

## Mindfulness in Psychotherapy

[ From a talk given by Dave Potter to a graduate psychology class at Antioch University on May 29, 2020 ]

Kim and Grayson asked me to share with you how I came to integrate mindfulness into my clinical practice. and I'll share this, but in doing so, by the end of this, I'm hoping you will understand that the most important mindfulness intervention in therapy is not about mindfulness "techniques", but about simply "being" mindful with yourself and your clients.

I became a psychotherapist at age 53 after spending 25 years in the computer industry, but I had been a meditator since I was 18, and mindfulness was a key part of how I worked with my clients right from the beginning. When I interned at University of Idaho 20 years ago, at age 52, we videotaped everything we did, and my supervisor noticed that I was doing something very different than his other supervisees: I wasn't doing traditional cognitive-behavioral therapy. Instead of giving them homework and working to change the content of their thoughts, I was working with them much more experientially, having them pay attention to body and feelings as well as thoughts, but not force changes.

At first this was kind of instinctual, and although I didn't know it at the time, I was working with the same kind of dialectic that Marsha Linehan introduced in DBT (she was the first to use and identify mindfulness as an explicit part of her therapy). A dialectic is the simultaneous holding of two principles that may seem to be in conflict with each other. In Linehan's DBT, the dialectic was around these two points of view: (1) ***you are okay just as you are, you don't need to change to be loved*** and (2) ***you need to change if you want things to get better***.

Just as I was starting my own clinical practice, working in a drug and alcohol treatment agency, I took an 8-week MBSR course (originally designed by Jon Kabat-Zinn) and was really taken by it. Even though I was already a long-term meditator with a daily meditation practice, I discovered that MBSR as Jon put it together, is extraordinary. It's profound and scientifically validated, yet its language is simple, non-esoteric, sectarian, non-religious. It contains the deepest truths while at the same time, being pragmatic and useful in daily life. I had read Jon's books (*Wherever You Go There You Are*, and *Full Catastrophe Living*), but until I took the 8-week MBSR course and then a 7-day intensive with Jon himself, I didn't realize just how deep this work was.

I liked the MBSR course so much that I began teaching it to people in my community, and as much as I loved teaching it, I needed a way to bring mindfulness into my clinical work without turning it into an 8-week mindfulness course.

In my first 10 years as a therapist, I did nearly 800 hours of training, much of it on mindfulness-based modalities of psychotherapy. I was particularly taken by Somatic Experiencing (taught by Peter Levine, author of [Waking the Tiger](#)) and Focusing (as taught by Gene Gendlin and Ann Weiser Cornell).

The 800 hours of training I did was about evenly split between three disciplines: **Mindfulness-Based Stress Reduction, Somatic Experiencing, and Focusing**. Both Somatic Experiencing and Focusing have a very strong mindfulness component. There are many other therapies that have a significant mindfulness component: Pat Ogden's **Sensorimotor Psychotherapy**, Ron Kurtz's **Hakomi**, Steven Hayes' **Acceptance and Commitment Therapy**, and Zindel Segal, Mark Williams, and John Teasdale's **Mindfulness-Based Cognitive Therapy**. Mindfulness has become kind of a buzzword in therapy and there are many good books about mindfulness and psychotherapy, a few of which can be found on the [Palouse Mindfulness website](#)...

I loved **Somatic Experiencing** because it incorporates mindfulness so seamlessly, inviting the client to pay attention to inner signals and images that allow them to unravel past trauma in a gentle, yet powerful way. The best introduction to Somatic Experiencing is the book, [Waking the Tiger](#) by Peter Levine and you can find more on Peter's [Somatic Experiencing website](#) (I actually learned Somatic Experiencing from Lynne Zettl and Ed Josephs who had been senior trainers for Peter Levine). Much of the training is learning when and how to guide clients to connect with their own inner processes, but in a particular way that avoids emotional flooding, an ever-present danger when working with clients having a history of trauma.

Good references about this way of working with trauma are [The Body Remembers](#) by Babette Rothschild and its companion [The Body Remembers Casebook](#), which is probably the best and most concrete description of how this type of mindfulness can be incorporated into different therapeutic models in the treatment of PTSD (EMDR, CBT, Somatic Experiencing, and others). [The Body Bears the Burden](#) by Robert Scaer is another excellent resource. Scaer was an MD who discovered that whiplash symptoms are often the result of psychological trauma rather than physical injury. Of course, no book about therapy and trauma would be complete without Bessel van der Kolk's [The Body Keeps the Score](#). It's no coincidence that "body" is in the title in all of these books!

Another foundation of my clinical practice was **Focusing**, as taught by Ann Weiser Cornell. Ann learned Focusing through Gene Gendlin, who, with Carl Rogers in the early 1960's, evaluated the work of 8 different therapists who worked with 3 clients each over a period of two and a half years. They used six separate instruments, four times a year, to measure progress and if all three indicated improvement, they looked to see what the therapist was doing to create the successful outcome. The surprising result, after analyzing thousands of audio tapes (there were tapes of every single one of the 200 sessions for each client, a total of almost 5,000 recordings!), was that effective therapy had very little to do with what the therapist was doing and everything to do with what the clients were doing. If the clients explored their own inner experience in a particular way, which was observable in the first two sessions, the therapy would turn out to be effective, but if they didn't, it wouldn't. Gendlin called this way a client would explore their inner process, finding a "felt sense", and he created a process he called "Focusing" to elicit this kind of inner exploration. He made teaching this method to therapists and the general public his life's work and published his seminal book, [Focusing](#), in 1978. Ann Weiser Cornell extended Gendlin's work, calling it [Inner Relationship Focusing](#), a methodology by which a person can develop awareness and a productive relationship with all aspects of themselves. Ann has a number of terrific training programs you can find through her website. She's also written a very practical book, [Focusing in Clinical Practice](#), describing how Focusing can be used in psychotherapy. You can find a great introduction to Focusing called [Inner Listening](#) on the Palouse Mindfulness website.

Even though these three sets of trainings taught me dozens of useful therapeutic "techniques", the primary benefit that mindfulness brings to psychotherapy isn't any specific set of techniques that you would share with clients, but the development of a keen awareness of your own and your client's mental, emotional, and physical processes. In the hands of therapists who are mindful and appreciative of their own state of mind, heart, and body and those of their clients, almost any therapeutic methodology would be effective. Paul Fulton, in [Mindfulness and Psychotherapy](#), asks "Would you rather be 20% more aware/attentive or have 20% more techniques?"

Early in my clinical practice, a client would occasionally ask if I used biofeedback. I would say that I didn't, but after a time I realized that I did, in fact, use biofeedback. I would tell them that ***their body is the most sophisticated biofeedback system in the universe***, and that I would teach them how to use it to know what is happening, not just physically, but also mentally and emotionally. I would usually introduce this idea to my clients in our very first session together, after learning what they hoped would happen in therapy and what their resources were, that is, what was life-giving and grounding in their lives. It would go something like this:

After introducing the idea that their body is the most sophisticated biofeedback system in the universe, I would suggest to my clients that they know their own likes and dislikes through their body. Most people don't realize this, but neuroscientists know it well. Studies of body and mind show that we know emotion through our bodies, even if we're not aware that it's working this way (a great reference to this idea is [Descartes' Error](#) by Antonio Damasio).

I might then tell a new client, "If someone mentions a restaurant you hate, you know it immediately, viscerally, without having to consult a mental checklist – you literally know it in your gut. In the same way, if someone mentions a restaurant or food that you love, you know that, too, immediately and viscerally. In our work together, we'll be paying close attention to body sensation. For instance, right now you can feel your feet on the floor..." *(at this point I demonstrated this to the Antioch students, taking them through a brief body scan and then to breath awareness, sort of a 5-minute combination of MBSR's [Body Scan](#) and [Sitting Meditation](#))*

After this brief introduction to mind/body awareness, I would ask them how that was for them (most often, they would share how relaxing it was), and suggest that there would be times during our sessions that we

would use something like this as part of our work together, not just to relax, but to learn how to access what's going on with them at a deeper level than just talking about what's been happening.

This was **the** most significant aspect of my practice: exploring with clients their own inner landscape, both body and mind. I considered this to be sacred work because I was being invited into the most private of spaces, places that my clients had not, in some cases, shared with anyone else, maybe not even themselves. I was **with** them as they were discovering things about themselves, sometimes for the first time.

This requires an attitude of total acceptance of a client's experience, seeing things through their eyes, aware of how they are processing things emotionally, physically, mentally. I once worked with a fellow therapist who said that she had previously worked with another therapist who used a similar approach, but, she said, "With my previous therapist, who was very good, I felt as if she were right across from me, understanding me, but from 'over there'. With you, it's like you are right beside me, looking through my eyes, feeling my feelings". This is what Carl Rogers meant by "unconditional acceptance". I wasn't on the outside judging her experience, I was experiencing things **with** her.

To do this, I had to see the beauty in her, honor her experience exactly as it was, understand implicitly where she was coming from. Years ago, I had a client who could not leave her emotionally abusive husband because, she would say, "Marriage is forever – I made a commitment to him and to God". He no longer physically abused her, but there was no need. All it took was a cross look or a comment to bend her will to his. I knew I couldn't talk her into leaving; this commitment to marriage was a fundamental truth for her. During one session, I realized I was probably signaling my judgement about her not leaving her husband, and I told her, "you probably see me get a critical expression on my face when you talk about how difficult your husband is (she nodded affirmatively). That's because I **want** to tell you '**leave him**', but that's what everyone else is doing in your life. All your friends and even your husband's own brother, are telling you emphatically to leave him, and that's not helpful to you. If you were to leave him because I told you to do so, once again you're letting someone else decide what's right for you. I know that **you** need to decide, and I understand why it's hard to leave him when you have such a strong belief that marriage is forever."

Before any change is possible, there needs to be a genuine exploration of your client's world (as well as yours). Carl Rogers once said:

"When functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meanings of which the client is aware but even those just below the level of awareness. This kind of sensitive, active listening is exceedingly rare in our lives." *(Rogers often said that the therapist must be aware of what the client is thinking and feeling "as if" one were the person, but without ever losing the "as if" condition.)*

Over a period of months, without me telling her what she should do, my client began to find some independence from her abusive husband. Her belief about marriage being forever shifted to the point where she could separate from him, and about a year later she did divorce him. But she didn't divorce him because I told her it would be better for her; she did it because she found strength and beauty in herself, qualities I reinforced from the beginning because I could see them so clearly in her.

My wife once asked, "Do you like **all** your clients?". When I thought about it, I realized that I did. The "unconditional positive regard" that Carl Rogers is known for is actually about love, loving the client in the way you care for the people you love, wanting them to be safe and healthy, even when you disagree with them.

Before I end, I want to share with you what I would do when I would get really stuck with a client (which was often!). If you've done any clinical work at all, you know the feeling. Nothing is working and you descend into a vicious cycle, a desperate and unsuccessful search for a "silver bullet" intervention. This was so uncomfortable for me in the beginning, that at one point I decided that I would just be honest with a client and tell her that I was stuck and had no idea where to go from there. Not surprisingly, the client became even more panicked than I was. I never did **that** again...

But after many stuck moments like these, probably more out of resignation than wisdom, I decided on a different strategy. When I got stuck and didn't know what to "do", I would acknowledge it internally (*without sharing it with the client!*), and replace the frantic search for a strategy with simply wishing my

client peace and ease as they talked, wishing that things were better for them, loving who they were. This was not hard to do, because, as I said, I genuinely liked and enjoyed my clients. (*This was actually a key skill I learned in my years of meditation, the possibility of being with things exactly as they are without unnecessary struggle.*)

Almost always, after giving up, being certain that this would be one of those times when nothing would work, totally out of the blue, something would shift. My client would unexpectedly break out of an unproductive narrative, or I would find myself spontaneously saying or doing something I hadn't planned. Most of the time, I wasn't able to pinpoint exactly what happened – I would just suddenly notice that out of that space of stopping my desperate search for a workable intervention, and simply wishing the best for my client, something fresh and productive would happen.

I often tell people that compassion, and especially self-compassion, is the most important component of the Palouse Mindfulness course. It is the oil that makes the gears of mindfulness work. Without it, the practices are, at best, dry and mechanical, and at worst, harsh and counter-productive. At the heart of our lack of compassion for ourselves is the lie that many of us grew up with, that in order to be successful, we must not only work hard, but we must continually criticize ourselves.

I'll end with something a new mindfulness graduate, who is a psychotherapist, wrote recently in his "letter of learning":

I think that my biggest takeaway from this program has been learning how to be compassionate with myself. I realized how judgmental I was of myself, whereas if a friend of mine was having a similar experience I would be very positive and supportive. Instead of panicking when things began to go awry, I learned it was possible to bring a loving-curiosity and acceptance to what was happening. For instance, if things aren't going the way I wanted them to in a session with a client, I became curious about what was happening, gentle with myself and them, instead of jumping on all the things I thought I was doing wrong.

Sometimes I tell students that learning mindfulness isn't about feeling peaceful all the time; it's about learning to be at peace with not feeling peaceful. This is actually an advanced practice, but if you can manage this, it will give you and your clients the strength and courage to move forward even through difficult periods. **This** is self-compassion.