

The Use of Mindfulness in Psychotherapy

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Abstract:

Explores the possible uses of mindfulness in therapeutic processes that have engaged psychotherapists since at least the post-WWII period when interest in Buddhism arose, (Fromm, Suzuki, and DeMartino, 1960). Examines the spectrum of usage from considering mindfulness as another way of conceptualizing the phenomenon of the observing ego, to suggesting mindfulness training as an adjunct to therapy for the client and/or therapist, to including it as an essential aspect of a therapeutic protocol, to using it as the main therapeutic tool throughout a therapy session. Notes that the use of mindfulness is growing in clinical settings, and an increasingly substantial bibliography on mindfulness and therapy is developing. Begins with some classic Buddhist perspectives on mindfulness, and then examines how it has increasingly found its way into contemporary psychotherapeutic practice in a number of areas. Examples of possible clinical applications are interwoven with theoretical perspectives.

Classic Buddhist Perspectives

One reason that mindfulness has captured the attention of psychotherapists is that Buddhist teachers have talked about it in terms quite compatible with contemporary constructivist thought (Mahoney; 2003; Safran, 2003b, pp. 21-22), and maintained that one is not required to become Buddhist in order to employ mindfulness.

Nyanaponika Thera (1972) comments on the human condition by saying, “The detrimental effect of habitual, spontaneous reactions is manifest in what is called, in a derogative sense, the ‘*force of habit*’: its deadening, stultifying and narrowing influence, productive of consciously identifying, with one’s so-called character or personality” (p. 46).

Nyanaponika’s prescription for addressing this predicament is to suggest, 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.).

He adds 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) concurs 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” (p. 11).

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.

Thus, it is an expression of non-doing, or non-efforting where one self-consciously suspends agendas, judgments, and normal-common understandings. 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), R. Schwartz (1995) and others; qualities that can be positively brought to bear on what comes into awareness.

These characteristics contrast with ordinary consciousness, appropriate for much life in the everyday world, where 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; so that those such as Wolinsky (1991) argue mindfulness is actually the way out of the everyday trances we live at the mercy of unconscious, habitual, automatic patterns of conditioning.

Also noteworthy, is that the functional capacities of one’s consciousness to bring the passive and active qualities of mindfulness to bear on one’s life argues for an inherent or hardwired faculty that must be considered alongside introjected or historically conditioned influences in a comprehensive theory of selfhood. While therapists take seriously the multiple dispositions (Breunlin, D. C., Schwartz, R. C. & Mac Kune-Karrer, B., 1992; Popper, K. R. & Eckles, J. C. (1981)) and interpersonal relationships (Siegel, D. J. 1999 Lewis, T., Amini, F. & Lannon, R. 2000) that have affected their clients, they can also know that the powers of reflective awareness that come into prominence around seven are available to be engaged as well.

As a state of consciousness mindfulness can be encouraged in relation to anything present, such as one’s breathing, walking or movements, a spouse’s way of talking, the woods being strolled through, the dishes being washed, or the thoughts in one’s mind. Psychotherapists 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 understanding 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)

The School of Experience

It is interesting that a number of therapists have discovered or employed essential aspects of mindfulness in their work of attending to particulars, without specific knowledge or reference to it. They sometimes encourage mindfulness without ever using the term. Gendlin (1996), while editor of the *Journal of Psychotherapy Research*, realized that he could predict the efficacy of a course of psychotherapy by evaluating whether a client gave an experiential response in relation to a therapeutic intervention. This was the realization that led him to develop the method of

Focusing (Gendlin, 1978), with its emphasis on the felt sense of something, designed to teach clients how to be productive clients.

Likewise when Gestalt therapists (Rosenblatt, 1975) ask someone to concentrate on the present moment, when Pessó (1969, 1973) invites someone in his psychomotor movement groups to “notice what happens when we do this . . . (experiment of some sort),” when R. Schwartz (1995) invites a client to turn inward to attend to some part of himself from the position of the Self, the client is being asked to turn his or her awareness inward toward felt present experience in a curious, non-judgmental way. Freud’s use of free association can also be understood as an attempt to transcend the limitations of ordinary consciousness that is unconsciously structured (Kris, 1982).

While a “direct vision of things” is debatable because of the constitutive nature of language (Johanson, 1996), mindfulness has the power to attend to the particular and accomplish a number of psychologically helpful functions (considered below) as outlined by both Nyanaponika and Hanh.

Overall, Germer (2005a) suggests, “The word mindfulness can be used to describe a theoretical construct (mindfulness), a practice of cultivating mindfulness (such as meditation), or a psychological process (being mindful)” (p. 6). His basic definition of mindfulness is moment-by-moment awareness. In her review of the empirical literature on mindfulness Baer (2003) offers a similar perspective, that mindfulness can be defined as “the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise” (p. 125).

The Humanistic School

Within the humanistic branch of psychology it was Ron Kurtz (1990) in the early 1970’s who first integrated the insights of such teachers as Nyanaponika and Hanh into actual psychotherapy sessions. He eventually founded Hakomi Therapy, which incorporates mindfulness as one of its fundamental principles.

For instance, Nyanaponika (1972) comments on the restraining power of mindfulness that would encourage one to not assume too much knowledge too soon. “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” (p. 33).

In practicing bare attention, we keep still at the mental and spatial place of observation, amidst the loud demands of the inner and outer world. There is strength of tranquility, the capacity of deferring action and applying the brake, of stopping rash interference, 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 (p.25).

Kurtz incorporated these insights by encouraging clients to not simply talk about their presenting issues to the therapist in ordinary consciousness, but to become mindful, slow down, and take the issue under observation in an intra-psychic manner. He would turn awareness inward, toward felt present experience in a curious and accepting way by inviting clients to befriend their sadness, anxiety, or attitudes (“I’m never understood.” “I always . . .”) through noticing whatever sensations, feelings, thoughts or memories gathered around the issue.

Once a client’s attention is turned inward in a mindful way, Kurtz devises interventions to maintain this state of awareness. As Hanh (1976) notes,

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 (pp. 10-11).

Likewise, by beginning with some aspect of what a person has created, some “single thread of that closely interwoven tissue of our habits,” what S. Langer (1962) calls the symbolic transformation of the given, staying mindfully with that thread and allowing it to lead deeper into the person’s structure eventually leads to the level of the creator, the core organizing beliefs that gave rise to the thread.

Thus, if a client presents with a problematic issue of being passive-aggressive with his boss, Kurtz routinely invites mindfulness of the overall felt sense of the issue. This might lead to the client witnessing some sensations in the chest and head area. Encouraging continuing mindfulness of the sensations, as opposed to talking about them interpersonally with the therapist, yields a sense of sadness, which with more awareness morphs into grief. As the grief arises, a memory is evoked of the client wanting to play baseball with his father, but the father insisting they play tennis instead. Tears spontaneously well up and take over consciousness. When they calm for a moment, Kurtz invites curiosity about their quality. “So, it is something about unfairness and hurt resignation, huh?” he inquires. The person appears on the edge of a child state of consciousness. After Kurtz stabilizes the memory arising, he asks the client to sense what the child learned in that memory. The answer is a core belief that the client could be close to his father, but only at the cost of giving up his freedom to be himself with his own opinions and desires. It is a painful heart experience of feeling loved conditionally, of being accepted with strings attached. The suppressed freedom manifests in passive-aggressive behavior with authority figures.

This clinical example is also an example of what Nyanaponika (1972) terms mindfulness of the mind.

[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)

The liberation in the above example comes through introducing the opposite belief to the person as a mindful experiment in awareness. Kurtz instructs, “Just be in an open and curious place, and notice what happens, notice what spontaneously arises when you hear these words . . . (pause to slow things down in a mindful way) . . . ‘You are loveable just being yourself.’” Predictably, automatic barriers are evoked in the client; anxiety, a strong sadness, and a voice of rebuttal that says, “Oh no. I can’t. If I argue for what I want to do, I’ll end up alone!”

Mindfulness, as opposed to any judgment, interpretation, or argument is then applied to the barrier that arose. As the negative voice is attended to and befriended with the compassion and respectful wisdom that knows there is good reason for it, it gradually calms down. It yields to a wider knowledge that though some people do love with strings attached, that there are others who can be more broadly welcoming and accepting. Transformation occurs as the client organizes in a possibility that was previously organized out, thereby changing the dynamics of his transference, the way he organizes his experience in life.

Mindfulness in Hakomi is used as the royal road to the unconscious, or implicit, pre-reflective consciousness (Stolorow, R. D., Brandchaft, B., & Atwood, G. E., 1987) where core organizing beliefs control experience and expression before they come into consciousness. Kurtz generally

listens for signs or indicators of a client’s unconscious core narrative, the storyteller as opposed to the endless variations on one’s story, and often uses these indicators as access routes for characterological change apart from the details of the presenting issue.

Mindfulness can thus be used to reorganize deep structures, as well as provide distance and perspective on the inner ecology of our egos. It can be used as the main therapeutic tool within a session, as well as a life-long practice and skill during and beyond psychotherapy.

Wilber (2000) likewise extols the value of mindfulness or the use of the Witness in promoting both personal and transpersonal change. Many in Buddhist and transpersonal psychology employ a witnessing or mindful state of consciousness to relativize normal mental-emotional life, and move toward the Eastern tradition possibility of the No-Self, or unity consciousness, in addition to using it in the service of the Western tradition of healing the fractured self (Engler, 2003).

Schanzer’s (1990) experimental design has demonstrated that meditation based relaxation does indeed potentiate psychotherapy by enhancing those factors valued by therapists such as awareness of feelings. Those schooled in the use of mindfulness in therapy such as Khong are increasingly being invited to present internationally and publish (2003, 2004) works in response to requests by therapists to know more about how mindful practices can actually be used in clinical settings.

The Psychodynamic Tradition

While Freud certainly voiced doubts surrounding the childish aspects of those who sought meditative experiences, Jung and others affirmed the validity of “higher” states of consciousness. Buddhist and psychodynamic communities certainly have common interests in exploring the subtle and underground workings of the mind; likewise, the liberation that can come from unvarnished introspective awareness of what is. Epstein (1996) and Safran (2003a, 2003b) have written about the interface of psychoanalytic and Buddhist perspectives, as have a number of others.

Germer (2005a) points out that it is understandable that psychodynamic psychotherapists have explored mindfulness “because psychoanalysis has historically shared features with mindfulness practice: They are both introspective ventures, they assume that awareness and acceptance precede change, and they both recognize the importance of unconscious processes” (p.21), that Stolorow et al. (1987) and Kurtz (1990), discuss in terms of the organization of experience.

In Safran’s book *Psychoanalysis and Buddhism: An Unfolding Dialogue* Altman (2003) argues that “the evenly hovering attitude advocated by Freud looks a good deal like the meditative state described by Buddhists” (p. 121). He adds, “The effort to come closer to ‘pure experience’ . . . is, I maintain, common to Buddhism and psychoanalysis” (p. 138).

Weber (2003) concurs that Freud (1912, pp. 111-12) admonished psychoanalysts to “listen with ‘evenly suspended attention;’ during which the critical faculty is suspended, allowing for ‘impartial attention to everything there is to observe’” (p. 172). These goals of Freud for analysts, as well as free association for patients, could well have “something in common with those of mindfulness meditation (also called Vipassana, or insight meditation): a cultivation of a moment-to-moment awareness of changing perceptions in a neutral, impartial way” (p. 173).

In the following quote Bobrow (2003) explores aspects of mindfulness as a state of consciousness in the context for searching for

an elusive but fundamental dimension of human life—truth—and the activity of discovering it for oneself. . . . It is truth that nourishes and sets us free . . . the truth of the

moment, which by nature carries a sense of moment, of psychic gravitas. . . . Truth involves authentic experience. . . . It comes unbidden, without fanfare and whistles . . . a moment-by-moment unpredictable emerging that is created as we discover it, and which, by nature, authenticates itself and carries a sense of conviction. . . . This capacity grows during the course of a genuine psychoanalytic process and authentic Zen practice. Intrinsic to it is an inner, unconscious ‘turning towards’ or surrendering, which is simultaneously an act of giving. This implies a turning away, disidentifying or detaching from narrow, protective, unconscious conceptual and perceptual self-structures. (p. 200-01)

Bobrow adds that Buddhist

mindfulness in daily living help us enter intimately into the moments of living, no matter what their content, and maintain mindful, non-judgmental awareness in their midst, even under great strain and anxiety. We develop the capacity to observe very closely our feelings, thoughts, breath, and bodily sensations, as they are, and as they interact, one with the other, to create all manner of pleasurable, unpleasurable, and ‘neutral’ states of mind and being. We cultivate wholehearted or bare attention to the present moment, just as it is. (p. 207)

Surrey (2005), along with her colleagues at the Stone Center at Wellesley College, have built on their fundamental notion of a self-in-connection through developing a psychodynamic approach called Relational-Cultural Theory (RCT) that also draws from the intersubjective and relational schools of therapy. Surrey writes, “mindfulness practice supports the capacity of the therapist to attend to connection, and in the process, repair breaches” (p. 93). RCT “can be understood as a potent form of ‘co-meditation,’ harnessed as a method to further mindfulness” (p. 94).

“Mindfulness practice,” continues Surrey, “is learning to become *more* present, and relational psychotherapy may be understood as a process whereby both the therapist and patient are working with the intention to deepen awareness of the present relational experience, with acceptance” (p. 91-2). “In mindfulness, the object of our investigation is our connection to whatever arises in awareness” (p. 94), and “the fruits of meditation may include a growing experience of deep interconnection with others, and with the larger world” (p. 91).

In Stern’s work on *The Present Moment* (2004) he critiques “psychoanalysis [as] so focused on the verbally reconstructed aspect of experience that the phenomenon gets lost” (p. 140). In most psychoanalytic work “the exploration of the experienced-as-lived gets interrupted by associative work that leads away from the original present moment” (p. 138). Generally, “in most psychodynamic treatments there is a rush toward meaning, leaving the present moment behind. We forget that there is a difference between meaning, in the sense of understanding enough to explain it, and experiencing something more and more deeply” (p. 140).

Stern’s constructive alternative is to emphasize the present moment “as the lived material from which verbalizations, interpretations, representations, generalizations, and metapsychology are all derived abstractions” (p. 135). He suggests, “that there is great clinical value in a more lingering interest in the present moment. . . . The result is a greater appreciation of experience, and a less hurried rush to interpretation” (p. 139). “With an emphasis on implicit experience rather than explicit content, therapeutic aims shift more to the deepening and enriching of experience and less to the understanding of its meaning” (p. 222).

Clearly, Stern’s exploration of the present moment could be in dialogue with the essence of mindfulness, though he does not do this explicitly. As with the example of the Humanistic

School discussed above, psychoanalytic practitioners who follow Stern (2004) and Peterfreund (1983) in orienting more toward heuristically effective ways of working, as opposed to ways that are stereotypically theory driven, find themselves approximating classic elements of mindfulness in their work.

This is especially so for those who are now relating more to the body as an aspect of one’s being that is organized (revealing transference issues) along with relational and dream material. Aron (1998), for instance, in *Relational Perspectives on the Body* writes that “I believe that research into and clinical study of self-reflexivity [reflecting similarities to mindfulness] (and especially the relationship among self-reflexivity, intersubjectivity, embodiment, and trauma) is among the most promising areas of psychological research and psychoanalytic investigation taking place today” (p.4).

Psychodynamic therapists have become interested in how a mindfulness practice of their own can affect the quality of their lives, and the relationships they have with their patients. Bobrow (2003) notes the work of Milner (1987) in her essay “The Concentration of the Body” who “attending in a meditative way to her bodily sensations while doing analysis . . . help[ed] patients develop the capacity to fathom their own realities and eventually make use of symbols and words to represent and communicate them” (p. 211).

Thus, helping patients to be mindful enables them to discover and own their own truths, as opposed to considering and then wholly or partially digesting or jousting interpretations from the therapist. This result is quite in line with D. W. Winnicott’s suggestion in *Playing and Reality* (1982) that it doesn’t matter how much therapists know, as long as they can keep it to themselves, allowing patients the time and space to make their own discoveries.

The Cognitive-Behavioral Tradition

Surprising for some has been the recent incorporation of mindfulness into the cognitive-behavioral world. Hayes, Follette, and Linehan write in the “Preface” to their 2004 book, *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition*:

In the last 10 years, a set of new behavior therapies has emerged that emphasizes issues that were traditionally less emphasized or even off limits for behavioral and cognitive therapists, including mindfulness, acceptance, the therapeutic relationship, values, spirituality, meditation, focusing on the present moment, emotional deepening, and similar topics. (p. xiii)

While this quote embraces topics normally honored in the humanistic world, it is not totally unexpected given the cognitive-behavioral historic commitment to “science, theory, and good practice” (p. xiii) also mentioned by Hayes et al. This triad of values was given impetus by Herbert Benson’s research related to the relaxation response, and numerous studies on the physiological effects of various forms of meditation (Lazar, et.al., 2005). Likewise, the careful research related to Jon Kabat-Zinn’s mindfulness-based stress reduction program (MBSR) at the University of Massachusetts Medical School showed promising results for working with chronic pain and many other difficult conditions. In terms of challenging psychological conditions, Marsha Linehan’s research was also showing surprising results working with borderline personalities through the inclusion of mindfulness training in her dialectical behavior therapy (DBT) (Martens, 2005).

Another step was taken when Segal, Williams, and Teasdale began to research an appropriate protocol for preventing relapse of depression. They knew cognitive therapy was effective with treating depression and preventing relapse. However, as they delved into the research it turned

out that the reason was not the common assumption that the content of depressive ideation were being changed, but that the patient’s relationship to negative thoughts and feelings was altered (Segal, Williams, and Teasdale, 2002, pp. 38ff.). It was the distancing or de-centering aspect of cognitive work that proved helpful through allowing one to shift perspective and view negativities as passing events rather than abiding realities. They recognized that this was the essence of mindfulness, studied Kabat-Zinn’s MBSR, and developed their own mindfulness-based cognitive therapy (MBCT) applied to depression relapse that has also enjoyed good empirical support.

Germer (2005b) notes that the main components embraced by Acceptance and Commitment Therapy (ACT) reflect the influence of mindfulness practice. ACT principles include:

- (1) creative helplessness (the futility of current efforts to feel better), (2) cognitive diffusion (our thoughts are just thoughts, not what we interpret them to be), (3) acceptance (allow experience to be what it is while effectively engaged), (4) self as context (identify with the observer of thoughts), and (5) valuing (rededicate one’s life to what gives life meaning) (Gifford, Hayes, & Strosahl, 2004). (p. 125)

Germer (2005b) also outlines that most forms of therapy integrate mindfulness into therapy by teaching easily appropriated exercises. While mindfulness practice might be encouraged as an adjunct or major component of therapy, only 39% of those who do the MBSR program are regularly or sporadically practicing a formal sitting meditation after three years. However, “83% still used breath awareness, at least sometimes, in their daily lives (Miller, Fletcher, & Kabat-Zinn, 1995)” (p. 113). While formal mindfulness practices are not so easily programmed into busy lives, Germer observes that:

Any person can disengage from automatic thinking by watching a breath for a full inhalation and exhalation, or can become more aware of inner experience by stopping activity for a few minutes and asking, “What am I feeling? What is occurring at this moment?” (p. 113)

Likewise, any therapist can design a mindfulness exercise. “Simply prescribe momentary breaks from activities, anchor attention in the breath or some other object of awareness, and notice the sensations, thoughts and feelings that arise” (p. 119). A large number of such exercises have been generated in the cognitive-behavioral community (see p. 120) that allow therapists to choose or adapt them to the particular circumstance of the patient.

Mindfulness, Trauma and the Brain

Until recent times, says Stern (2004), normal psychology in the academy, “has had no pressing need to pay attention to the nature and structure of subjective experiences such as the present moment. Psychology’s new alliance with the neurosciences has changed that and a more fruitful dialogue is now taking place” (p. 137). The dialogue now reveals that there are not only objective brain correlates and limits to the mind known through subjective encounter, but that concepts of interpersonal neurobiology and neuroplasticity are disclosing how the mind shapes the brain (Gallese, 2001; Lewis et al., 2000; Lipton, 2005; Siegel, 1999).

In particular, recent technology is beginning to show the ways in which mindfulness helpfully affects the brain through such things as left prefrontal activation that enables people to not be fused or blended with emotional activation or obsessive-compulsive behaviors (Germer, 2005a, p. 22-23). Rather, impulses may be witnessed as they arise, and choice introduced in terms of a variety of responses (Austin, 1998; Libet, 1999; Schwartz & Begley, 2002; Schwartz, J. 1996). This ability supports the contention of Popper and Eccles (1981) that the best word for

describing the unconscious is “disposition.” We are disposed in many ways through biochemistry, object-relations, conditioning, cultural and societal influences, but not absolutely determined. As the work of Kurtz (1990) demonstrates, these various dispositions can be mindfully studied and possibly modified as they arise or are evoked.

Nowhere is this more important than in work with trauma. Some studies report that nearly half of all Americans have experienced trauma, though perhaps not in the technical sense of a perceived threat to life (Kessler, Sonnega, Bromer, Hughes, and Nelson, 1995). For those who have experienced a real or perceived threat to their lives, the primitive reptilian and limbic brains have been activated and organized around fight, flight, or freezing (Levine, 1997, Herman, 1992). Clinically speaking, this implies that normal psychological counseling after traumatic incidents employing the neocortex in ordinary consciousness can be counterproductive or even serve to re-traumatize (Ehlers et al., 2003; Groopman, 2004).

What is needed is a form of therapy that addresses the need for bottom-up processing that respects the power of primitive sensory-motor and limbic processes to immediately start a trauma vortex that leads to dissociation when memories are evoked too quickly through top down processing that generally seeks meaning, understanding, and a coherent narrative (LeDoux, 1996; Van der Kolk, 2002).

One recent approach that has been exciting through its clinical effectiveness is Ogden’s Sensorimotor Psychotherapy that employs mindfulness in the service of bottom-up processing for those who have suffered trauma. Ogden and Minton (2000) write:

In Sensorimotor Psychotherapy, top-down direction is harnessed to *support* rather than *manage* sensorimotor processing. The client is asked to mindfully track (a top-down cognitive process) the sequence of physical sensations and impulses (sensorimotor process) as they progress through the body, and to temporarily disregard emotions and thoughts that arise, until the bodily sensations and impulses resolve to a point of rest and stabilization in the body. The client learns to observe and follow the unassimilated sensorimotor reactions (primarily, arousal and defensive reactions) that were activated at the time of the trauma. (p. 6)

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Mindfulness is the key to clients becoming more and more acutely aware of internal sensorimotor reactions and in increasing their capacity for self-regulation. Mindfulness is a state of consciousness in which one’s awareness is directed toward here-and-now internal experience, with the intention of simply observing rather than changing this experience. Therefore, we can say that mindfulness engages the cognitive faculties of the client in support of sensorimotor processing, rather than allowing bottom-up trauma-related processes to escalate and take control of information processing. . . . [Mindful questioning invites] the client to come out of a dissociated state and future- or past-centered ideation, and experience the present moment through the body. Such questions also encourage the client to step back from being embedded in the traumatic experience and to report from the standpoint of an observing ego, an ego that ‘has’ an experience in the body rather than ‘is’ that bodily experience. (p. 14)

Morgan (2002) echoes Ogden’s wisdom of dealing mindfully with signs and symptom of traumatic activation:

In excessive arousal the higher processing is shut down, and the tendency is to be overwhelmed by input from the emotional and sensory systems. The left brain and verbal centers are under-active and distressing memories are more likely to be activated by the

more active right hemisphere. The hippocampus is under-functioning so a sense of sequence, context, and ability to make a story is dampened. (p. 9)

.....
Mindfulness calms the system, allows the person to *focus attention*. The . . . mindfulness induction has been shown to heighten mental imagery, disconnect attention from external sense and increase the blood flow to the anterior cingulate cortex. This is the brain area that allows attention to be focused on internal events. Candace Pert (1999), in her discussion of neuropeptides, talks of the system being able to digest information when there is focused attention on the body. This allows information to flow upwards, be filtered, and be processed. When the client *reports experience* to the therapist the verbal areas are kept active, which will help balance the two hemispheres. Memory fragments are gathered by the hippocampus and the frontal lobes, and these can be brought together in a meaningful way. Movement between the left and right hemispheres is crucial for memory consolidation. This could involve feeling something, speaking about it, expressing emotion, linking this to a remembered event, feeling the body, making some sense of the feeling. Freezing in the body can melt, and energy be released in movement, heat and trembling. *Going slowly*, mindfully allows processes to complete. (p. 9)

Therapists learning to encourage mindfulness in relation to bodily signs of primitive activation is a promising way to avoid dissociation while pursuing completion and integration of traumatic fragmentation.

Mindfulness and the Postmodern

ACT and other approaches, such as Wilber (1995) and R. Schwartz (1995) referenced above, incorporate the postmodern perspective that maintains meaning is always defined contextually. Hayes (2004a) notes that, “underlying an interest in what given psychological events serve is a view that truth is always itself a contextually situated function. We know the world only through our interactions in and with it” (p. 9). Thus, “A ‘negative thought’ mindfully observed will not necessarily have a negative function” (p. 9).

R. Schwartz (1995) echoes this insight by noting that even suicidal parts evoked within a person have a beneficial intent. If they are attended to mindfully with acceptance, they often reveal that their function is to lower the pain in the person, a function that opens the door to clinically useful dialogue.

Wilber (1995, 2000) argues forcibly that a full systems theory view of a client’s context must include a four quadrant approach generated from external and internal aspects of individual and communal dimensions of personhood. This means that (internal) individual consciousness and (external) behavior must always be considered in the context of (internal) cultural values and (external) social structures. In Kurtz’s work (1990) mindfulness can be brought to bear on such systemic dispositions of the context, as well as individual thoughts and emotions. The quality of the systemic interactions between client and therapist or couples (Fisher, 2002) can be observed, as well as how one organizes around cultural injunctions and social constraints.

Mindfulness, Positive Psychology, and the Mystical

Whatever the problems are with the Positive Psychology of Seligman (Held, 2005; Sundararajan, 2005), it makes the point that LeShan (1989) has made before in relation to cancer patients, that the horizon of the future, hope, and other positive qualities must be included in a comprehensive psychotherapy. From a psychodynamic perspective Rubin (2003) asserts, “Despite the potential

of psychoanalysis to illuminate the good life, one could search in vain for psychoanalytic citations on this topic” (p. 396) outside of rare people like Eric Fromm and Leslie Farber. The use of mindfulness in psychotherapy supports these perspectives that seek a wider vision than an endless treatment of the pathology of the past (Langer, E., 1989).

For instance, the essential fact of witnessing is that if I can take something under awareness, then I am not that. “Neti neti,” or “not this-not this,” is a classic Eastern teaching (Maharaj, 1973). When one learns to become mindful of anger, sadness, jealousy, or joy arising, it is therapeutic in and of itself to know, “this is a part of me, but it is not all of me. Certainly if I can become aware of a part of me, the consciousness that is aware or witnessing is separate from, or more than, what is under observation.”

This is a critical piece in clinical practice where going to work with a family that has hard and fast pathological labels that do not recognize the multiplicity of ego formation (Rowan and Cooper, 1999) may be quite disheartening. For instance, what clinician looks forward to working with a “drunken SOB husband,” “rescuing mother,” and “acting out adolescent?”

However, when the father in this example is invited to be mindful, slow down, and study exactly what is evoked in him when he walks in the door at night, the situation can become richer with more workable possibilities, as in the husband witnessing and reporting: “I open the door and see my son ... There is a part of me that really wants him to succeed in life. When I hear he did something stupid again, my anger comes up and moves me to yell at him to get him to understand that he has to get himself together ... When my wife jumps in to defend him, I experience despair that if she keeps rescuing him, he’ll never grow up ... When I sense it is two against one, I give up and go out drinking.”

Another aspect of what is happening in this clinical vignette is that the father, as well as the mother and son who are overhearing him, are becoming more connected to the richness of his inner ecology. “Connectedness” is a key term in both therapy and spirituality.

In terms of science, Bateson (1979) writes that when all the parts of a living organic system are connected within the whole, the system is self-organizing, self-directing, and self-correcting. This is the insight that leads Wilber (1979) to say that therapy can be conceived of as healing disconnects or splits. Perhaps one part of the mind is not talking to another part, or the mind is not communicating with the body, or the body-mind is not in communion with aspects of its environment.

On the spiritual side, the Christian monk Thomas Merton taught that compassion, a key value across religions that in Greek literally means “being moved in the guts,” arises from a profound sense of the interconnectedness of all things (Fox, 1979, p. 23).

Acknowledgement of the spiritual and values such as compassion is increasingly important in a day when Rubin (2003) reports that, “more and more of my patients indicate during the first session that they seek a therapist who is open and attuned to the spiritual dimension of life” (p. 387). This is delicate ground, of course, since there is a multiplicity of religious traditions complete with their own pathologies (Griffith and Griffith, 2002). However, the great majority of spiritualities have their own way of understanding and affirming connection with the creation through ordinary events in the present moment, often through some explication of love.

Weber (2003) comments that in the Buddhist tradition,

teachers often teach loving-kindness meditation alongside other sorts of mindfulness meditation. One prays for happiness [for oneself and others], freedom from pain, freedom from suffering, and peace of mind. Freedom from pain and suffering does not mean that you are without physical pain, illness, and painful feelings. It means that you

have freedom from that second arrow—more distance and less identification with the pain. Any feeling becomes qualitatively different when underwritten by mindfulness. There can be a fuller flowering, a clearer knowing, and a quicker passing. There is a greater sense of spaciousness. One might notice, amid the pain, the singing of birds. (p. 193-94)

Bobrow (2003) adds that “meditation cultivates the capacity to hear when we listen, see when we look, and taste when we eat” (p. 399). As Safran (2003b) observes, in Buddhists stories the “emphasis is on ‘ordinary magic’ of immersing oneself fully in one’s everyday life rather than looking for idealized or escapist solutions . . . drawing water and hewing wood” (p.24).

This again leads to greater connectedness.

In Buddhism [the] miraculous and simultaneously ordinary “things as they are” is sometimes referred to as “suchness” (*tathata*). *Tathata* can be thought of as intimacy with what is, with that which arises and passes. . . . We humans are at once empty, unique, and in intimate relation with the world. (Bobrow, 2003, p. 210)

For Surrey (2005) this mindful, intimate encountering, as opposed to evading, of reality allows

clinicians to reclaim the use of the word love, without overly sentimental, romantic or sexual overtones. Psychotherapy is an expression of love—love as compassion, joy, equanimity, and kindness. It gives our profession a chance to renew and reclaim the deepest elements of our own practice, and the deepest elements of connection and healing. (p. 98)

Parallel to this Surry writes:

The experience of connection suggested by mindfulness-informed RCT deepens our understanding of intersubjectivity. . . . Openness to relationship in our daily life expands to a felt connection to the global community. . . . In Evan Thompson’s (2001) words, we move from “intersubjectivity to interbeing.” *Interbeing* is a term given by Thich Nhat Hanh (1992) to describe the interconnectedness of all beings. (p. 96)

This kind of participative consciousness, argues Berman (1981), leads to *The Reenchantment of the World*. Wilber (1995) and others argue that it is precisely this sense of connection and compassion that de-centers the self, and moves one to constructive social service on behalf of the greater world.

While it is helpful to have such maps or visions to guide and support therapist well being, Germer (2005a, p. 8) emphasizes that mindfulness and the care that can arise from it, has to be experienced to be known. Spirituality must become clinical. Again, the truth behind mindfulness, connectedness, and compassion can be taught and employed without ever using these specific words, or may be expressed through the complimentary language of other traditions than Buddhism.

Conclusion

Germer (2005a) has an optimistic view of the future of mindfulness in therapy.

To have psychological techniques at our disposal, drawn from a 2,500-year-old tradition, which appear to change the brain, shape our behavior for the better, and offer intuitive insights about how to live life more fully, is an opportunity that may be difficult for psychotherapists to ignore. Only time will tell what we make of it. (p. 27)

At present, it is fair to say that mindfulness has a wide applicability with presenting issues considered in the neurotic range, defined as patients who have a sense of their own involvement

in their issues, and a willingness to be introspective. Dealing with personality disorders, defined as those who place responsibility for their conditions on a variety of external sources, requires a regimen of counseling in ordinary consciousness before they are willing to engage in therapy that requires them to look inside themselves. Those on the edges of psychosis do not have sufficient psychic structures in place to allow them to study themselves mindfully. However, mindfulness of the concrete, historical world can help build structure. For instance, “Can you hear (feel, touch) me? How do you know you are hearing (feeling, touching) me?” “Can you sense your feet against the floor, your back against the chair?” etc.

It is also obvious that mindfulness is presently 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 Eclectic General Practitioners and those open to spirituality. One can anticipate a lot of future dialogue and debate on the various ways mindfulness should be used in therapeutic protocols.

In the time ahead we will certainly have feedback from ongoing research in the many areas where mindfulness is being experimented with, and a growing literature about psychotherapy and mindfulness (Johanson, 2005). Baer’s 2003 judgment after reviewing the empirical literature is that “mindfulness-based interventions can be rigorously operationalized, conceptualized, and empirically evaluated” (p. 140), and that at present they meet the American Psychological Association Division 12 designation as “probably efficacious.” Much more research is needed to sort out a number of issues and move interventions to “well-established” status.

Germer (2005a) is given the last word on the subject here.

Where is the current interest in mindfulness heading? We may be witnessing the emergence of a more unified model of psychotherapy. We are likely to see more research that identifies mindfulness as a key element in treatment protocols, as a crucial ingredient in the therapy relationship, and as a technology for psychotherapists to cultivate personal therapeutic qualities and general well-being. Mindfulness might become a construct that draws clinical theory, research, and practice closer together, and helps integrate the private and professional lives of therapists. (p. 11)

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Learning Objectives

1. Understand the nature of mindfulness.
2. Understand the possible uses of mindfulness in psychotherapy.
3. Understand how mindfulness is interfacing with contemporary psychotherapy.

Test Questions

1. It is not true that the word mindfulness can be used to describe
 - a. a theoretical construct (mindfulness)
 - b. a form of hypnosis (mindful trance)
 - c. a psychological process (being mindful)
 - d. a practice of cultivating mindfulness (meditation)
2. Which of the following serves as a definition of mindfulness?
 - a. moment-by-moment awareness
 - b. turning awareness toward felt, present experience
 - c. the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise
 - d. all of the above
3. Which of the following does not describe mindfulness as a state of consciousness?
 - a. loss of sense of time and space
 - b. passive, though alert, open
 - c. ruled by habitual response patterns
 - d. curious, and exploratory
4. Which psychotherapeutic school cautions against the use of mindfulness?
 - a. Humanistic
 - b. Psychoanalytic

- c. Cognitive-Behavioral
 - d. None of the above
5. Which of the following is not a function of mindfulness?
- a. Studying the organization of one’s experience
 - b. Providing distance, un-blending from psychic material
 - c. Providing increased connection and relationship with psychic material.
 - d. Calming and relaxing someone before a clinical intervention.
6. Which of the following concepts related to mindfulness and trauma work are not true
- a. Mindfulness affects the brain through such things as left prefrontal activation that enables people to not be fused or blended with emotional activation
 - b. Mindfulness renders the left brain and verbal centers under-active and distressing memories may be activated by the more active right hemisphere.
 - c. mindfulness induction has been shown to heighten mental imagery, disconnect attention from external sense and increase the blood flow to the anterior cingulated cortex
 - d. Mindful questioning invites the client to come out of a dissociated state and future- or past-centered ideation, and experience the present moment through the body

Answers to test

- Question 1 = b
- Question 2 = d
- Question 3 = c
- Question 4 = d
- Question 5 = d
- Question 6 = b