disturbing. [Contacting present experience in a way that validates the event. It is their 10th session and the therapist has been sharing some physiological information with Ben that helps him feel that his reactions are in the ordinary realm in terms of what he has been through, and that it is known, recognizable, and workable.]

Client: Seriously. How can I function in the world and think about getting an ordinary job? [More symptoms of detachment, estrangement from the world, and poor sense of future possibilities.]

Therapist: So, just remembering the backfire is activating. Let's stand up together and do some resourcing. Stand in that short-stop stance, feel the ground under your feet . . . feel the flexibility in your knees . . . rock right and left a little bit. Notice the transition between the two . . . Notice your strength and readiness to do what needs to be done. . . . Put your hand on your lower stomach and breathe into it on the in breath, and make your hand move out. . . . Can you feel your hand there? What tells you it is there? . . . Just notice whatever other signals you are getting from your body. [Because the activation levels are taking the client in a hyperaroused state beyond his window of tolerance, the therapist abandons verbal, top-down processing that could risk setting off a trauma vortex. The client allows him to become very directive, concentrating on the body instead of emotions, since they have done resourcing together before. The therapist does encourage mindfulness of body signals. The instruction to "just notice whatever other signals" is a more general invitation to mindfulness. The therapist is exploring how resourced the client is in relation to being present to experience from the theoretically more safe distancing place of mindfulness.]

Client: I feel like I'm on lookout. [The physically ready stance is resourcing, but evokes the memory of serving as a lookout.]

Therapist: Yeah, looks like your head is rotating a bit, bobbing and weaving slightly, like you are really vigilant. [Therapist contacts the experience, but is a bit worried about not wanting to throw the client back into a traumatizing memory that would overwhelm.]

Client: I can sense my eyes are tightened and squinting. It feels like when I was big into R&S [reconnaissance and

surveillance]. I was always good at the avoid ambush drills and did a lot of gap work [lining out safe passages through mine fields]. [Client is on the dynamic edge of being able to mindfully witness his sensations and tensions, and being in danger of getting flooded and fused with traumatic memories. Learning happens on the edge between order and chaos, and the therapist attempts to track the balance.]

Therapist: Let's just bring your awareness and curiosity just to the eyes, to the tightening, not what it means, but just study it in terms of muscular tension alone, and notice what happens . . . reporting on your experience without coming out of it tell me about it. [Therapist feels things are too volatile and chooses to employ what Ogden calls "directed mindfulness," directing mindfulness to lower brain generated sensations de-coupled from emotion, stories, etc. Reporting without "coming out to tell me about it" is a helpful directive for keeping the client's mindful focus on the unfolding of internal experience, which is interrupted when they feel they have to come back to the normally expected realm of interpersonal discourse to report.]

Client: As I pay attention to the tightness, it seems to loosen up. . . . Now I'm noticing some kind of fear in my gut. [The process unfolds in this mindful state with one thing becoming connected to another that fleshes out this procedural tendency.]

Therapist: So, let's pay attention to the fear in the gut simply on a sensation level, and follow it wherever it goes. [Continued use of directed mindfulness of sensorimotor processing. The "we" language of "let's pay attention" supports both secure attachment, and the dynamic of there always being an interpersonal parallel process to the intrapsychic exploration mindfulness often encourages.]

Client: The fear sensation seems to travel up into the throat . . . where it clamps . . . down, . . . or, clumps up . . . kind of like a ball. [Good witnessing that serves to self-regulate instant, out-of-control fear and maintain a curious, open stance toward it.]

Therapist: I'm just guessing, but it seems like the sensation wants to move, and there is some other part of you that wants to block it for some good reason we don't know right now. How about we experiment with you holding this pillow to your face and mouth and allow it to be the part that is clumping up the movement of the sensation. Don't force anything, but just hold it there and notice what arises spontaneously. [This is an example of a taking over technique from Kurtz, who found that when a defense was supported in the state in which it naturally

arose, it paradoxically allowed the process to go forward. The word "experiment" underscores an experimental attitude that underlies mindful work, which lends itself to more curiosity and allowing, as opposed to forcing or engineering. It fosters the attitude that whatever is evoked in the process is fine and natural and becomes ongoing grist for further processing. Likewise, the phrase "I'm just guessing" makes it crystal clear the client needs to go with the truth of his experience and feel free to ignore the therapist's guess if it is not accurate.]

Client: Uh, okay . . . [holds pillow close to mouth] . . . oh! [shows signs of increasing agitation] . . . [Holds pillow forcefully toward mouth so the sound is quite muffled while screaming into it repeatedly in rhythm with rocking motions of head down and up. Spontaneous occurrences such as this that are not the result of directives are usually trustworthy. The pillow muffling the sound has apparently worked in taking over the function of some part of Ben that didn't want him yelling.]

Therapist: Okay, keep screaming as long as it feels good, feels right. [We are not working with a hydraulic-expressive model here, but an information processing one, so the therapist is not encouraging simple catharsis or emptying. But, tracking pleasure in terms of what feels good, right, or satisfying is often a good indicator of completing some action tendency that has been thwarted.]

Client: [Finishes screaming in a semi-exhaustive, but seemingly good state.] Oh man! I got it . . . phew. . . both parts [more heavy breathing, catching breath] . . . the scream is "Get out! Get out!" I'm so tense being responsible for my men, worrying about their welfare, worrying I'm going to have to call some wife and give her the most shocking f***ing news of her life, and this is no place to be. They need to get out of there, get out of danger. The pillow is duty, mission [core Army values: never abandon the mission. The wonderful result of encouraging a mindful, curious process is that clients end up interpreting themselves, which often allows the therapist to follow more than lead.]

Therapist: Whoa. Yeah. You nailed it. How horrendous being responsible for life and death. No wonder you want to get them out of there. [Basic human confirmation.]

Client: God yes! I think this is why I hesitate to go to church. I don't like this God business. [A spontaneous connection arises.]

Therapist: Okay, so we need to check in more about doing God-duty. Right now, check in on how your body is doing. Notice if there are any other sensations or movement

tendencies that are talking to you. [Therapist invites a search for other aspects of the mind/body that might be involved in this procedural tendency to be in hypervigilant duty mode.]

Client: There is energy in my legs for sure. [Good witnessing of what is there without slipping into over activation.]

Therapist: Sense into the energy and notice if it wants to mobilize you into any kind of movement. If so, slowly follow just the beginnings of the movement. [Here the therapist has a hunch and is entraining awareness toward movement, when energy can actually lead to other things as well.]

Client: . . . [slowly, mindfully checks in with energy] . . . yeah, it wants to move the legs . . . IT WANTS TO RUN!

Therapist: Yeah! So in your imagination now, and also allowing your legs to move up and down as much as you want, yell to the squad to get out and run! No mission here! Nobody left behind! No reason to be here! Run! Run! Run! [We know from trauma work and recent research in neurobiology that the imagination can stimulate the same neural networks as in real life, and can be used to complete action tendencies frozen in time. The instruction here takes into consideration the counter message of the clumped throat that prevented the natural expression of screaming and running in the war zone.]

Client: [Takes a few minutes to really get into the running away scene where he shepherds his men like a sheep dog, with actual legs going up down rapidly while running in place and imagining. Finally collapses on floor in a good way and leans back against the sofa.] Oh, man! Oh, geez. I finally feel relaxed, like I don't have a foot on the gas and brake at the same time. [Natural result of an action tendency taking its course, and an implicit procedural tendency coming into cortical consciousness.]

Therapist: Great. Very nice. So, just sit back for awhile and savor what it is like to be in this state of relaxation. Notice in a curious, spacious way what is different in your sensations, tensions, feelings, attitudes, whatever. [Important to savor and integrate the new experience. A large part of mindful processing is simply slowing things down.]

Client: [Follows instruction in slow, mindful way] . . . I really like looking around with my eyes in a soft way that takes in more information actually than when they are tense and seriously focused.

Therapist: So, from this relaxed state, I would like you to

experiment with inviting the on-duty sergeant you that is mobilized to be on mission and worried about his men to come into view. Let me know when you have some kind of visual or kinesthetic image that he has come into view. [This is an example of the distancing-while-still-being-present aspect of mindfulness. Saying "visual or kinesthetic" makes room for those who don't get visual images easily.]

Client: Okay. He is front and center.

Therapist: Good. So, check if you are in that place of compassionate awareness that can express to him some gratitude and thanksgiving that he can go on this impossible God-duty where he takes on a mission while carrying all this concern for his men that just wants to get them out of there. And, if you are in that space with him, notice if he can take in the appreciation. [This type of mindful therapy is never about exorcizing or fighting against parts of one's internal ecology. Honoring or respecting the benevolent intent behind each part, as Richard Schwartz suggested, helps make each part a harmonious and coherent element of one's narrative. The compassion of the client's larger self-state that can express appreciation to the God-duty warrior is not necessarily voting for such a position in our war-torn world. The qualifier "if you are in that space" makes room for parts of the client's inner family, team, squad, committee, or tribe to be present that might have objections to thanking the God-duty guy, which would then need to be dealt with first. Here the therapist suggests an interchange. Another option would be to ask the client to sense into what the God-duty guy needs from him right now in terms of a response, and then offer it.]

Client: Yes he is getting it. He appreciates the acknowledgment. [When any member of a team is acknowledged and respected for their concerns or perspective, he or she tends to relax, trust the leader, and be willing to go along with the team's decision, even if it is not exactly what they were advocating.]

Therapist: Good. He is an important and needful guy to call on that not everyone has. What I would like us to do next is have you stand up again and slowly, mindfully go back and forth between three positions, really studying the minute differences that go into each position, until you can consciously move between them at will with your mind/body/spirit, which is different than when they just happen to you, with or without your intention. The first is the war zone-God-duty-on mission-worried-about-his-squad guy. There are appropriate times this guy needs to

take over things. The second is you at home with your family, safe, behind closed doors, relaxed like you are now, in that place where you can enjoy them and allow them to enjoy you. The third is when you are out with your family in the village, where a little more assessment of danger is called for since you are no longer inside the safety of your home, but normally it is far far from anything like a war zone. Okay? [Learning to take on these various positions voluntarily in terms of sensations, tensions, thoughts, feelings, attitudes, etc. does not take away the power of lower brain activation to click in when stimulated by internal or external stimuli. It does have an empowering effect on vets to do this differentiation practice that consciously reinforces realities such as “here I am in the city where cars backfire, vases fall off the ledge and crash, kids light firecrackers, and yes, sometimes people use guns.” And, it seems helpful to give both permission and practice to taking on the appropriate modes of mobilization for different situations. [Session continues with spending a good amount of time integrating this ability to assess and mobilize appropriately and consciously.]

Summary

The initial theory aspect of this essay outlined the complexity or messiness of emotions. It then moved to outline how emotions are an integrated and integrative aspect of the universal need to organize and make meaning of one's experience. It was then argued that psychotherapy could be broadly conceived as working with the organization of one's experience, especially with important emotionally laden aspects of life previously organized out. The assumption was underlined that doing psychotherapy with living organic systems implies an impulse to heal or move toward transformation that allows the therapist to track how a process is unfolding, as opposed to needing to engineer one. Mindfulness, as a specific ability of consciousness to be both passively aware and actively compassionate, in what some theorists have termed a self-state, was explored as a premier tool for studying the organization of experience. A mindfulness-centered, somatically inclusive process allows implicit core organizers to become explicit and available for modification. Annotated clinical verbatims were provided that illustrate the use of mindfulness in top-down processing of emotions, and in bottom-up processing of sensorimotor material when too much traumatic activation is present.

References:

Almaas, A. H. (1988). *The pearl beyond price: Integration of personality into being; an object relations approach.* Berkeley, CA: Diamond Books.

- Alexander, F., & French, T. M. (1980). *Psychoanalytic therapy: Principles and application.* Lincoln, NE: University of Nebraska Press. (Original work published 1946).
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125-143.
- Bateson, G. (1979). *Mind and nature: A necessary unity.* New York: E. P. Dutton.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- Beebe, B. & Lachmann, F. M. (2002). *Infant research and adult treatment: Co-constructing interactions.* Hillsdale, NJ: Analytic Press.
- Bons-Storm, R. (1996). *The incredible woman: Listening to women's silences in pastoral care and counseling.* Nashville, TN: Abingdon Press.
- Bowlby, J. (1988). *A secure base. Parent-child attachment and healthy human development.* New York: Basic Books.
- Brach, T. (2003). *Radical acceptance: Embracing your life and with the heart of a Buddha.* New York: Bantam Books.
- Bridges, M. R. (2006). Activating the corrective emotional experience. *Journal of Clinical Psychology: In Session*, 62, 551-568.
- Bruner, J. S. (1990). *Acts of meaning.* Cambridge, MA: Harvard University Press.
- Cozolino, Louis (2006). *The neuroscience of human relationships: Attachment and the developing social brain.* New York: W. W. Norton.
- Davidson, R. J., & Harrington, A. (Eds.) (2002). *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature.* New York: Oxford University Press.
- Damasio, A. (1994). *Descartes' error. Emotion, reason, and the human brain.* New York: Grosset/Putnam.
- Damasio, A. (1999). *The feeling of what happens: Body and emotion in the making of consciousness.* New York: Harcourt, Brace.
- Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkrantz, M., Muller, D., Santorelli, S. F., et al. (2003). Alterations in brain and immune function produced by mindfulness. *Psychosomatic Medicine*, 65, 564-570.
- Decety, J. & Jackson, P. L. (2004). The functional architecture of human empathy. *Behavioral and Cognitive Neuroscience Reviews*, 3, 71-100.
- Doidge, N. (2007). *The brain that changes itself. Stories of personal triumph from the frontiers of brain science.* New York: Penguin books.
- Eigen, M. (1996). *Psychic deadness.* Northvale, NJ: Jason Aronson.
- Eisman, J. (1989). The child state of consciousness and the formation of the self. *Hakomi Forum*, 7, 10-15.
- Eisman, J. (2006). Shifting states of consciousness: The re-creation of the self approach to transformation. *Hakomi Forum*, 16-17, 63-70.

- Emde, R. N. (1983). The pre-representational self and its affective core. *Psychoanalytic Study of the Child*, 38, 165-192.
- Emde, R. N. (1988). Development terminable and interminable. *International Journal of Psycho-Analysis*, 69, 23-42.
- Evans, I. M. (1993). Constructional perspectives in clinical assessment. *Psychological Assessment*, 5, 264-272.
- Fehr, C., Sprecher, S. & Underwood, L. G. (2009). *The science of compassionate love: Theory research and application*. Chichester, UK: Wiley.
- Fonagy, P. & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, 9, 679-700.
- Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.
- Fosha, D. (2001). The dyadic regulation of affect. *Journal of Clinical Psychology/In Session*, 37, 227-242.
- Fosha, D. (2004). "Nothing that feels bad is ever the last step." The role of positive emotions in experiential work with difficult emotional experiences. *Clinical Psychology and Psychotherapy*, 11, 30-43.
- Fosha, D. (2005). Emotion, true self, true other, core state: Toward a clinical theory of affective change process. *Psychoanalytic Review*, 92, 513-552.
- Fosha, D. (2006). Quantum transformation in trauma and treatment: Traversing the crisis of healing change. *Journal of Clinical Psychology/In Session*, 62, 569-583.
- Fosha, D. (2008). Transformance, recognition of Self by Self, and effective action. In K. J. Schneider (Ed.), *Existential-integrative psychotherapy: Guideposts to the core of practice* (pp. 290-320). New York: Routledge.
- Fosha, D. (2009a). Positive affects and the transformation of suffering into flourishing. In W. C. Bushell, E. L. Olivo, & N. D. Theise (Eds.), *Longevity, regeneration, and optimal health: Integrating Eastern and Western perspectives* (pp. 252-261). New York: Annals of the New York Academy of Sciences.
- Fosha, D. (2009b). Emotion and recognition at work: Energy, Vitality, pleasure, truth, desire and the emergent phenomenology of transformational experience. In D. Fosha, D. J. Siegel & M. F. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, clinical practice* (pp. 172-203). New York: Norton.
- Fosha, D. (2010). *Wired for Healing: Thirteen ways of looking at AEDP*. *Transformance: The AEDP Journal*, 1(1), in press.
- Fosha, D., Siegel, D. J., & Solomon, M. (2009). Introduction. In D. Fosha, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp. vii-xiii). New York: W. W. Norton & Co.
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56, 211-226.
- Fredrickson, B. L. & Losada, M. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist*, 60, 687-686.
- Freeman, W. J. (1994). Role of chaotic dynamics in neural plasticity. In M. A. J. van Pelt, H. B. M. Uylings, & F. H. L. de Silva (Eds.), *Progress in Brain Research*, 102 (pp. 319-333). Elsevier Science BV.
- Freeman, W. J. (2000). Emotion is essential to all intentional behaviors. In M. D. Lewis and I. Granic (Eds.), *Emotion, development, and self-organization: Dynamic systems approaches to emotional development* (pp. 209-235). Cambridge, UK: Cambridge University Press.
- Freud, S. (1961). *Beyond the pleasure principle*. New York: W. W. Norton & Company.
- Frijda, N. (1986). *The emotions*. Cambridge, UK: Cambridge University Press.
- Frijda, N. H. & Sundararajan, L. (2007). Emotion refinement: A theory inspired by Chinese poetics. *Perspectives on Psychological Science*, 2, 227-241.
- Gallese, V. (2001). The "shared manifold" hypothesis: From mirror neurons to empathy. *Journal of Consciousness Studies*, 8, 5-7.
- Ghent, E. (1999). Masochism, submission, surrender: Masochism as a perversion of surrender. In S. A. Mitchell & L. Aron (Eds.), *Relational psychoanalysis: The emergence of a tradition* (pp. 211-242). Hillsdale, NJ: Analytic Press.
- Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: Guilford Press.
- Gendlin, E. (1992). On emotion in therapy. *Hakomi Forum*, 9, 15-29.
- Germer, C. (2005). Mindfulness: What is it? What does it matter? In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy*, (pp. 3-27.) New York: The Guilford Press.
- Germer, C. (2006). You gotta have heart. *Psychotherapy Networker*, 30(1) 54-59, 65.
- Germer, C. K. (2009). *The mindful path to self-compassion*. New York: Guilford Press.
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.) (2005a). *Mindfulness and psychotherapy*. New York: Guilford Press.
- Ghent, E. (1999). Masochism, submission, surrender: Masochism as a perversion of surrender. In S. A. Mitchell & L. Aron (Eds.), *Relational Psychoanalysis* (pp. 211-242). Hillsdale, NJ: Analytic Press.
- Ghent, E. (2002). Wish, need, drive: Motive in light of dynamic systems theory and Edelman's selectionist theory. *Psychoanalytic Dialogues*, 12, 763-808.
- Gilbert, P. (2010). *Compassion focused therapy*. New York: Routledge/Taylor & Francis.
- Gilbert, P. (Ed.) (2005). *Compassion: Conceptualizations, research and use in psychotherapy*. London: Routledge.
- Grof, S. (1975). *Realms of the human unconscious; observations from LSD research*. New York: Viking Press.

- Greenberg, L. S. & Paivio, S. C. (1997). Working with emotions in psychotherapy. New York: Guilford Press.
- Greenberg, L. S., Riche, L. N., & Elliott, R. (1993). Facilitating emotional change: The moment-by-moment process. New York: Guilford Press.
- Grotstein, J. S. (2004). The seventh servant: The implications of a truth drive in Bion's theory of "O." *International Journal of Psychoanalysis*, 85, 1081-1101.
- Hanh, Thich Nhat (1976). The miracle of mindfulness. Boston: Beacon Press.
- Heidegger, M. (1966). Discourse on thinking. New York: Harper & Row. (original work published 1959).
- Ji-Woong, K., Sung-Eun, K., Jae-Jin, K., Bumseok, J., Chang-Hyun, P., Ae Ree, S., et al. (2009). Compassionate attitude towards others' suffering activates the mesolimbic neural system. *Neuropsychologia*, 47, 2073-2018.
- Johanson, G. (1988). A curious form of therapy: Hakomi. *Hakomi Forum*, 6, 18-31.
- Johanson, G. J. (1996). The birth and death of meaning: Selective implications of linguistics for psychotherapy. *Hakomi Forum*, 12, 45-55.
- Johanson, G. J. (2002). "Far Beyond Psychoanalysis:" Freud's repetition compulsion and the USABP" in *Emergence and Convergence: Conference Proceedings of the Third National Conference of the United States Association for Body Psychotherapy*, 446-469.
- Johanson, G. J. (2006a). A survey of the use of mindfulness in psychotherapy. *The Annals of the American Psychotherapy Association*, 9(2), 15-24.
- Johanson, G. J. (2006b, forthcoming). The organization of experience: A systems perspective on the relation of body-psychotherapies to the wider field of psychotherapy. In Marlock, G. and Weiss, H. (Eds.), *Handbook of Body Psychotherapy first published in German as Die Organisation unserer Erfahrungen – ein systemorientierter Blick auf die Koerperpsychotherapie. Herausgegeben von Marlock und Weiss Handbuch der Koerperpshchotherapie. Stuttgart: Schattauer Verlag.*
- Johanson, G. J. (2009a) Non-linear science, mindfulness and the body in Humanistic Psychotherapy. *The Humanistic Psychologist* 37, 159-177.
- Johanson, G. J. (2009b). Psychotherapy, Science & Spirit: Nonlinear Systems, Hakomi Therapy, and the Tao. *The Journal of Spirituality in Mental Health*, 11, 172-212
- Johanson, G. (2009c). Selected bibliography on mindfulness and therapy. Boulder, CO: The Hakomi Institute; www.hakomi.org.
- Johanson, G. & Kurtz, R. (1991). Grace unfolding: Psychotherapy in the spirit of the Tao-te ching. New York: Bell Tower.
- Johanson, G. J. & Weiss, H. (forthcoming). The large picture/ Historical introduction. In H. Weiss, G. Johanson, L. Monda (Eds.), *These many realms: Mindfulness-centered somatic psychotherapy—the Hakomi Method.*
- Johnson, S. M. (2009). Extravagant emotion: Understanding and transforming love relationships in emotionally focused therapy. In D. Fosha, D. J. Siegel & M. F. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, clinical practice* (pp. 257-279). New York: Norton.
- Karen, R. (1998). *Becoming attached: First relationships and how they shape our capacity to love.* New York: Oxford University Press.
- Kegan, R. (1982). *The evolving self: Problem and process in human development.* Cambridge: Harvard University Press.
- Keltner, D. & Haidt (1999). Social functions of emotions at four levels of analysis. *Cognition and Emotion*, 13, 505-521.
- Khong, B. S. L. (2004). Minding the mind's business. *The Humanistic Psychologist* 32(3), 257-279.
- Khong, B. S. L. (2006). Personal growth in and beyond therapy. *Constructivism in the Human Sciences*, 11(1), 7-19.
- Khong, B. S. L. (2007). The Buddha's influence in the therapy room. *Hakomi Forum*, 18, 11-18.
- Koestler, Arthur (1967). *The ghost in the machine.* London: Arkana.
- Kris, A. O. (1982). *Free association: Methods and process.* New Haven: Yale Univ. Press.
- Krystal, H. (1978). Trauma and affects. *Psychoanalytic Study of the Child*, 33, 81-116.
- Krystal, H. (1988). *Integration and self-healing: Affect, trauma, alexithymia.* Hillsdale, NJ: Analytic Press.
- Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi Method: The integrated use of mindfulness, nonviolence and the body.* Mendocino, CA: LifeRhythm.
- Kurtz, R. (2008). A little history. *Hakomi Forum*, 19-20-21, 7-18.
- Laithwaite, H., Gumley, A., O'Hanlon, M., Collins, P., Doyle, P., Abraham, L., et al. (2009). Recovery After Psychosis (RAP): A compassion focused programme for individuals residing in high security settings. *Behavioural and Cognitive Psychotherapy*, 37, 511-526.
- Lamagna, J., & Gleiser, K. (2007). Building a secure internal attachment: An intra-relational approach to ego strengthening emotional processing with chronically traumatized clients. *Journal of Trauma and Dissociation*, 8, 22-54.
- Lane, R. D., & Schwartz, G. E. (1987). Levels of emotional awareness. A cognitive-developmental theory and its application to psychopathology. *American Journal of Psychiatry*, 144, 133-143.
- Langer, S. (1962). *Philosophy in a new key*, 2nd ed. New York: Mentor.
- LeDoux, J. (1996). *The emotional brain: The mysterious underpinnings of emotional life.* New York: Simon & Schuster.
- LeShan, L. (1989). *Cancer as a turning point.* New York: E. P. Dutton.
- Lewis, T., Amini, F., & Lannon, R. (2001). *A general theory of love.* San Francisco: Vintage.

- Lipton, B. H. (2005). *The biology of belief: Unleashing the power of consciousness, matter and miracles*. Santa Rosa, CA: Mountain of Love/Elite Books.
- Mahoney, M. J. (2003). *Constructive psychotherapy: A practical guide*. New York: Guilford Press.
- Marlock, G. & Weiss, H. (2006). In search of the embodied self. *Hakomi Forum*, 16-17, 47-56.
- Mones, A. G. & Schwartz, R. C. (2007). A functional hypothesis: A family systems contribution toward an understanding of the healing process of the common factors. *Journal of Psychotherapy Integration*, 17, 314-329.
- Morgan, M. (forthcoming). The central importance of the body in Hakomi Therapy. In H. Weiss, G. Johanson, & L. Monda (Eds.), *These many realms: Mindfulness-centered somatic psychotherapy—the Hakomi Method*.
- Nadel, L. (1994). Multiple memory systems: What and why. In D. T. Schacter (Ed.), *Memory systems* (pp. 39-63). Cambridge, MA: MIT Press
- Neborsky, R. II. (2006). Brain, mind, and dyadic change process. *Clinical Psychology: In Session*, 62, 523-538.
- Niedenthal, P. M. (2007). Embodying emotion. *Science*, 316, 1002-1005.
- Nyanaponika, T. (1972). *The power of mindfulness*. San Francisco: Unity Press.
- Ogden, P. (2007). Beneath the words: A clinical map for using mindfulness of the body and the organization of experience in trauma treatment. Paper presented at Mindfulness and Psychotherapy Conference, Los Angeles, CA.
- Ogden, P. (2009). Emotion, mindfulness, and movement: Expanding the regulatory boundaries of the window of affect tolerance. In D. Fosha, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp.204-231). New York: W. W. Norton & Co.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: Norton.
- Panksepp, J. (2001). The long-term psychobiological consequences of infant emotions: Prescriptions for the 21st century. *Infant Mental Health Journal*, 22, 132-173.
- Paivio, S. C., & Laurent, C. (2001). Empathy and emotional regulation. *Journal of Clinical Psychology*, 57, 213-226.
- Panksepp, J. & Northoff, G. (2008). The trans-species core self: The emergence of active cultural and neuro-ecological agents through self related processing within subcortical-cortical midline networks. *Conscious & Cognition* (In press).
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, 61, 707-730.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *General Review of Psychology*, 1, 115-144.
- Park, C. L. & Slattery, J. M. (2009) Including spirituality in case conceptualizations: A meaning-systems approach. In J. D. Aten & M. M. Leach (Eds.) *Spirituality and the therapeutic process* (pp. 121-142). Washington DC: American Psychological Association.
- Peck, M. S. (1978) *The road less traveled: A new psychology of love, traditional values and spiritual growth*. New York: Simon and Schuster.
- Piers, C., Muller, J. P., Brent, J. (Eds.), *Self-organizing complexity in psychological systems*. Lanham, MD: Rowman & Littlefield.
- Popper, K. R. & Eckles, J. C. (1981). *The self and its brain*. New York: Springer International.
- Porges, S. W. (2009). Reciprocal influences between body and brain in the perception and expression of affect: A polyvagal perspective. In D. Fosha, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp. 27-54). New York: W. W. Norton & Co.
- Prenn, N. (2009). I second that emotion! On self-disclosure and its metaprocessing. In A. Bloomgarden & R. B. Menutti, (Eds.), *The therapist revealed: Therapists speak about self-disclosure in psychotherapy* (pp. 85-99). New York: Routledge.
- Prigogine, I. & Stengers, I (1984). *Order out of chaos: Man's new dialogue with nature*. New York: Bantam Books.
- Ricoeur, P.(1970). *Freud and philosophy: An essay on interpretation*. New Haven, CT: Yale University Press.
- Ricoeur, P. (1987). On interpretation. In K. Baynes, J. Bohman, & T. McCarthy (Eds.), *Philosophy and/or transformation* (pp. 357-384). Cambridge, MA: MIT Press..
- Roberts, T. (2009). *The mindfulness workbook: A beginner's guide to overcoming fear & embracing compassion*. Oakland, CA: New Harbinger Publications.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: W. W. North & Company.
- Rowan, J. & Cooper, M. (1999). *The plural self: Multiplicity in everyday life*. London: Thousand Oaks.
- Russell, E. & Fosha, D. (2008). Transformational affects and core state in AEDP: The emergence and consolidation of joy, hope, gratitude and confidence in the (solid goodness of the) self. *Journal of Psychotherapy Integration*, 18, 167-190.
- Russell, J. A. (2008). Emotion, core affect, and psychological construction. Manuscript submitted for publication.
- Sander, L. W. (2002). Thinking differently: Principles in process in living systems and the specificity of being known. *Psychoanalytic Dialogues*, 12(1), 11-42.
- Schacter, D. L. (1996). *Searching for memory: The brain, the mind, and the past*. New York: Basic Books.
- Schmidt, W. S. (1994). *The development of the notion of self: Understanding the complexity of human interiority*. Lewiston, NY: The Edwin Mellen Press.

- Schoener, G. & Kelso, J. A. S. (1988). Dynamic pattern generation in behavioral and neural systems. *Science*, 239, 1513-1530.
- Schore, A. N. (1994). *Affect regulation and the origin of the self*. Mahwah, NJ: Erlbaum.
- Schore, A. N. (2001). The effects of relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22, 201-269.
- Schore, A. N. (2003). *Affect dysregulation and disorders of the self*. New York: Norton.
- Schwartz, R. C. (1995). *Internal family systems*. New York: Guilford Press.
- Segal, Z., Teasdale, J., & Williams, M. (2002). *Mindfulness-based cognitive therapy for depression*. New York: Guilford Press.
- Shiota, M., Keltner, D., Campos, B., & Hertenstein, M. (2004). Positive emotion and regulation of interpersonal relationships. In P. Phillipot & R. Feldman, (Eds.), *Emotion regulation* (pp. 127-156). Mahwah, NJ: Erlbaum.
- Siegel, D. J. (1999). *The developing mind*. New York: Guilford Press.
- Siegel, D. J. (2007). *The mindful brain*. New York: Norton.
- Siegel, D. J. (2009). Emotion as integration: A possible answer to the question, what is emotion? In D. Fosh, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp. 145-171). New York: W. W. Norton & Co.
- Silberman, I. (2005). Religion as a meaning system: Implications for the new millennium. *Journal of Social issues*, 61, 641-663.
- Sorajjakool, S. (2009). *Do nothing: Inner peace for everyday living—Reflections on Chuang Tzu's philosophy*. West Conshohocken, PA: Templeton Foundation Press.
- Stolorow, R. D., Brandchaft, B., Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: The Analytic Press.
- Sundararajan, L. (2000). Transpersonal emotions: A structural and phenomenological perspective. *The Journal of Transpersonal Psychology*, 32(1), 53-67.
- Sundararajan, L. (2008a). It's turtles all the way down: A semiotic perspective on the basic emotions debate. *Journal of Theoretical and Philosophical Psychology*, 28, 430-442.
- Sundararajan, L. (2008b). The plot thickens—or not: Protonarratives of emotions and the Chinese principle of savoring. *Journal of Humanistic Psychology*, 48, 243-263.
- Thelen, E. & Smith, L. B. (2002). *A dynamic systems approach to the development of cognition and action*. Cambridge, Massachusetts: A Bradford Book of MIT Press.
- Trevarthen, C. (2001). Intrinsic motives for companionship in understanding. Their origin, development and significance for infant mental health. *Infant Mental Health Journal*, 22 (1-2), 95-131.
- Trevarthen, C. (2009). The functions of emotion in infancy: The regulation and communication of rhythm, sympathy, and meaning in human development. In D. Fosh, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp. 55-85). New York: W. W. Norton & Co.
- Tronick, E. Z. (1980). On the primacy of social skills. In D. B. Sawin, L. O. Walker, & J. H. Penticuff (Eds.), *The exceptional infant: Vol. 4. Psychosocial risks in infant-environment transactions* (pp. 144-158). New York: Brunner/Mazel.
- Tronick, E. Z. (1989). Emotions and emotional communication in infants. *American Psychologist*, 44, 112-119.
- Tronick, E. Z. (1998). Dyadically expanded states of consciousness and the process of therapeutic change. *Infant Mental Health Journal*, 19, 290-299.
- Tronick, E. (2009). Multilevel meaning making and dyadic expansion of consciousness theory: The emotional and polymorphic polysemic flow of meaning. In D. Fosh, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp. 86-111). New York: W. W. Norton & Co.
- Tugade, M., & Frederickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86, 320-333.
- Van der Hart, O., & Brown, P. (1992). Abreactions re-evaluated. *Dissociation*, 3, 127-140.
- van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry*, 1, 253-265.
- van der Kolk, B. A., McFarlane, A., & Weisaeth, L. (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.
- Weiss, H. (2008). The use of mindfulness in psychodynamic and body oriented psychotherapy. *International Journal for Body, Movement and Dance in Psychotherapy*, 4(1), 5-16.
- White, M., & Epston, D. (1990). *Narrative means to a therapeutic end*. New York: Norton.
- Wilber, K. (1979). *No boundary: Eastern & western approaches to personal growth*. Los Angeles: Center Publications.
- Wilber, K. (1995). *Sex, ecology, spirituality: The spirit of evolution*. Boston: Shambhala.
- Winnicott, D. W. (1982). *Playing and reality*. London: Tavistock Publications.
- Winnicott, D. W. (1965). Ego distortion in terms of true and false self. In *The maturational processes and the facilitating environment* (pp. 140-152). New York: International University Press.
- Wolinsky, S. (1991). *Trances people live, healing approaches in quantum psychology*. Falls Village, CT: The Bramble Company.