

# *The Use Of Mindfulness In Psychodynamic & Body Oriented Psychotherapy*

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**Editor's Note:** In this article Halko Weiss outlines the use of mindfulness in body-oriented psychotherapy within the more general realm of psychodynamic psychotherapy. The article first appeared in *Body, Movement and Dance in Psychotherapy* (Vol. 4, No. 1, April 2009, pp. 5-16)

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**ABSTRACT:** This article summarizes some of the ways that 'mindfulness' starts to appear in Western psychotherapy and medicine, showing that it has become a legitimate area of scientific inquiry and that it shares common objectives with Western treatment approaches. It then explores its origin in Buddhism as well as the meaning of the concept and aspects of its practice. Claiming that the use of mindfulness can move psychodynamic therapy from a 'thinking' to an 'observing' mode, the role and power of the Buddhist concept of an 'internal observer' is explained and discussed. Then the author outlines the reasons why body psychotherapy is particularly predisposed to embrace mindfulness as a core concept and shows how, using the example of the Hakomi Method, it would have a deep impact on the way psychodynamic therapy is conducted. He argues that the therapeutic relationship would have to be shaped according to a radical understanding of 'acceptance' and an 'experimental' attitude.

**Keywords:** mindfulness; body psychotherapy; psychodynamic therapy; Hakomi; Hakomi Method; Buddhist psychology; acceptance.

## **The West Listening to the East**

Mindfulness has become a red hot item for psychotherapy in the last decade. It comes as a surprise that of all the major modalities Cognitive Behavioral Therapy (CBT) would take a leading role in selecting an ancient Buddhist technology of mind to enhance their work. But they did-- and we will see why.

In the wake of Jon Kabat-Zinn's research, who was able to clearly show that mindfulness not only reduces stress, but contributes significantly towards the healing process for a wide range of diseases (Kabat-Zinn, 2005) psychotherapist Marsha Linehan created a crucial place for mindfulness in many therapeutic treatment protocols and spearheaded a movement that rippled through the international psychotherapeutic community (Linehan, 1993). Patients suffering from borderline syndrome (Linehan, 1993), depression (Segal, Williams & Teasdale, 2002) or trauma (Ogden, Minton & Pain, 2006) are among those that are benefiting from understanding the workings of the mind through Buddhist psychology.

Psychoanalysis has renewed its dialogue with these ancient teachings as well (Safran, 2003; Germer, 2005),

and even the business world has started to embrace mindfulness as the core ingredient to emotional intelligence (Goleman et al., 2002; Dietz & Dietz, 2007).

In line with these developments, mindfulness has become a legitimate subject for academic psychology and neuroscience inquiry. Research in neurobiology, in particular, has started to provide a solid base for critical minds through demonstrating, among other things, that even short-term training of mindfulness can improve functioning of the brain and the immune system (Davidson et al., 2003, Smith et al., 2004), and further, that the practice of mindful observation and naming of feelings produces therapeutic effects (Creswell et al., 2007).

There is a clear understanding in academic psychology that Buddhist psychology is not a religion in the familiar theistic sense, but a classical wisdom teaching about how to reduce suffering (Fulton & Siegel, 2005). In the light of this understanding both Western psychotherapy and the Buddhist teachings pursue similar goals. The academic world is considering more seriously what was discovered by a very different type of science some 2500 years ago.

In this article I will first review the core concept of mindfulness and its potential. Then I will reflect on its use in psychodynamic therapy, and in body psychotherapy in particular. Finally, I will show how its inclusion in psychotherapy impacts the very way therapists work and how they relate to their clients.

### **A Classical Tool for the Pursuit of True Happiness**

In the satipatthana sutra, (his teaching about mindfulness), the Buddha presents this seemingly simple technique as the very heart of the path towards liberation from suffering (Nyanaponika 1976a and 1976b; Gunaratna, 1970). Teaching the mind to stay in the present moment and observing the person's own being for seconds or, eventually, continuously is understood as a way to "awaken" from identification with mental and emotional processes. Such processes are seen as delusional and not fit to deal with impermanence, the very source of all suffering.

Although the terms mindfulness and meditation are not interchangeable, as there are a number of different meditation techniques, the classical practice, passed down from the Buddha is called insight meditation (Vipassana). It centers on the idea of "sati" ("mindfulness" in the Pali language).

Mindfulness can be understood as a special state of consciousness that can passively observe the present moment, pleasant or unpleasant, just as it is, neither clinging to it, nor rejecting it. Typically, it is focused inward, on internal experience in general, or on specific features of its landscape (Johanson, 2006).

That sounds simple enough, but turns out to be a lifelong project if taken up in earnest. For the mind rambles. It jumps and moves and twists away from present experience all the time. It is sometimes likened to a young dog that runs here and there relentlessly and enthusiastically without any plan. Even though we do not notice this in everyday life, the phenomenon is quite obvious as soon as we try to follow the Buddhist prescription. While a beginning meditator is attempting to maintain observation of a present moment object, like her breathing, she may be gone on a thinking and reliving journey for minutes at a time before this comes into her awareness, and she can return to present experience.

And there is another major problem: It is our human habit to not just observe, but to observe with a critical, comparing or judgmental mind. In contrast, Buddhism claims that we all are equipped with a potential to have an internal "observer," which if correctly trained, will be able to look at ourselves without judgment, with equanimity, benevolence, acceptance, curiosity, passivity, and calm. This internal observer, or the state of internal observation, is a skill that becomes stronger only when we practice it. Just like each child is equipped to learn languages, for instance, but will not ever know one if it does not get a chance to practice one.

If we take a brief look at Western science at this point, it is a fairly safe assumption that the well-researched theory of neuroplasticity (Kandel, 1995) applies to this process, namely that a growing "internal observer" would be accompanied by the establishment of long-lasting neural connections that represent a change of the brains architecture, as well as an acquired skill. That takes time.

As the practitioner does her daily session(s), there are a number of benefits that are expected to show up as the result of the routine: Equanimity of mind, expansion of awareness, improved focus, a sense of freedom, better self regulation, increase of vitality, etc., and, at the far end, experiences of deeply absorbed states called "samadhi", or even enlightenment. Generally, it is expected that the practitioner will become calmer, wiser, and happier over time, though these are byproducts, as opposed to the object of the practice.

### **Shared Objectives**

Assuming that the East really did find a way to move a person in these directions, and that the practitioner does indeed benefit in some of the ways described above, we can see that psychotherapy and the mindfulness tradition in fact share common goals.

From the point of view of body psychotherapy there is a particularly interesting and practical element in this mix that can support our work in a number of different ways: The "internal observer"--sometimes called the "witness." It is worthwhile to look at this phenomenon for a moment. Western psychotherapists like Roberto Assagioli, Ernest Hilgard and Fritz Perls already started searching in this direction in the first part of the 20th century. The Freudian tradition also seems to address something like an internal observer when it speaks about the "reflexive ego" for instance, even though its particular understanding is deeply steeped in notions about internal battles to be won.

From the Buddhist point of view practicing the observer creates a greater "detachment" from identifications with everything that seems to be part of the "I": Emotions, thoughts, memories, sensations, impulses, etc. For once a practitioner starts being an observer of himself, he also starts creating a distance between the observer and the observed. Whatever is observing is looking at an object (for instance a strong emotional state), and consequently ceases *being* that emotion to a certain extent.

Through practice, observer and the observed are pried apart. Over time, a person slowly lets go of actually experiencing their being or ego states as the only reality, as something they are pulled into and merged with. Instead, they experience a position of observation from where they can see those states come and go, and from where they can gain curiosity and compassion for them.

It is important to note that this process is fundamentally different from that of dissociation. There is, in contrast, a strong compassionate and aware connection between the observer and the observed--not a disconnection. As a matter of fact, the process actually creates integration, as

the observed elements are not controlled or pushed away, but allowed to show their true face, their sources, and their meaning (Perrin, 2007). From a systems theory, as well as from a communications theory, perspective we are looking at a meta-level capacity that grows through a concrete training process.

Here it becomes obvious why CBT would jump on the wagon along with all the other freedom seekers. "Distancing" (Beck, Rush, Shaw & Emery, 1979) from unpleasant and burdening emotional states like depression, and finding a position from where the habitual feelings and thought patterns become less and less important, from where a person is not easily sucked into them, and from where the "I" seems to rest more in the observer than in the observed, presents as a very desirable goal. Along with, for instance, improved flexibility, mindsight (Siegel & Hartzell, 2004), and self-regulation (the ability to modulate emotional reactions), the package appears to encompass valued objectives of Western psychotherapy.

### **From Thinking to Observing**

Yet, training such an internal observer opens up an additional advance for Western psychotherapy. When practiced enough and used with the support of an experienced psychotherapist, it allows unlocking the gates of "implicit memory" (Schacter 1996; Roth, 2003), our reservoir of unconscious knowledge about the world and how to deal with it, our learned and habitual patterns of self-organization that keep repeating whether they still work well or not. This knowledge manifests as feelings, emotions, attitudes, and habitual patterns of behavior.

Neuroscientists have clearly shown that some aspects of Freud's concept of the unconscious seem to be right on. The "explicit" memory system, which can be distinguished from the "implicit," not only functionally, but also anatomically and histologically, does seem to be close to Freud's understanding of the conscious ego, even though it proves to be a lot less in control than what Freud would have liked it to be.

The bad news is that the parts of the brain that are not conscious (implicit memory), but very fast, very efficient and very powerful pull the strings in our lives. They have absorbed knowledge, confirmed by repetitive experiences or strong emotional ones, that is deeply connected in the very tissue of the body (Damasio, 1999). One important aspect of this is that, contrary to what Freud emphasized, these experiences are not so much repressed, but moved into "implicit" and "emotional" memory for economic reasons. The explicit memory just cannot store the amount of data needed. Gerhard Roth for instance, a renowned German neuroscientist, says that "... our conditioned feelings ... are nothing but concentrated life experience" (Roth 2003, p. 375, translation by the author).

Traditional psychodynamic therapy has learned to lean on our conscious capacities to reflect thinking, feeling and memories. As unconscious information is uncovered by using a variety of paths (dreams for instance, or the

therapeutic relationship), meaning is also reflected. However, neuroscience has shown us that mental reflection is a very dubious process, always prone to bend and distort towards social desirability, defense of our behavior, and habitual thought patterns (Roth, 2003; Weiss & Harrer, 2006). The conscious, explicit, mind also has very little power over the implicit. We all know this from our own experience: It is much harder to feel differently than to think differently.

The situation changes with a trained internal observer. This type of observer is not used to interpret, judge or reflect. It simply observes the implicit memory at work as it responds to events inside and out. Here is a typical example from a couple's therapy session:

Alan was quite convinced that he was very open to connecting deeply with his wife Gail on an issue that she saw quite differently, and had complained about over and over again. In an experimental context the therapist had her slowly move closer to him while Alan mindfully observed his internal experience. As Gail inched closer, he noticed that something started to tense up deep inside himself, and that his eyes seemed to be compelled to look past her--without any awareness of why he might be doing that. When she moved even closer, Alan noticed that his breathing started to restrict subtly, and that his muscles began to harden ever so slightly. He was very surprised, and became quite curious about what was happening to him.

Such a process can be understood as the internal observer observing the "unconscious" (the implicit and emotional memory) at work. Alan did not know or remember anything related to his reaction. He could just see that there must have been some kind of learning process in his life that now steered an automatic response pattern that he could not control, or had even been aware of. He could not name any reasons, nor any events in his life that could have lead him to be that way.

That is particularly important because, (again, we can build on neurobiological research—Roth, 2003) in our particularly formative years, the first two years of our lives, we cannot yet form autobiographic memory. What we learn during that time is absorbed and represented in unique patterns of somatic, motoric, and emotional self-organization; patterns that are fundamental to our character (Stern, 1995; Downing, 1996), and define the quality of our lives. The memories that we hold in explicit memory on the other hand, are very unreliable and may *not* represent meaningful elements of self-organization (Weiss & Harrer, 2006).

Therefore, in order to significantly connect to what is truly forming our habitual character patterns, we be able to observe and study their emergence in the present moment from a somewhat removed position--like the internal observer. Psychotherapeutic modalities that follow this course will therefore not center around thinking and reflecting, but around observing thoughts, feelings, sensations, impulses, etc. arising from moment to moment. This allows implicit memory to reveal itself;

this part of our memory that holds such power over our lives.

## **A Body-Psychotherapy Tool**

The use of mindfulness in body-psychotherapy makes particular sense, for even in the classical Eastern literature and practice the body is the first and easiest object to observe in mindfulness. The somatic realm is also not only deeply tied into all our emotional and mental processes (Damasio, 1999), but it reflects them precisely, allowing us to uncover fundamental issues and memories that gave rise to them (Marlock & Weiss, 2006).

It is no surprise that most approaches to body psychotherapy, starting with the grandmother of the art--Elsa Gindler, have emphasized ways to become "aware" or more conscious of bodily processes in some way. Patients are usually encouraged to sense, feel and observe their bodies at great length. Mindfulness sets itself apart, as it is particularly well defined and much more elaborate than all other methods of supporting consciousness.

Consequently, it was a body psychotherapist--Ron Kurtz, who pioneered the integration of mindfulness into psychodynamic therapy in the 1970s (Kurtz, 1990). His approach, the Hakomi® Method, is so tightly built around the notion of mindfulness that he considered using the term "mindfulness" as part of the very name of the approach. It certainly shapes the essence, the feel, and the process of Hakomi.

A therapist trained in this method constantly monitors the state of consciousness of her client and helps to regulate it. In the course of a successful therapeutic Hakomi process there is normally an expanding sense of mindfulness, and the core of the process actually takes place in this state. The client is guided towards observing himself from a mindful perspective, while the therapist has an eye on a number of specific characteristics, some of which are adaptations of the original concept for psychotherapy. Generally, the process is created around:

- a) the conscious regulation of attentional processes *inward*
- b) the conscious regulation of attentional processes in relation to *time*, including a lot of spaciousness and lingering with perceived phenomena
- c) the establishment of an *internal observer* with a number of its critical *characteristics*
- d) a therapeutic approach that consequently needs to let go of goals and become *experimental* instead, and
- e) a therapeutic relationship that necessarily becomes *radically non-directive* in order to not interfere with mindfulness. When completely in tune with mindfulness, the therapist will manifest a being state that Kurtz calls "loving presence."

In practical terms, working in mindfulness requires the therapist to introduce the idea of an internal observer and guide her client towards this style of self-observation. In the process she monitors the client's state of consciousness and contacts his experience in ways that support the internal observer. She is acutely aware if the client becomes highly identified with, lets say, a feeling

state, and has a number of ways to help the client back into a more observing state. This process can be understood as the co-regulation of attention processes by an "external interactive regulator" (Schoore 1994).

Typically, the therapist proposes little "experiments" related to the issues at hand that engage the client's observer, and eventually leads towards "formative" experiences--experiences that left imprints in the implicit memory that have the power to organize day-to-day experiences and behaviors. (See example above). She also has techniques available to deepen the state of mindfulness and help the client stay with their experience until these fundamental layers appear in consciousness, and can be worked through.

This form of working can be interpreted as "assisted meditation" where, other than in many meditation techniques, an experience is not just observed and then dropped, but the therapist gets constant reports about what is going on inside the client and then helps him to stay with, and deepen that experience towards its formative sources. Powerful emotional memories and experiences may spontaneously emerge as formative material is evoked. However, they are always accompanied and modified by the monitoring quality of the internal observer.

Some core benefits of this approach are:

- a) Powerful work with the body also requires a powerful tool for observing internal somatic processes, especially if that tool can be taught to grow and expand.
- b) Mindfulness allows for comparatively easy conscious regulation of attentional processes that do not follow the automatic and habitual patterns of already established pathways of self-organization. Instead, it allows for a slow but direct exploration of hitherto unconscious processes.
- c) Mindfulness supports a non-judgmental exploration of self. It creates a gentle and accepting relationship towards "parts" of a person that were previously seen negatively or became somewhat dissociated.
- d) Mindfulness strengthens reflexive ego functions, or, in the words of Schwartz (1995), "Self"-type states that serve progressive objectives, and give protection from the dangers of regressive therapy processes that body psychotherapy has been prone to, and sometimes embraces as part of its methodology.
- e) Establishing a stronger and stronger "internal observer" over time is already a transformatory element. The observer allows for a process of "disidentification" from the trancelike pull of limiting states of being, like depressive states.

## **No Preferences**

As mindfulness reflects Eastern thought, it stands opposed to some of the intuitive attitudes towards healing in the West. Among the critical differences is the Eastern willingness to be accepting of all things.

CBT therapists and others have embraced the idea of "acceptance" along with mindfulness, because there is no way to keep an observing mind when the notion arises

that something is wrong and should be different (Hayes et al., 2004). This understanding is an integral part of Buddhist psychology.

Such acceptance is easily claimed, but hardly ever realized with the conviction and depth of the original concept. The reasons are manifold: From the clients own beliefs that something is wrong and needs to change, to transformational concepts and techniques that imply some sort of disorder, and to the therapists attitudes deeply engrained by science, culture and personal upbringing. Even very soft approaches like saying: ". . . have you ever thought about trying . . .," is directing the client's mind to alternatives that imply that the original approach is lacking something.

By contrast, mindfulness is very radical. It fundamentally strips away any fantasies about how the world should be different. Instead it just studies, it listens to reality in order to see and understand it more clearly. There is absolutely nothing to strive for. It is an expression of Eastern "non-doing," though it is not the same as Western "doing nothing."

So, while a therapist working with mindfulness will certainly hold the intention of assisting a client in his growth on one level, at another level, in the present moment within the shared presence of the process, there should be absolutely no preference for the client to be any other way than he is. Some psychotherapist readers may have had moments like this with their clients. Some will realize how difficult that it is to maintain this stance when the other is suffering, for instance, or giving them a hard time. For a therapist, learning to stay with such an attitude in a consistent manner usually requires substantial training and personal growth.

The requirements for a therapist to work in a mindful way, and foster a mindful attitude in clients, are radical and challenging. This is especially true in a world where the medical model of diagnosis and treatment goals is guiding the understanding and professional processes of the therapeutic community on all levels.

Of course there have been early pioneers with a different attitude: Carl Rogers and Heinz Kohut being two respected ones. In practice, however, such a path is exceedingly difficult. Fritz Perls, the godfather of here-and-now self awareness, for instance, was clearly influenced by Eastern thought, but was also infamous for his sometimes harsh and demanding style that was designed to show the client what was NOT OK. Experientially, such a style leads a person away from self-understanding.

Mindfulness instead, is meant to explore exactly what a certain emotion, thought, or behavior is designed for; why it makes sense; why it has to be that way. It needs a full receptiveness to open up, a total willingness to let it be the way it is. Then the emerging understanding is enveloped with another of the core concepts of Buddhism: Compassion.

Here we are at the core of Buddhist psychology. Even though Buddhism does not deal with psychological suffering in the pathological sense (Engler 1984, 2003), the idea of what calms internal turmoil is clear: Observing, knowing, and deeply understanding it in a heartfelt way (Germer, 2006).

Treatment plans, psychopathological concepts, and ideas about a desirable outcome can counteract mindfulness. Because therapists model attitudes towards healing, their own intuitive relationships to those concepts have great impact. Research has shown that successful therapy proceeds with the client's world view enlarging to that of the therapist (??).

Integrating mindfulness into psychodynamic treatment can therefore not be understood as a mere addition of a potent tool. It requires an attitude and a process that contradicts typical Western medical models. It also requires that the therapist immerses herself in its practice (Segal, Williams & Teasdale, 2002; Hayes et al., 2004) so that its spirit and effects come to life.

When done with any depth and utilizing its powers fully, the therapeutic relationship will shift in a number of meaningful ways that the Hakomi Method, as one example, has attempted to embody:

- Therapists will have to become truly accepting, which means that they will have to learn to be in different states of being than in ordinary life: A state that allows them to be present in a radically compassionate and mindful manner; a state that does not have preferences, but makes room to embrace and understand absolutely everything.
- Methods and processes used will have to organize around a curious and exploratory style, rather than be directed towards specific goals.
- Input towards change will have to wait until the client and therapist together have uncovered and inspected normally unconscious beliefs held by implicit memory, and both understand clearly what kind of positive learning from what kind of experiences have not happened in life and still yearn to happen<sup>1</sup>.

## Conclusion

As body psychotherapists seek to enhance and advance their methodologies, mindfulness is certainly an extremely powerful tool to consider. It makes therapy faster, easier, and more loving. It sharpens awareness, and starts opening the tremendous resource of an internal observer.

However, its use also requires a fundamental shift in attitude that is hard to fathom for those who have not yet fully experienced its possibilities and challenges. Having trained therapists from all walks of life for more than 25 years, this author has seen the struggles and subsequent

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<sup>1</sup> Here we are at the issue of human change and how to bring it about that goes beyond the scope of this article. A short summary of an underlying concept can be found in Weiss, 2006.

conquests of those therapists who have learned the traditional ways of Western psychotherapy first. It takes a few years to find a firm standing within a mindful approach. Yet, body psychotherapists, in particular, are predisposed to embrace this way of working since they are already used to sensing, feeling and observing the internal world, rather than simply thinking about it. Elsa Gindler, Wilhelm Reich, Charlotte Selver, Fritz Perls, David Boadella, and many others have opened the door wide. The next step could be heading East again.

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