

## **Mindfulness-Based Family Therapy**

*Sonya is talking loudly at her 17 year-old son, Joe. Her husband, Bill, listens passively. Joe, has gone from argumentative to shrugging his shoulders and looking away. Sonya scowls, visibly frustrated, her voice getting louder still. Then she begins to lean in towards Joe. His body freezes.*

Just from the above paragraph, we know very little about this family. We know nothing about why they are in therapy or what Sonya is upset about today. But, if we are tracking the non-verbal dynamics in the room, we can see that something very important is happening.

*“Hold on,” I say. “Let’s just pause for a minute... Let’s do that exercise we did earlier: I’d like everyone to notice what your body is doing right now.” My voice gets slower and softer. “How are you breathing? What feels tight or constricted? What feels relaxed or spacious? Notice how it feels to be inside your own body in this moment.”*

*Joe looks relieved that I’ve stopped his mother’s diatribe, but he’s still quite rigid. Sonya looks flustered. “I don’t realize how upset I get,” she says. “I just get so worked about when we talk about this, and...” Without being aware of it, she is starting to escalate again.*

*“Is it OK that I interrupt you again, for a moment,” I say quietly as I lean in a little. “What did you actually notice when I asked you to check in with your body?”*

*She has settled down considerably, just through this brief pause. “Well, my shoulders were tight... as if my arms wanted to reach out and grab Joe!”*

*“Well it’s good I stopped you!” Everyone laughs. “Yes, you began to lean towards him. Joe, were you aware of she was doing that?”*

*“Yeah,” Joe says glumly. “I guess I’m so used to it by now. I just get numb.”*

*“Now that’s familiar,” says Bill. “I see you do that all the time!”*

*“It’s like your body kind of freezes,” I suggest to Joe. He nods. I look at him and then at his parents. “Would you be open to doing a little experiment?” Everyone agrees.*

Now we are starting to do “mindfulness-based” family therapy. We are about to get beneath the stories that the family members tell themselves about what’s going on in the family (e.g., “This is what drives me crazy about him...”). In neuroscience terms, we are dropping into the limbic brain, the part of the brain that runs our emotional world and patterns our relationships. We want to build awareness of these limbic patterns, so that the family members can develop new ways of relating to each other.

We need two things before we can do this deeper level of work. First, we need a solid, **trusting alliance** between the therapist and the family. Each member needs to feel that I am non-judgmental, interested in his or her experience, and keeping the process safe for everyone. This includes gracefully interrupting escalations before they cause additional wounding to family members, and tracking each person’s impact (including my impact) on the others.

Second, we need to use the lens of **mindfulness** to study experience. I will use Kabat-Zinn’s definition of mindfulness: being aware, with intention and without judgment, of what is happening as it happening in the present moment<sup>1</sup>. In Mindfulness-Based Family Therapy we use mindfulness to become aware of underlying experiences—feelings, impulses, needs, hopes, beliefs, and bodily experiences. Without mindfulness we get stuck in the realm of story—the stories the family members have told themselves over and over again about what is wrong with everyone else! Mindfulness allows us to drop into the unknown, to bring the witnessing brain to experiences that have been invisible and automatic. With a caring and exploratory attitude, we will discover new things about what is really going on.

To engage in this work requires that we teach our clients basic mindfulness skills. For clients who have no experience with mindfulness practices, I educate them about how mindfulness works. I explain that the part of the brain we use to understand our world, the pre-frontal cortex, is only a recent evolutionary development. The thinking brain gets eclipsed by the limbic (“emotional”) brain, which is patterned by early experiences in relationship, and by the reptilian brain, which is concerned with basic survival.<sup>2</sup> Then I

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<sup>1</sup> Kabat-Zinn, J., Wherever You Go, There You Are: Mindfulness Meditation in Every Day Life (2005).

<sup>2</sup> From A General Theory of Love, by Thomas Lewis, Fari Amini, and Richard Lannon (2000).

translate to clients a simplified version of Daniel Siegel's theory of the mindful brain: Mindfulness allows access to parts of the limbic/emotional brain that are not engaged as effectively just by talking about things.<sup>3</sup>

Most importantly, I introduce mindfulness to clients in a way that feels good. For example, I invite the client(s) to think of a time that they felt very relaxed, perhaps at their favorite beach or with someone they felt totally comfortable with. Then I teach them to be mindful of all the details of this experience: body sensations, smells, sounds, breathing, etc. In this way, mindfulness comes to have a positive association for the client.

Not every teenager (or adult!) will trust the process as much as Joe does, and often there is so much reactivity in the family system that it takes a while to slow things down. But I have found over and over again that as soon as the family members have shared a positive experience in a mindful state, they buy into the work in a whole new way.

Mindfulness-Based Family Therapy has roots in the early experiential family therapies of Carl Whitaker and Virginia Satir, but draws mostly from contemporary mindfulness-based therapies, especially the Hakomi Method and Somatic Experiencing. The Hakomi Method<sup>4</sup> provides us with mindfulness-based techniques to uncover and reshape core belief systems. Somatic Experiencing<sup>5</sup> helps clients learn to track arousal levels and manage internal experiences that were previously overwhelming for them. Let's see how we can apply these approaches in working with a family...

*"OK, " I say. "Sonya, I'm going to invite you to do just what you did a moment ago, but this time slowly and mindfully. I'm going to invite you to begin to lean towards Joe, slowly, letting your face and body hold the same intensity it did before."*

*"Joe and Bill, I'm going to ask you to notice what you experience moment by moment as she does this. Does your body get more*

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<sup>3</sup> From Daniel Siegel's The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being (2007).

<sup>4</sup> The Hakomi Method was developed originally by Ron Kurtz, and has been expanded by many therapists. (See for example, Rob Fisher's book, Experiential Couples Therapy [2002], in which he applies mindfulness to couples therapy.)

<sup>5</sup> See Peter Levine's Waking the Tiger: The Innate Capacity to Transform Overwhelming Experience (1997).

*tense or more relaxed, and where do you notice the change? Do you feel an impulse to move or speak? Do you space out? Or maybe nothing at all happens. I will pause things at different points so we can study what is going on.*

*“First let’s all get mindful, just like we’ve done before, and give me a little nod when you feel ready.”*

*I wait until I’ve received nods from everyone. “OK, Sonya, you can start to let yourself lean towards Joe, in super slow-motion.”*

For me as the therapist, this is the most interesting part! I never know what is going to happen next. I can have a hunch, but I must hold my ideas lightly so that they don’t run the process. I let myself slow down, tuning into the micro-movements of the family.

*Sonya starts to lean forward to Joe, while Bill watches with great interest. As she begins to inch closer, Joe’s right shoulder starts to tense up.*

Here, in this split second, I have a judgment call. I can either pause the action and study this tiny change, or I can continue and see what else happens. I decide on the former.

*“Alright,” I say. “Let’s freeze-frame this moment. Sonya, is it ok if I ask you to stay right there?” She nods.*

*Joe, do you notice what your body is doing right now?”*

*“Well,” he says, “I’m beginning to feel uncomfortable.”*

*“Do you notice where you experience the discomfort?”*

*“I’m not sure. All over I guess.”*

*I turn to Bill. “Did you notice any shift just in that brief moment when Sonya leaned in?”*

*“Yes,” he says. “I noticed Joe’s shoulder. It flinched a little bit.”*

*I turn back to Joe. “Can you feel that in your shoulder, a little change of some kind?”*

*“Yeah. My shoulder is tightening.” He is interested in this experience.*

*“Great, can I invite you just to notice what your shoulder is doing? Pay really careful attention, both to your shoulder and anything else that seems related to it.”*

*“Yeah, it’s like my arm is pulling in too.”*

*“Yes, stay with that and see what happens next. Stay in slow-motion.”*

*What we observe has the feel of a rare flower opening its petals. Joe’s elbow is pulling in. He is twisting ever so slightly at the waist. His hand slowly rises to shoulder level. But then it stops. He looks up, first at his mom, then at his dad, as if concerned about their reactions. This is a younger Joe, the one that is now looking out at his parents.*

*“Your hand stops right there, and then something else happens,” I say.*

*Joe is quiet. The room is silent.*

In the above segment, Joe’s underlying limbic experience is finally emerging. For anyone sitting in the room, it is completely obvious that a very different part of Joe is now with us! Joe feels younger, like a 6-year-old boy. It as if we are encountering Joe before he learned the defensive strategies he needed to adapt to his world. The Hakomi Method refers to this stage of the process as the “Child State,” when core beliefs about living in the world (for example “I can only protect myself by shutting down”) had not yet solidified into character strategies.

*Sonya and Bill are looking at Joe, apparently stunned by the depth in Joe’s face. Their eyes are wide open.*

*I take a deep breath; my voice gets much slower and deeper. “This is a very tender place we are in now. So I want to call in a quality of slowness and care to what happens next.” I am saying this to create more safety, and specifically to let Joe know that I protecting his vulnerability.*

*“Joe, your hand wants to come up, and then it stops. You’re checking out your parents to see if it is OK?” I look at Joe’s face for the slightest indication that I’m on the right track, and then I turn to his parents. “Sonya, Bill, in the safety of this room, is it OK that Joe lets his hand move how he needs it to move.” They nod. “Whatever you need to do honey,” Sonya says.*

*“So, your mom was leaning in towards you. [I motion to her to resume her position.] Is it OK, Joe, to bring your hand back to where it was? OK, now if your hand could continue its movement, what would it do next?” Joe’s right hand inches up, and then slowly extends out to make the archetypal “stop” gesture. His face is red, he is trembling a little, and he swallows a few times. But he also looks determined; as if he is finally letting something out that he’s been pushing back for way too long.*

*“Wow,” I whisper, “there’s a lot of power in your arm and hand right now.”*

*I turn to his parents. “Can you feel the power of this?”*

*Bill nods and says, “His hand is speaking really clearly for him right now. I get it.”*

*I nod and look at Sonya. “When you see Joe right now, what does your body want to do in response?”*

*“I feel myself backing away. Which surprises me—normally I would puff myself out to push him back. But seeing his eyes and his face right now, I can’t do that. I just want to settle back to give Joe that space he needs.”*

*“Yes, there is something different here now,” I say. “Sonya, why don’t you let yourself inch back, very slowly, and then Joe, you can track what it feels like in your body when she does so.”*

*As she moves backward, Joe breathes more deeply. He is sitting up taller in his chair, his arm and hand out, watching his mom.*

*“It’s like I’ve never gotten to do this,” he says.*

*“And how does it feel now?” I ask.*

*“It feels like she is understanding me, and that feels really good. And I also feel calm, like I don’t have to argue any more. And, it’s like I could listen to her now without having to numb myself out. It’s just...this,” he says, his chest open, his hands dropping to his side. Joe’s body exudes a quiet strength and even a lion-like proudness.*

*I turn to his parents. “I imagine you both feel more at ease in yourselves as well.” They nod.*

*“So let’s all just hang out in this sweet place and get to know it a little. Let’s just be quiet for a few minutes...”*

This is a delightful part of the process. When the family is having a corrective experience, my job is to let them soak it in. The longer they can sit with what is going on, feeling it in their bodies and sharing it as a relational experience, the more it becomes a possibility for the future.

The family is enjoying the corrective experience of healthy boundary setting: Joe is setting a boundary, his parents are respecting it, and everyone is feeling connected in the process. Previously, Joe did not believe, at a deep level, that this was possible. When his mother escalated with him, he would dissociate. The Somatic Experiencing method would see this dissociation as a type of “freeze” state, something animals do when their self-protective fight/flight mechanisms have been overwhelmed. As neurologist Stephen Porges has elucidated with his Polyvagal Theory<sup>6</sup>, a person’s ability to engage others authentically is neurologically restricted if their self-protective mechanisms are off-line. The person will stay dissociated.

In this work, we look to enhance the self-protective capacity of each family member, so that they can be more relational. As Joe sees that he can assert himself and take action to protect his space, he will not need to collapse into a “freeze” state, a state that frustrates both him and his parents. (In fact, his freezing caused his mother to escalate even more, further overwhelming him and sending him deeper into the freeze.) Now, we have set another possibility in motion. For homework, I ask the family to pay attention to “choice point” situations: when Sonya feels herself starting to lean in, when Joe begins to freeze. “Notice what you are experiencing in your body, take your time with it... and then notice what else feels possible.”

Obviously, there is more work to be done. We will need to complete the family dialogue around the issue in question, which in this case had something to do with staying out after curfew. (Yes, finally you get to know what they were arguing about!) I want the family to have the experience of completing the old conversation grounded in this new way of being with each other. And I am anticipating that Sonya is awaiting her own corrective experience: seeing that when she attunes to Joe’s needs and respects his boundaries, he actually becomes more responsive to her.

As for Bill, I suspect he is learning something vicariously through Joe. His tendency is to go passive as well. Sure enough, several sessions later Joe calls his dad out on this!

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<sup>6</sup> Porges, S.W. (2004). “The Polyvagal Theory: Phylogenetic Substrates of a Social Nervous System.” *International Journal of Psychophysiology*, 42(2), 123-146

Not every family therapy goes this deep. For many families, the work looks much more conventional. But so many standard family therapy techniques are vastly more effective when framed by mindfulness. For example, when I teach families how to take a Time Out (when they are too upset to communicate effectively), we practice the Time Out in mindfulness. “Notice exactly how it feels to hear the request for the Time Out, how your legs feel as you move towards the door, etc.” I have found that almost any new skill is far more likely to work if it is practiced in mindfulness.

In our case example, the reader will notice that this whole process started when I simply called attention to Sonya’s leaning forward towards her son. This is the amazing thing about mindfulness-based therapy: You can start anywhere. A gesture, a frown, a tone of voice—anything that seems to have an emotional charge. Once we have a strong enough therapeutic alliance, we can invite the client(s) to study the experience in mindfulness. There are numerous techniques we can use once mindfulness has been established with the family members, but the key is to get them there.

*A few weeks later, Sonya, Bill, and Joe are in my office again. As usual Sonya is talking loudly; not at all belligerently, but loudly. (I think of the old Saturday Night Live skit of the family in which everyone always yells, and John Belushi shows up for a date with one of the teen daughters wearing earmuffs.) My alliance with the family is very strong, so I finally have the courage to say something...*

*“Sonya, did you ever notice that you talk loudly?”*

*She pauses, surprised. “No. Do I? This is just how I always talk.”*

*I turn to Bill. “Do you notice that she talks loudly?”*

*“Yes,” he says, with a nervous smile.*

*Joe nods his head in agreement. “We’ve just learned to live with it.”*

*“Are you open to an experiment<sup>7</sup>?” I ask. They nod. “Let’s see what happens for everyone if Sonya talks just a little more softly for a few minutes. Is everyone down for this experiment? Great, let’s take a moment to get mindful first...”*

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<sup>7</sup> The technique of the “Little Experiment” comes from the Hakomi Method. See Ron Kurtz’s book The Hakomi Method: The Integrated Use of Mindfulness, Nonviolence and the Body (1997).



*Sonya talks more quietly for a while. Then I ask her to report on her experience.*

*"It's kind of awkward. Like I have less control, and I don't know if they are listening to me."*

*"What about for you, Bill and Joe."*

*Bill gives out a great, big smile. "It was like I could just relax. I didn't feel like I had to brace myself against her loudness. And," he says, turning to his wife, "I could really listen to you, Sonya."*

*"Same for me," says Joe. He is smiling broadly too.*

*"Wow, Sonya." I'm also smiling, delighting in this moment of discovery. "Hearing this must be so interesting for you! Now, if you're willing, take a moment and let yourself really see your husband and son smiling at you like this. Notice whatever you experience in your body as you do this..."*

How exciting it is when we as therapists can share new experiences with our clients. The veneer of an old worldview comes down, opening up greater vistas. By helping clients tune into their experience through mindfulness, we open the door to vast internal worlds and relational possibilities. Why not bring this approach to family therapy? The crucible of the deepest wounding can become, in time, a haven for the most powerful kind of healing.

A version of this article appeared in the September/October 2011 issue of *The Therapist*, the publication of the California Association of Marriage and Family Therapists (CAMFT), headquartered in San Diego, California. This article is copyrighted and been reprinted with the permission of CAMFT. For more information regarding CAMFT, please log on to [www.camft.org](http://www.camft.org).