

The Application of Mindfulness in Psychotherapy

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Abstract

This paper argues that the application of mindfulness skills to psychotherapy will increase efficacy and promote lasting change. This is fostered by the therapist both modeling and instilling in the client the ability and desire to; (a) objectively perceive his or her habitual thoughts, emotions, and somatic experiences, (b) bring understanding to the broader context of those habits, and, (c) encode in his or her organization new ways of functioning. A review of the literature, a theoretical perspective of the application of mindfulness, case studies, discussion, and interventions are presented.

Introduction

In this paper I explore the use of mindfulness in psychotherapy as a way of creating conditions that cultivate positive therapeutic outcomes. In my view, the focused addition of mindfulness into any therapeutic modality will increase the receptivity of the client to self-directed and lasting change. I don't offer a new type of therapy, or a new approach. Indeed, what I offer is perhaps the oldest possible approach to self knowing there is; deliberate, clear, and non-judgmental attention to one's gestalt. My aim is to not to add to the seemingly overwhelming assortment of techniques, but instead to offer a point of view that seeks to tap into the core clarity available in the client and in the present moment. Mindfulness in psychotherapy is less a set of techniques and more a context or mindset in which interventions are delivered. It's how I *am* in therapy more than what I *do*.

In this paper, I will (a) review applicable literature from both Eastern and Western thought, (b) discuss my theoretical perspective of why mindfulness and awareness have proven useful, (c) discuss relevant clinical applications, (d) discuss further applications and areas of interest, and (e) offer interventions that are useful in cultivating mindfulness.

For the purposes of this paper, I will define some terms used:

Meditation is a core component of Eastern psychology and contemplative practice. It is the act of meditating, which is to engage in a formal practice of contemplation or reflection. I will use Buddhism as representative of Eastern psychological and contemplative practices.

Mindfulness is a key formalized component of meditation and is generally considered to be focused attention toward a single object or phenomenon, such as one's breath, or in psychotherapy, a somatic experience, sensation, feeling, thought, memory, etc. Mindfulness is

both a skill and a state that promotes self-awareness which leads to the possibility for profound transformation.

Mind is a broad term that encompasses one's entire being, body, thoughts, and emotions.

Mind is one's experience.

Awareness is considered a broader application of attention that includes more than one single object, for example one's breath as well as one's emotions, environment, and mind. Ken McLeod (2001) says, "the definition of *awareness* is knowing what is going on. *Mindfulness* is being present with the object of attention, but awareness enables you to know what is happening" (p. 67). In therapy, a client who is mindful is able to bring attention to some experience he or she is having. A client who is aware is able to bring both attention (mindfulness) and understanding to his or her experience. Mindfulness is a technique that will foster awareness. Awareness as defined here differs from the typical use of awareness such as, "I am aware that I need to change" or "I'm aware that I drink too much." This type of awareness doesn't necessarily lead to change.

Witness is the part, or function, of one's self that can reference one's internal experience with neutrality, non-reactivity, and objectively observe whatever arises in oneself. Witness can also be called Self, internal locus of control, consciously perceiving experience as figure rather than ground, relating to experience in a larger context rather than being lost in content, objective rather than subjective, higher self, observing ego, observing self, or self-wisdom to name a few. Witness is cultivated by mindfulness and awareness.

Literature Review

In Eastern thought, the application of mindfulness moves one toward a deeper understanding of one's suffering and one's true nature. In psychotherapy, the application of therapeutic

techniques move a client toward a deeper understanding of cause and effect of symptoms, the understanding of which will reduce those symptoms. The deliberate application of mindfulness in the therapeutic setting is a powerful addition to Western psychotherapy and will move clients beyond symptom reduction and allow them to gain a deep, real-time, understanding of how they create and respond to discord in their lives. This understanding will provide the path to effect lasting change. McLeod (2001) states that, "I came to understand the central role of attention in internal transformative work, and I saw how all aspects of Buddhist practice (and all forms of internal transformative work) can be described in terms of the operation of attention" (p. 18). He also says, "...the initial work of internal transformation is cultivating attention" (p. 51).

Similar to Eastern psychology and contemplative practices, psychotherapy is also a set of tools for relieving suffering and, with the use of mindfulness, can wake a client up to his or her true nature. In Buddhism, the work of waking up to the true nature of things is traditionally accomplished through working with a teacher. In psychotherapy, the work of waking up to the true nature of one's suffering can be best accomplished through working with someone who is outside of a one's habituated patterns. McLeod (2001) states this well:

When we start exploring the mystery of being, we are still mired in habituated patterns. Limited in perception to a world projected by these patterns, we do not and cannot see things as they are, we need a person, a teacher, who, standing outside our projected world, can show us how to proceed. (p. 6)

The therapist is taking on the role of witness for the client until the client can do this for him or herself. Once the client starts to develop the ability to do it alone, the duty can be handed over to the client and he or she can continue to develop awareness.

Mindfulness in Eastern Psychological and Contemplative Practice

In recent years there has been increased interest in exploring and combining Eastern and Western psychologies. Principle among the methods of interest is the practice of mindfulness.

Quoted in Goleman (2003), Chögyam Trungpa declared that “Buddhism will come to the West as a psychology” (p. 72).

The intention of Buddhism is to find release from suffering through resolution of our felt sense of a separate existence or a separation from the world that is caused by, as Huston Smith (1986) says, "our drive for private fulfillment (p. 155). McLeod (1989) states, "In Buddhism, the goal is to awaken, to realize a state of mind free from ignorance about the nature of the self" (p. 32). McLeod (2001) also states that, “Buddhism is more a set of tools for waking up to our original nature than a system of beliefs” (p. 18). Buddhism sees all people as fundamentally good. Buddha Nature, brilliant sanity, or as Chögyam Trungpa, Rinpoche called it, “intrinsic health” (cited in Wegela, 1988, p. 21) are all ways of describing such goodness. In terms of how western and eastern perspectives differ on the subject of mental health, Goleman (2003) indicates that,

...there was no clear cut answer from the Western perspective. Mental health per se had not been studied in psychiatry. Instead the focus of research had been on mental disorders, and mental health was defined, largely by default, as the absence of psychiatric illness. The tools offered by psychiatry are intended to attack the symptoms of emotional suffering, not to promote emotional flourishing. Freud himself had proclaimed the goal of psychoanalysis as ‘normal neurosis.’

In Buddhism, by contrast, there are many clear criteria for mental and social well-being, as well as a set of practices for achieving it. When it comes not just to understanding mental afflictions and how to grapple with those, but also how to move into exceptional states of mental health, Buddhism has an enormous amount to offer to the West. (p. 157)

According to some Buddhist traditions, there are three kinds of suffering which are particularly relevant to psychology: the suffering of pain (physical), the suffering of change (psychological), and the suffering of existence (spiritual). Buddhism does not suggest that we can get rid of pain, but does hold that we can get rid of suffering. In the Buddhist traditions, contemplative practice is the means by which one can resolve unnecessary suffering, and meditation has been the most important vehicle of this practice for over 2,500 years. According

to Wegela (1988), "In the Buddhist tradition the practice of sitting meditation is taught as the most effective way to reconnect with one's health and sanity" (p. 11). Central to meditation is attention. McLeod (2001) says, "attention, in this sense, is not intellectual or physical, it is energy, the same kind of energy that powers emotions" (p. 16). Attention can be further refined into mindfulness and awareness. Stability of attention is called mindfulness, which is the ability to relax into increasingly longer periods of a felt experience of the way things are, without judgment or thought. Clarity of attention is called awareness, or the ability to expand the circle of attention to include the larger sense of presence to the moment, or the nature of the self.

Together, mindfulness and awareness are called active attention. McLeod (2001) says:

Active attention is volitional, stable, and inclusive. We choose to direct attention; we aren't simply reacting to a stimulus. Active attention is not disrupted by sounds, thoughts, sights, or other events in our experience. Active attention is inclusive, allowing us to be aware not only of the object at hand but also of whatever else we are experiencing at the moment. Because active attention is not disrupted by habituated patterns, the more we live in attention, the less we fall victim to the reactive processes that are operating in us.

Active attention is the door through which we step out of a life of reaction and habituation and into a life of presence. The energy of active attention penetrates patterns, disrupts their operation, and eventually dismantles them. (p. 52)

Steps outlined by Chögyam Trungpa (1991, chap. 3) in developing mindfulness, which are applicable to psychotherapy, are generally: (a) to settle into a quiet position and place; (b) to then notice, for example, one's breath; (c) to touch and go; to notice but not cling to whatever arises, such as thoughts or emotions; (d) to begin to expand the practice to include the broader awareness; and (e) to bring light-handedness, balance, and watchfulness to all aspects of one's mind (existence). Thus, as one takes the steps toward a formal practice, or utilizes the steps of mindfulness, one will reduce any of the three types of pain listed above. To the extent a client who enters psychotherapy is experiencing one or more of those types of pain, the application of mindfulness will be of lasting benefit.

McLeod (2001, pp. 34-36) lists steps in developing a meditation practice as: (a) to prepare for, support, and formalize a practice; (b) to extend the attention cultivated in meditation to daily life; and (c) to begin living in attention. Maintaining such a practice will create active attention, and its attendant benefits, in the practitioner. These steps are also applicable to therapy.

Mindfulness in Psychotherapy

Eugene Gendlin (1981) and colleagues asked the question, “Why doesn’t therapy succeed more often?” (p. 3). They reviewed thousands of sessions and arrived at the realization that the crucial difference that is the most important predictor of success in therapy was not what is done in therapy, or what approach the psychotherapist uses, but “...what the successful patients do inside themselves” (p. 4). Gendlin holds that either people do this ‘internal act’ or they don’t. Through the use of the techniques described in his book, Gendlin intends to teach people to learn this internal act that successful patients do. I believe that the inner act he is describing is mindfulness, and the formalized introduction of mindfulness skills into mainstream western psychotherapy will increase therapeutic ‘success.’

Anthony de Mello (1990), wrote,

And what was I doing as a psychotherapist? People were coming to me with their relationship problems, with their communication problems, etc., and sometime what I did was a help. But sometimes, I’m sorry to say, it wasn’t, because it kept people asleep. Maybe they should have suffered a little *more*. Maybe they ought to touch rock bottom and say, ‘I’m sick of it *all*.’ It’s only when you’re sick of your sickness that you’ll get out of it. Most people go to a psychiatrist or a psychologist to get relief. I repeat: to get relief. Not to get out of it. (p. 12)

I think mindfulness provides an alternative to de Mello’s rock bottom. If we can be aware of the truth of what we are in, then we can find a way out. De Mello goes on to say, “when you fight something, you’re tied to it forever. As long as you’re fighting it you are giving it power. You give it as much power as you are using to fight it” (p. 15). Thus, treating only the symptoms

and working to only solve the surface problem is not freeing us from the problem. We must strive to change what lies underneath to untie us from the problem. And so self-change, according to de Mello, comes through insight and understanding (p. 152). This leads to the outlook that mindfulness is a potent means to marry the potential of insight into the present moment reality of understanding. This mindful understanding, or self-understanding, lets us peer more deeply into the core of our experience, a view that cultivates change. Ron Kurtz (2004) wrote,

[t]he key organizers of experience, the creators of our virtual realities are just habits. Like all habits, they operate mostly outside of awareness. Some are so old and in-grained, they are difficult to bring into awareness. Because of that, they can't be thought about or challenged. They are unquestioned certainties. They're like the layout of rooms in a house one has lived in all one's life. The rooms are where they've always been. You don't think about how to get from one to the other. You just do it. You turn left and there's the kitchen. (p. 10)

In western psychotherapy, there can be a tendency to see people as a collection of symptoms that will respond to a particular method. The therapist's aim is to enable people to better function as part of society by relieving their symptoms. From this lens, the therapist is the expert who provides relief to the client. Other approaches seek to discover and understand the underlying cause of the specific types of suffering that each person experiences, and then foster the ability for choice in response to further suffering. This lens focuses on a deeper level that relates to Freud's (1920, p. 291) basic premise of psychotherapy; to make the unconscious conscious. This fits nicely with the concept of mindfulness as a means of exploring the true nature of self. Exploring the unconscious is another way of expressing what mindfulness seeks to do; to uncover and allow into our attention what lies beneath our normal awareness. Ron Kurtz (1990) explains how mindfulness is used in psychotherapy:

Mindfulness is a special state. It is self-observing. It is noticing one's own present experience. It is also a special kind of availability, an openness of the mind, a willingness to allow oneself to be affected. Mindfulness is characterized by relaxed volition. It is a relaxed,

open, undefended, quiet state. In mindfulness, one can be extremely sensitive. Small, precise, accurate inputs can get large reactions. This enables one to gather information about core material with an ease and speed impossible any other way. Mindfulness is established by: asking for it, describing it if necessary, but mostly by: speaking and acting in ways which invite it, that is, slowly, simply, and directly, with focused concentration, and without tension or judgment. (p. 68)

I have come to see my job as a therapist not as dispensing my understanding of the client's unconscious, but rather holding the possibility of reduced suffering and increased ease in life for as long as it takes to teach the client to realize that ability within him or herself. I strive to help a client face the reality of his or her life as it is and to motivate them to do something effective about it. Gay and Kathlyn Hendricks (1993) say:

The most important healing strategy is being present. For all of us, but especially for therapists, giving a person space to feel whatever he or she is feeling is the fundamental healing technique. Everything we do either enhances or interferes with our ability to be with what is going on in ourselves. (p. 103)

This speaks to the importance of bringing the benefit of mindfulness to both therapist and client. The therapist models mindfulness for the client by exhibiting mindfulness of his or her own process as well as the client's process. Anything that strengthens and deepens a healthy connection between client and therapist will have a positive influence on the course of fostering mindfulness in the client, and thus positively affect outcome.

The practice of psychotherapy as a healing art involves the development of two capacities in the therapist. One is the capacity to resonate in response to the patient. The second is the development of technical therapy skill to the point of intuitive mastery. When these capacities work in concert, there is the highest probability that therapy will lead to healing the patient.

Healing... refers to more than achieving insight or behavior change, although these things often follow. The word is used to mean restoring someone to a state of well-being, and refers to the process of exchanging suffering for ease, illness for health, and conflict for a sense of basic wholeness and strength. (Silverberg, 1988, p. 25)

Ram Dass (1985) stated this client-therapist exchange well:

We're not so much helping out, then, because it's "me" needing to tend to "you." We're helping out because it's "Us." The more we understand and dwell in that truth, the more we serve simply in the way of things. (p. 49)

Mindfulness in the client can be considered the client-client relationship, and is cultivated by the client-therapist relationship. Equally critical to establishing an authentic and real client-therapist relationship is the therapist's relationship to him or herself, the therapist-therapist relationship. Thus there is a progressive set of relationships; therapist-therapist, therapist-client, client-client, each cultivated by the process of mindfulness. It is through this progressive set of relationships that the therapist can offer mindfulness to his or her client.

“So often we deny ourselves and others the full resources of our being simply because we're in the habit of defining ourselves narrowly and defensively to begin with.” (Dass, 1985, p. 26). Dass speaks here of presence, and in my opinion, presence in a therapist opens both the client and the therapist to their full resources of being. Fully powerful, embodied presence requires an objective relationship with self. Mindfulness will free the therapist from being a slave to habitual modes of thought and promote this objective self relationship. Ron Kurtz (1990) stated it clearly: “in psychotherapy, nothing is more useful than mindfulness” (p. 3). Mindfulness will allow a therapist to recognize and monitor transference and countertransference. It will allow the therapist to dwell more often in the “big picture,” free from the need to be the expert, from being right, from “knowing” what the client needs. Corey (1996) states:

...therapists' techniques are far less important than the quality of the therapeutic relationship that they develop... therapists heal through a process of genuine dialogue with their clients. The kind of person a therapist is, or the ways of being that he or she models, is the most critical factor affecting the client and promoting change. (p. 5)

Current Applications of Mindfulness in Psychotherapy

Dialectical Behavior Therapy. Dialectical Behavior Therapy (DBT) uses the skill of mindfulness as a core skill for working with clients with Borderline Personality Disorder and considers mindfulness as “participation with attention” (Linehan, 1993, p. 63). It is also useful for working with people who have other personality disorders as well as people who have little to

no practice in referencing their experiences, thoughts, and feelings from an internal perspective. DBT says that, “to a certain extent, being in control of one’s mind is actually learning to be in control of attention processes – that is, what one pays attention to and how long one pays attention to it” (Linehan, 1993, p. 65).

DBT uses many techniques that have been used for years in Cognitive Behavioral Therapy, the traditional approach to working with persons with Borderline Personality Disorder. The addition of mindfulness to the cognitive elements of therapy has made this therapy much more effective and successful. DBT describes three primary states of mind: reasonable mind, emotion mind, and wise mind. Marsha Linehan (1993), the creator of DBT, states that "mindfulness skills are the vehicles for balancing 'emotion mind' and 'reasonable mind' to achieve 'wise mind'" (p. 63). Mindfulness skills are considered core foundational skills and are the only skills that are highlighted throughout the clients’ progression through the entire course of four DBT skills modules.

DBT describes mindfulness in terms of “what” and “how” skills that clients are encouraged to practice daily. (Linehan, 1993, pp. 63-65). “What” skills include learning (a) to observe, (b) to describe, and (c) to participate. “How” skills include (a) taking a non-judgmental stance, (b) focusing on one thing in the moment, and (c) being effective.

Stress Reduction and Relaxation Program. Jon Kabat-Zinn runs the Stress Reduction and Relaxation Program at University of Massachusetts Medical Center in Worcester, Massachusetts. The program incorporates mindfulness and meditation skills as the central change agents for patients of the Medical Center who are experiencing chronic and acute pain. In Goleman (1997, chap. 6), Kabat-Zinn describes the eight-week course and reports that clients have experienced outstanding results as measured by: (a) percentage of patients who finish the program; (b) short

term and three-year follow-up reports; (c) a reduction of 40 to 45 percent in medical symptoms such as heart disease, high blood pressure, and digestive problems; (d) a 32 percent reduction in psychological symptoms such as anger, anxiety, depression, and somatization (which is imagining the body to be much worse than it is); (e) improvement on the Cognitive Somatic Anxiety questionnaire; (f) a substantial increase on the sense-of-coherence scale which measures compassion, sense-of-coherence, and self-efficacy; (g) stress hardiness, which measures a sense of control, a commitment to the vividness of daily life experience, and the ability to deal with change as a challenge; and (h) oneness motive, which measures oneness, or the deep feeling of unity.

In Kabat-Zinn's clinic, mindfulness meditation is "stripped of its religious context... [and] simply learning to have an open accepting attitude toward whatever arises in one's mind, while watching the movements of the mind... pure awareness brings understanding and insight without analysis" (Goleman, 1997, pp. 107-9).

Hakomi Body-Centered Psychotherapy. Hakomi draws from modern body-centered psychotherapies such as Psychomotor, Reichian, Bioenergetics, Gestalt, Feldenkrais, Structural Bodywork, Focusing, Ericksonian Hypnosis, and Neurolinguistic Programming. In addition, Hakomi experiments with the client in a state of mindfulness to study, evaluate, and transform present experience. The client experiences his or her core organizing material in a new and objective way, allowing him or her to understand and change what they do.

Ron Kurtz (2004), the founder of Hakomi, says:

The first job of a psychotherapist is to create a calm caring relationship in which the client can do the work he or she has to do. The work is about discovering who we are, which means discovering the habits and beliefs that organize what [we] experience. Doing that allows us to initiate new actions, based on more realistic, up to date beliefs, actions that become new habits which lead to more nourishing experiences. That's what the method is designed to do. (p. 1)

“At its most basic level, Hakomi is the therapeutic expression of a specific set of universal Principles; (a) mindfulness, (b) non-violence, (c) unity, (d) organicity, and (e) mind-body-spirit wholism” (<http://www.hakomiinstitute.com/>). These principles are effectively employed as the theoretical underpinnings that inform the process of therapy. Each of these principles, as well as the other techniques used in Hakomi, enables the client to become clearly aware of his or her formative experiences and habitual patterns, and begin to have choice around staying in those patterns versus moving on. I know of no other therapeutic approach that more clearly, effectively, and powerfully uses mindfulness in a therapeutic setting.

Focusing. Eugene Gendlin (1981) created focusing, a self-therapy that proposes increasing one’s sensitivity to internal sensations (a felt sense) that accompany people when they are stuck or triggered and caught in personal problems, tension, or unclear situations. The way out of the situations and into substantial and lasting life change is to harness the wisdom in the bodily ‘felt sense.’ The skill Gendlin proposes that will enable an individual to effect change he labels, “Focusing.” Focusing allows the individual to tune into the ‘felt sense’ of the natural internal cues that lie at the heart of possible change.

Gendlin proposes six steps in focusing;

- 1) Clearing a space. This is basically slowing down and taking a moment to set the ground in order to move through the current situation or problem.
- 2) Felt Sense, which is allowing one to feel all that is related to the situation one is seeking to resolve.
- 3) Handle, or looking for a word to help one begin to bring some clarity to the vague sense that there is something wrong
- 4) Resonating, or going back and forth between the felt sense and the handle.

- 5) Asking, or allowing a larger context of the problem to come into one's sensing.
- 6) Receiving, which is a non judgmental accepting and how one really feels in relation to the original problem.

This process parallels the move from realization that something is not right, tuning in to the problem with mindfulness, and expanding the perception of mindfulness to awareness of the scope of the problem.

Theoretical Perspective

I believe that awareness of one's personal process is the transformative element possessed by the therapeutically successful client and therapist and that mindfulness is the best method to cultivate this awareness. As I see it, there are four elements that establish this awareness.

Perceiving

The first element is to objectively perceive habitual thoughts, emotions, and somatic experiences. This is what mindfulness does. Mindfulness skills will enhance the duration, depth, and ability to consciously engage in this perception. This is about teaching a client to relate to their thoughts, body, and emotions in a clearer and more precise manner.

Mindfulness provides the keys to perceive an experience. Not to interpret, understand, or make sense of the experience. But simply to observe what is happening. It might sound like;

"I notice that I am sad" here there is no attempt to figure out why he or she is sad, or what might be causing sadness, or what to do with it, just noticing that one is sad.

"I feel tightness in my throat" again, just noticing.

"My mind is racing, I'm trying to figure out what this means" this is more difficult not to figure out the meaning of trying to figure something out, but mindfulness is simply noticing that you are thinking.

People exhibit patterns of thoughts and behaviors over time. They stay safe and in control based on the extent to which they can predict what will happen next, and organize their entire existence around proficiency at predicting. The more efficiently and accurately they can predict what is coming next, the more effectively they master whatever it is they need to do, such as stalk and kill dinner, drive a car, or talk with another person. Once they have figured out how to survive and maintain a sense of control and power, they set these predictive patterns into their cognitive, emotional, and somatic unconscious. At some point, however, many of these patterns are no longer necessary, fulfilling, or useful. They cease to make much sense, but they have become a large part of what we know.

My first task is to familiarize a client with his or her internal, present experience. The method of mindfulness is quite simple, it's really just observing; it's focused and non-judgmental noticing. Clients new to mindfulness practice often become confused when met with internally referencing instructions such as, "what do you notice right now," or "turn toward that feeling." I have seen a tendency in clients to want to do something with a strong emotion, thought, or sensation when it is noticed; make it go away, project it, prolong it, understand it, explain it, or ignore it.

A therapist attending to mindfulness will introduce method statements that will automatically start to teach the client mindfulness and ways to talk about what they are experiencing. For example, when the client is angry, direct him to notice his anger, allow him space to experience the anger without having to stop it, or explain it. Allow him to report what is going on in his experience with no attempt at interpretation. The therapist will allow him to connect to any sensations related to his anger with little attempt to figure out what it all means. The challenge

here is that the therapist will often have to become more directive in keeping the client's attention toward their experience.

Understanding

The second element is to bring understanding to the context in which one's habitual patterns lay. One can begin to expand the ability to notice what is going on into an understanding of why things are as they are. One begins to understand cause and effect, the larger context of self in relationship, and of biological, cultural, and social contexts. As clients become more in touch with their present experience, the time between a stimulus and a reaction will lengthen. Clients will be able to more effectively and fully report what they are experiencing. They will shift to more internally referenced language and reporting. Eugene Gendlin (1981) suggests, "just getting in touch with one's feelings often brings no change, just the same feeling over and over. One must let a larger, wider, unclear felt sense form" (p. 29). In my view, as one continues to notice this 'unclear felt sense', understanding and clarity will arise. As therapist, my task is to bridge the gap between the new information available from mindfulness with the larger context of the client's life.

Transforming

The third element is to encode in the client's organization a new ways of functioning. Once one understands why he is who he is, he can begin to make lasting change. At this point, mindfulness has given the client the understanding and ability to notice and relate to his experience at a deeper level, a felt level. Ron Kurtz (2004) states that;

[e]xperience is organized in habitual ways. The habits which organize experience, like all habits, operate outside of conscious awareness. Some of these habits are beliefs. Some beliefs (called core beliefs) influence the organization of nearly all experiences. To work with core beliefs experientially, we must first make them conscious. The method we use to make core beliefs conscious is the method of evoked experiences in mindfulness. (p. 10)

Thus, new experiences that happen while in a state of mindfulness are learned at a core level of organization and therefore persist. A client's ability to choose alternative behaviors in response to a stimulus will increase as the client increases self-knowledge of his internal territory. Insight and understanding will increase as he integrates past and present experience. He will begin to more consciously participate in the events of his life.

The Therapist

The fourth element is the therapist. At the core of transformation in therapy is the person of the client, then the person of the therapist, and then the method used (Mahoney, 1991; Corey, 1996; Gendlin, 1981). Thus, work in session that attends to the person of the client and the person of the therapist will be the most positive thing I can do. Ron Kurtz (2004) said, "core beliefs can be changed once they are made conscious. New beliefs can be established and stabilized, old beliefs can lose their influence. This is what the therapist helps the client do" (p. 6). In mindfulness, the therapist's attention is turned both inward and toward the client and is in the present. He or she is open to the co-created present experience and to the possibility of change and choice. The therapist can experience what is going on in the client as well as him or herself, and use that information in service of the client. As therapist, I am helping to make more of the changes that are happening with my clients be self-created, rather than imposed upon them from the world, their jobs, families, chance, or me. The best I can hope for with each of my clients is to work myself out of a job.

Even the best interventions, if offered outside of mindfulness, are rendered less effective. Thus, it is imperative that the therapist bring mindfulness into the session of both his or her own process as well as the clients.

Clinical Application

In my therapy sessions, people report the things in life that are not working, for example, “my relationship is not going as well as I want,” “I’m so lonely and want to be with someone,” “I hate my work but just can’t do anything else,” “my wife wanted me to go to therapy and work on my anger” and so forth. In each of these cases there is an external frame of reference, an external sense of what needs to change. While it is true that change may be sparked by something external, our ability to effect lasting change arises from inside. In the above clients, there is no mindfulness toward what inside each person is unhappy or stuck. They see their problems as related to something outside. Through therapy, these clients may learn how each of these problems is created by something inside and how they are contributing to the problem. They gain valuable cognitive insights into the cause and effect of the problem. Sometimes this is enough and people make changes and find things in their life begin to work for them. However, in so many cases the problem persists, or comes back after some time, or dissatisfaction erupts in another area of their life. In these instances, there has not been sufficient awareness of the core of the problem. Additionally, the means by which a person changes, or attempts to change, is often externally referenced as well. The therapist does it, or life forces change to happen, or some technique is learned that a client will use to circumvent a presenting problem. In any case, change must happen by choice to be truly transformative and lasting. A choice can only be made when we are sufficiently aware of the scope of the problem, and this is helped by the deliberate application of discerning attention and awareness.

I have struggled to find some way to accompany my clients to an objective place from where they could look at their problems as something other than insurmountable obstacles. Ken Wilber (2001) looks at growth as “...a mode of self [becoming] merely a *component* of a higher-order self.” He suggests that what was our whole frame of understanding becomes just a part of our

understanding (p. 213). I am looking to move my clients from seeing themselves and their problems as, subjectively, their whole being, to an objective, higher-order perspective.

Sally

Sally is a 36 year old woman who has been in therapy on and off since 1978. In the beginning of therapy, she would lament how painful and frustrating her life was and that she was not in control of her life, her children, or her weight (Sally is obese). She just wants to be in a relationship with someone who made her feel safe and loved. Sally grew up in households where she experienced physical, sexual, and emotional abuse by her stepfather, grandparents, and foster parents. Predictably, Sally does not trust too many people. She continues to set herself up as a victim in many of her relationships and she is addicted to internet chat rooms and will frequently spend the entire night chatting with men she has met in these rooms. Sally has gained insights into her struggles during her years of therapy but has not made the changes she wants.

When I first met Sally, she was unable to reference her internal experience in sessions. She exhibited little control over her eating, dating, and family life. For example, in one of our beginning session she became angry at a seemingly small incident with her neighbor;

S: (angrily while staring out the window) I'm so pissed off at Miranda... what the hell does she think I am... a damned doormat... it's not fuckin fair... (as she continues, she makes fists and begins rapidly breathing)

T: Let yourself be angry at her.

S: (voice raising) I just have no use for her anymore... (continues talking)

T: Feel your anger in your fists.

S: (continuing to angrily talk about Miranda) Never again, she's done... I don't want her to see me, or my kids... (continues on and then stops talking but remains breathing heavily and making fists)

T: What are you feeling right now?

S: Angry!

T: How do you experience this anger in your body?

S: I'm just angry!

T: Just take one moment and turn your attention inward and notice what it feels like to be angry...

S: (Eyes widen and stare at me with anger) I feel angry!

What I was doing here was beginning to introduce internally referencing statements. It didn't matter to me if we resolved the issue that she was angry about, or even understood why she was so angry in response to this incident. We began the dialogue of using the body and internally referencing her experience. At this point Sally did not have the language or practice to report a fuller snapshot of her experience. She did not understand why she was so angry at a small incident, nor did she even know to question this intense anger.

In another session early on in therapy;

T: (Set up Eye Contact Experiment where I asked Sally to describe what happened when she and I made conscious eye contact for a few seconds. Sally was able to maintain eye contact for only two or three seconds before looking away). What did you notice as we made eye contact?

S: It made me nervous.

T: What emotions are you feeling right now in response to this?

S: ...nervous...

T: How about any physical sensation...

S: ...nervous...

T: I noticed that for me I feel some pressure to want to do this right and have you feel safe enough to make eye contact. I am leaning a little forward in my chair and I notice that I'm talking extra soft.

Again, I was merely introducing statements that would begin to introduce mindfulness. There was no judgment on my part as to whether or not she was doing it right, or that she needed to feel anything different than what she reported. My last intervention modeled what it might look like to speak from a mindful place. In response to the last sentence, Sally was able to soften and sit quietly for a few seconds. Holding mindfulness as the context of practice means that Sally's reaction to this experiment should not have been anything other than what it was. I believe that Sally could feel the mindful concentration and non-judgmental stance I held in that moment. For

me, my increased sensitivity available in mindfulness yielded information about her core experience not available in regular consciousness. For her, I suspect that on an unconscious level she felt safer.

In our beginning sessions, we only attempted to make what we did more conscious. At times we slowed things down, consciously breathing, which often looked like me taking a deep breath and Sally looking at me wondering when we would get started. We have since progressed to Sally some of the time knowing when her old patterns are triggered and she is able to have choice in what she does with her thoughts and emotions that arise. As she gained the ability to reference her experience in the moment, she would gain some more understanding of the dynamics in her life that created her present situation.

We had a small turning point in the middle of one session when things did not seem to be progressing;

S: (eying suspiciously) Are you mad at me?

T: No (my automatic reply since it was, of course, unskillful of me to get mad at my client. This was me not being mindful.)

S: Yes you are; you are mad at me!

T: (At this point I did not reply and simply closed my eyes for a moment, took a few deep breaths and checked in with my experience. I was quite frustrated with Sally and the redundancy of our work.) I feel frustrated, I'm not mad at you, but I am frustrated with what is going on here

S: (looked back at me with widened eyes) You just did what you tell me to do!

S: (Sally, taking my cue, sat for 30 seconds taking a few deep breaths) I think I'm being stubborn because I know that at some point we'll be ending and I don't want to share anything more. I'm scared that that will hurt too much.

We went on in this session to reference past experiences and how they were playing out in our relationship and how she was letting past fear control her. By this point Sally had learned some internal skills and the language to express them and by using them in this session she was able to get a brief taste of mindfulness and found a relationship to her power. While she was

being mindful of her experience, I had her notice the empowered feeling of expressing her inner self. Sally reported that it felt different, and good. In the weeks following this session she began working out at a gym for the first time in her life and began to change her diet patterns. She reported that she continued to feel the sense of empowerment she tasted in this session.

In most of the sessions that followed, Sally has increased her ability to become mindful. Effects of this skill for Sally have been an ability to notice in the present moment what she is feeling and bring choice to how she reacts. Each week she gains some more understanding of the dynamics in her life that have created her present situation. Sally has continued to go to the gym and eat well and within two months of this session she has lost almost 40 pounds.

Linda

I had been working with Linda, a single Mom, and her 13 year old son for three weeks with little to no change in the dynamic of the son having most of the power in the house. Since change would only come about as Linda stepped into her own sense of power by reinstating a hierarchy that would get her in control of the house, I decided to see her individually.

In our individual sessions Linda would take up as little space as possible on one end of the couch and would simply review the behaviors and dynamics that did not work with her son. In our individual sessions, I would introducing the method of mindfulness by stopping Linda whenever she reached a point in her stories where she was relinquishing power to her son and have her simply notice what she was feeling. At first she was unsure of what she was supposed to say or feel, and I would educate her as to the purpose of what we were doing. She would quickly report a feeling and bring her full attention immediately back to either me or the story. As she became used to working in this way, I would nudge her back into her own experience more and more frequently. By our third session, Linda was comfortable referencing deeper and

broader levels of her experience and has acquired skills in communicating that experience. This is an example of developing the skill of perception listed above. In each moment of turning inward, Linda would gain further insights into the context of her difficulties and current situation. This is the second element, understanding, arising out of mindfulness.

In our third session she moved deeply into a bodily sensation in her throat that brought up memories of family-of-origin dynamics. She recognized that these same dynamics were present with her abusive ex-husband, and were playing out in the dynamic with her son. This understanding came from mindfulness. Sally was able to stay with the experience as it was happening for almost 20 minutes. Because she was in a state of mindfulness, the effects of these insights led to a deeper understanding, a felt sense, of what both powerlessness and power felt like in her. This learning was going in at a core level of experience and allowing for change to be understood, felt, and emotionally experienced in that moment. This is the element of Transformation discussed above.

As a result of that session, Linda and I have met only once more. She reported that she has been getting along better with her son and that she has stepped into her role as parent with conviction. She traces this improvement to what she felt in that transformative moment of understanding in our third session.

Discussion

There are many therapists who use mindfulness as part of their ground in therapy. That is, how they hold themselves and the view or context in which they hold therapy. Their essence of therapy is to bring to the client the ability to self study, self recognize, and self correct the elements in their lives that are not working. In my view, techniques of any approach that are

offered amid the backdrop of mindfulness are rendered more useful, offer greater clarity, and are more inclined toward lasting change.

There are two aspects of mindfulness that have come to light for me; mindfulness as practiced by the client and mindfulness as practiced by the therapist.

Mindfulness in the therapist

In terms of my mindfulness, just as a client can be caught in his or her own stuck place, I can get caught in my own habits and patterns. The task I must constantly perform is to be aware of my own patterns that I bring into the relationship. More fundamental than supervision or additional learning and workshops is my continuing relationship to myself, my therapist-therapist relationship which must grow and stay vital. I must constantly re-examine all aspects of my work through my own mindfulness both in and out of sessions. I saw this at work with Sally when my ability to become mindful in the midst of a session proved to be powerful. Without attention to my own mindfulness in therapy, I find that I easily tend toward a subtle collusion with the client to keep things from substantially changing. I find myself trapped in systems and cycles that merely sidestep the core issues that are at work. I am finding that my own attention to mindfulness makes clear my own countertransference and gives me resource during those inevitable murky moments more than any technique I've used.

Mindfulness in the client

What is the best way to help a client change his or her patterns of presumed safety and control and step outside of his or her subjective reality? How can we, as therapists, help make the changes that occur in a session continue in the client's life beyond therapy? To the extent we can foster an objective sense of self, and create new patterns and habits that make the same cognitive, emotional, and somatic sense to a person as they did when patterns were first being developed,

then we can promote lasting change. In my view, mindfulness can serve as a sound foundation, a unifying force that holds the truth of the moment, and is always available to my client.

There are clients who are at various stages of their ability to turn inward, to have an internal frame of conscious reference. Therefore it seems most sensible to offer mindfulness interventions appropriate to the client's level of understanding. I will briefly propose five descriptors of a mindfulness and awareness continuum:

Expression. A person is able to articulate thoughts, feelings, and body sensations, such as Sally being able to say, "I'm angry." Similarly, with Linda she could only feel *what was*, she was caught in habitual modes of interpreting life, constantly recreating her sense of powerlessness, viewing and interpreting both her actions and other's actions through this lens. There is little distinction in Linda between past, present, or future. People at this point in the continuum will often blame others for their situations; they are highly reactive and externally referenced and there is often a deep sense of powerlessness. Clients may be struggling to meet Maslow's hierarchy (Lundin, 1985) of Physiological and Safety Needs. With these clients, time and attention will be spent in simply introducing perception and basic mindfulness skills. Again, this was evidenced with Sally through my modeling and slow integration of mindfulness techniques.

Attention. Clients here are able to consciously be in the present moment where they can notice and name their emotions. They will begin to move to a mixture of internal and external referencing and will express themselves by using "I" almost exclusively. They are able to give some explanations of their thoughts, feelings, and sensations and can begin to draw connections between external stimuli and internal thoughts, feelings, and sensations. They are able to see some cause and effect.

Sally was able to begin to move toward attention, and Linda was able to quickly get to the ability to internally reference. They were both able to name other times when they felt similar sensations and Linda, especially, was able to notice her internal sensations as they arose and accurately label them.

Acceptance/Insight. At this point, one can understand cause and effect, bring the skill of mindfulness to most situations, and step back into an objective place from which to observe their actions and reactions. Clients are able to draw connections and gain insight between external stimuli and internal thoughts, feelings, sensations. They can bring active attention to their experience and can bridge past experience with present actions and feelings. They are able to “own” feelings, see past causality in present actions and take ownership for changing their patterns. This is akin to Linehan’s (1993) ‘wise mind’ and similar to Maslow’s Love and Belonging and Esteem Needs (Lundin, 1985).

Both Sally and Linda began to evidence this ability. At the end of our sessions, Sally was beginning to notice when she was getting overwhelmed and understand why she responded in this manner. She brought some gentleness to herself and no longer saw herself as fatally flawed. She was also able to have anger and reactions toward others, but not be those emotions. Linda began to notice how she played out old patterns and realized that she was empowered to change them.

Witness. One can be present with, but not caught in the experience of strong emotions which brings greater choice. One is able to notice a feeling and not be the feeling. One is acquiring mastery of their lives. They are moving fully into Maslow’s (Lundin, 1985) Esteem Needs and beginning to touch Self-Actualization. Neither Sally nor Linda has moved into this state to any lasting degree by the end of our sessions together.

Transcendence. Finally, Self-Actualization is reached; they are able to have any thought, feeling, sensation without attachment. They are aware of their entire being almost all the time and possess connection to higher orders of Self and Spirit. They are able to see/move into/relax/redefine boundaries.

My clinical examples discuss movement in primarily the first three descriptors of the continuum mentioned. Indeed, most of the clients I have seen in the last year have been more at the beginning end of the continuum.

Conclusion

The use of mindfulness and awareness practices in psychotherapy are not new. These practices are thousands of years old. My hope for this paper has been to package what we are already doing in a more accessible form. Hakomi therapy, for example, uses all of these skills as part of therapy. However, it's not practical or sensible for everyone to adapt to any one form of therapy. There is so much more richness that comes from a diversity of approaches. By distilling down to practices that are universal and powerful, such as mindfulness and awareness, we can apply them in the best possible way for each client and for each therapist.

In my mind, further studies are needed to understand the bridge between mindfulness and awareness in the therapist and mindfulness and awareness in the client. How do they relate, and what are the ways to improve the transmission of the skills from the person of the therapist to the person of the client?

Finally, it is my hope that this packaging of interventions and discussion will prove useful to beginning and seasoned therapists. I also hope that this topic will spark interest in opening the

door to increased and lasting change among our clients, increased efficacy and efficiency of the practice of therapy, and a continuation of the exploration of what it means to be healthy.

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Appendix A. Interventions

There are, of course, limitless options for exercises to introduce mindfulness to a client. I have listed only a few as an example. All interventions are being described for use with an individual client; however, they can be adapted for couples, families, or groups. The exercises offered are, of course, only suggestions that can and should be adapted to fit each individual client. Also, any intervention offered by a therapist without mindfulness on their part, will be less effective.

1. Eye Contact 1

Materials: None

- a. Have client make eye contact with therapist for several seconds.
- b. Discuss any thoughts, feelings, and sensations that arise. Make sure to keep the content of the discussion in the present and related to what they are currently experiencing.
- c. Gradually increase the time of eye contact.
- d. Continue to discuss present thoughts, feelings, and sensations that arise. If memories arise, allow client to explore that memory within the context of what they are presently thinking, feeling, and sensing.

2. Eye Contact 2

Materials: None

- a. Have client close their eyes for five seconds and notice what they experience.
- b. Discuss any thoughts, feelings, and sensations that arise. Make sure to keep the content of the discussion in the present and related to what they are currently experiencing.
- c. Have the client open their eyes and take special notice of what changes for them as they do open their eyes.
- d. Gradually increase the amount of time the client keeps their eyes closed

3. Mindful eating

Materials: Three of any small food item that can be held for several minutes without creating a mess and can be eaten easily, for example, three raisins, currants, or skittles. Avoid nuts or ask client if they are allergic to any foods.

- a. Have client settle into a comfortable position and relax to the extent they can.
- b. Client closes their eyes and hold one hand in their lap, palm up.
- c. Therapist informs the client that they will be placing an (food) object in their hand and to keep their eyes shut.

- d. Client notices the sensations associated with the object in their hand, texture, solidness, etc. The client notes any thoughts, feelings, or sensations that arise within them and make no attempt to do anything about what arises.
- e. After a minute or so, therapist instructs the client to smell the object, and again notice what they can about the object. The client notes any thoughts, feelings, or sensations that arise within them and make no attempt to do anything about what arises.
- f. After another minute, therapist instructs the client to place the object in their mouth, but not to swallow. Client notes the sensation, and taste of the object. Have the client spend another minute or so noting the sensations, feelings, and thoughts associated with eating.

4. Response to Input

Materials: Balloons that can be easily blown up, or balloons that are already blown up if. Have at least one more balloon than people in the exercise if being done in group, family, or couples work.

- a. Have the client feel the texture, smell, and feel of the balloon. Note any thoughts, feelings, or sensations that arise.
- b. Inflate the balloon if it is not already inflated.
- c. Again note the texture, smell, and feel of the balloon. Note any thoughts, feelings, or sensations that arise.
- d. Begin to tap all of the balloons among all people participating, attempt to keep all the balloons off of the ground.
- e. Gradually decrease the number of balloons in play until there is only one balloon in play.
- f. After 10 to 15 seconds of playing with only one balloon stop all play and notice any thoughts, feelings, or sensations that are present.
- g. Discuss what went on for the client(s) (and therapist) during the exercise.

5. Response to Noise 1

Material: Small fan or other device to make some gentle continuous noise.

- a. Have client relax and close their eyes for 15 seconds (or more) until they, to the extent they can, notice what they are experiencing.
- b. Discuss any thoughts, feelings, and sensations that arise. Make sure to keep the content of the discussion in the present and related to what they are currently experiencing.
- c. Have the client notice how their experience changes as the therapist introduces noise into the room. Therapist will turn on the fan or device for two minutes.
- d. Have client notice and discuss any thoughts, feelings, and sensations that arise. Again, make sure to keep the content of the discussion in the present and related to what they are currently experiencing.

6. Response to Noise 2

Material: None

- a. Have client relax and close their eyes for 15 seconds (or more) until they, to the extent they can, notice what they are experiencing.

- b. Discuss any thoughts, feelings, and sensations that arise. Make sure to keep the content of the discussion in the present and related to what they are currently experiencing.
- c. Have the client notice ambient noises, such as talking, traffic, wind, machinery, etc.
- d. Discuss any thoughts, feelings, and sensations that arise in relation to the noises. Again, make sure to keep the content of the discussion in the present and related to what they are currently experiencing.

7. Proximity 1

Material: None

- a. Have the client relax and close their eyes for 15 seconds (or more) until they, to the extent they can, notice what they are experiencing.
- b. Have the client open their eyes and take notice of any thoughts, feelings, or sensations they are experiencing in relation to the therapist sitting across from them.
- c. Therapist will then move to the furthest part of the room. Client continues to take note of and report what they are experiencing in relation to the therapists proximity.
- d. Therapist will gradually move closer to the client several feet at a time until the therapist is about three feet from the client. Therapist then moves closer to the client in smaller increments.
- e. Client will have total control to stop the therapist at any time and return to a 'safer' distance.
- f. Discuss thought, feelings, and sensations at each interval of proximity.

8. Support-Gravity-Breath Guided Visualization

Material: None

Intervention offer by Paula Markham (personal correspondence, 2004)

- a. Support: "Notice what is underneath you. Feel that area of pressure where your seat is pressed against the seat of the chair. Feel the back of the chair against your back, and the arms of the chair under your arms. Feel where your feet, inside your shoes, are in contact with the floor. "[Checking as I go--"can you feel that? What are you noticing?"]
- b. Gravity: "Now feel the sensation of gravity pulling you down toward the earth. You may notice some parts of your body yielding to gravity; allow them to be pulled downward. And you may notice that there is some muscle tension in parts of your body, holding you upright in gravity."
- c. Breath: "Now notice that you are breathing, that there is air going in your nose [time this direction with the client's inhalation] and out your nose [on the exhale]. Just feel the flow of air in your nose, that little breeze against the mucous membranes. Feel the temperature of the inbreath, the temperature of the outbreath. Notice of there is a difference. Now, begin to follow that air down your throat, and feel how your lungs expand when you inhale. You may be able to feel that expansion in several places. First, feel for the rising and falling of your chest. Now, the widening and narrowing of your ribs, around the sides of your chest. Now, feel for any expansion in your back. Now, feel for movement in your belly, and down into your pelvis."
- d. Throughout the instructions, track what the client is doing. If they are wiggling, or frowning, or breathing through the mouth, invite them to be aware of "that movement" or

"that tension in the forehead" or "that movement of air through the mouth." Don't suggest that they try to relax or change anything; simply observe what is there to be observed through the senses.

- e. Many clients do find themselves relaxing physically. The breath deepens and softens the thoughts quiet. If that happens, they tend to find it quite a pleasant experience, and are open to doing it again.
- f. The other thing that often happens is that as the "noise" of surface agitation quiets down, some aspect of what is troubling them becomes much more prominent. Together we might notice a weight or constriction in the chest, a clenched fist, a deep restlessness, and sudden tears--and then we explore that.
- g. Once the client has a basic sense of how to feel sensations in the present moment, keep bringing them back. When they get going on a thought-loop, say, "What's the emotion you're feeling as you're telling me this? How do you feel that in your body?" With short-term clients, don't always explain what you're doing. Just do it, because it gets to core material and also gets into the present moment where change can happen. With longer-term clients, teach mindfulness as a strategy and encourage them to use it on their own. Some of them really run with it, and several have taken up mindfulness meditation as a practice.

9. Checking Out the Room

Material: None

- a. Have the client sit and breath deeply until relaxed.
- b. Have the client look around the room and take notice of people and objects in the room.
- c. Report any reactions (thoughts, feelings, emotions).

10. Using One of the Senses

Materials: Any (presumably) non-threatening object small enough for the client to hold.

- a. Have client settle into a comfortable position and relax to the extent they can.
- b. Client closes their eyes, unless using sight as the sense to work with.
- c. Therapist informs the client that they will be placing an object in their hand and to keep their eyes shut, if applicable.
- d. Therapist will inform the client to notice the object using one of the senses (touch, taste, feel, sound, or sight). The client notes any thoughts, feelings, or sensations that arise within them and make no attempt to do anything about what arises.
- e. Discuss.

11. Observing Self

Material: Variable

- a. Choose any of the exercises listed.
- b. Have the client report what they are noticing as if they were sitting one foot behind their body watching.