

The Mindful Therapist

At some point in his or her life every therapist has made the decision to sit down and listen to other people's suffering for a living. Some, like me, even spend their entire adult lives doing so. What is the desire or force that leads each of us to make such a decision? If you ask therapists this question you will get various answers but most responses can be summarized in the following statements:

"I was helped to overcome my problems and want to help others overcome theirs."

"I want to help people transform themselves into the best person they can be."

"I want to help people let go of the past that learn that they can create their future."

"I want to demonstrate the healing value of compassion and acceptance."

Essentially, as therapists, we want to alleviate suffering and help connect people to their inherent wisdom. This article is about how we do that. What is it we *do*, and how is it that we *are*, that successfully facilitates the alleviation of suffering and facilitates connection to inner wisdom?

Most clinicians have heard somewhere in their education or elsewhere along the way that people who have been in therapy report that the relationship with their therapist was a significant factor in their treatment outcome. There is a growing body of research indicating that the nature of the therapeutic relationship itself turns out to be more significant than the type of therapy being utilized. In "The Heroic Client" (Duncan, B et al 2004) and "The Heart and Soul of Change," Hubble, M. et al (1999) the authors discuss the importance of the therapeutic alliance and provide numerous references on this subject. Since who we are in the room; how we are

with clients, is a significant aspect of successful therapy, regardless of the therapeutic modality being used, it makes sense to try to explore more specifically what that means and how we can train ourselves to be, for lack of a better way to say it, *more that way*.

Periodically I ask the clients at my treatment center, Monte Nido, the question, “What are the qualities of a therapist that you find the most helpful or healing?”

The answers I get consistently are summarized in the following list:

1. They accept me as I am, while helping me become who I can be.
2. They don't take my behaviors personally.
3. They listen without inserting their own agenda.
4. They can be with me in the pain, not just in trying to fix it.
5. They provide wisdom and suggestions but do not force their ideas on me.
6. They pay attention to many aspects at once, words, body language, silences, energy.
7. They tell me the truth; hold up a mirror, without judging me.
8. They are role models of responding to life rather than reacting.
9. Their presence is calm, consistent and comforting even when being strong.
10. They come from a place of unconditional love.

The list clients come up with, like the one above, are all examples of characteristics or traits of someone who is very attuned with and secure about him or her self. It may seem to some that the items listed here are the obvious skills required of a good therapist. However, consistently practicing these skills when working with clients is a monumental task. Think about it. Have you ever gotten angry with a client, felt personally affronted or hurt by a client, tried to

fix the problem when the client just wanted you to listen, asserted your agenda, felt judgment towards a client's behavior, not been calm or comforting, or not been the best role model? Now think of your life with your friends, bosses, spouses, parents, children, or strangers and think about how universally and consistently you practice all 10 things on the list. One who practices these skills all the time, not just when being paid as a therapist, is a rare person indeed. I think a person who could do this all the time is someone highly evolved or a person of a high spiritual nature. It helps for me to actually visualize someone like this. I think of the Dali Lama. In fact, sometimes in a particularly difficult situation, I even say to myself, "Hmm how would the Dali Lama act in this situation?"

Essentially the ten skills that clients came up with can be seen not just as good skills for therapists but as *Ways of Being in the World*. They are skills that can be applied to self and others that when practiced can help accomplish the task described earlier; the alleviation of suffering and a connection to inner wisdom. As therapists we are in a unique position of helping others both by *being* this way with them and by teaching them to *be this way* with themselves and others.

Recently I came upon a research study (Grepmaier et al 2007) documenting the effect of therapists who meditate. Essentially they examined the effects of therapist meditation practices on patient outcomes. The researchers in this study described the highly complex task of a psychotherapist who has to pay attention to both verbal and non verbal expressions of the patient, self regulate their own perceptions and manage counter transference, all at once. During psychotherapy every therapist has to direct his or her attention to all these things and more to the best possible advantage of the client yet little has been done to document how best to do this.

One form of directing attention is Zen Buddhist mindfulness where attention is directed to the *present moment, on purpose and non judgmentally*. “Thus, the aim of this study was to assess whether the promotion of mindfulness, through daily Zen meditation, in psychotherapists in training (PiT) influences the treatment results of their patients.” (Grepmaier et al 2007)

18 therapists, all of similar training experience, were randomly assigned to a Zen meditation group (MED) which practiced meditation before their therapy sessions Monday through Friday from 7am to 8 am, or a control group which did not practice meditation before therapy sessions (no MED) but did practice it at some other time. 124 patients who were treated for 9 weeks were randomly assigned to a therapist from either group. Patients were not aware of which therapists were meditating before their therapy sessions and which were not.

At the end of the study no one had dropped out. All patients rated the quality of each individual therapy session, their degree of improvement on a variety of symptoms and their overall well being before and after the full course of treatment. Patients treated by the MED group had significantly higher evaluations for the entire therapeutic result including higher evaluations for individual therapy on two out of three scales, “clarification” and “problem solving”. Furthermore, the MED group showed greater symptom reduction on a variety of measures including somatization, insecurity in social contact, obsessiveness, anxiety, anger/hostility, phobic anxiety, paranoid thinking and psychoticism.

Overall patients treated by therapists practicing meditation before therapy sessions improved significantly more than patients being treated by therapists who did not meditate before having sessions. The study suggests that promoting mindfulness in therapists positively affects the course of therapy and the treatment results in their patients.

There is large body of research showing that meditation and mindfulness practices appear to generate biological, neurological and psychological improvements in the practitioner's lives. The Grepmaier et al study goes a step further in that it shows how these practices can have a transference effect on the lives of those being treated by someone practicing them prior to engaging therapy. Why would this be?

Look again at the list of ten things clients describe as helpful, and you will see that essentially by engaging in mindfulness meditation one would be literally cultivating these 10 skills. In other words, during their mindfulness meditation every morning the therapists in this study were practicing how to observe and pay attention in an open, loving, accepting and non judgmental way. This would foster a variety of specific things the clients listed such as, being responsive rather than reactive, being calm, being non judgmental, not taking things personally and so on. In essence the mindfulness meditation training fosters skills that clients say are most helpful in a therapist. This does not mean you have to meditate every morning to be a good therapist but it does help to explain the results of the Grepmaier study. All of this suggests that, from both patient anecdotal reports of what they think is useful in a therapist, as well as research demonstrating better results in patients whose therapists practice mindfulness before doing therapy, becoming a mindful therapist is an effective therapeutic practice.

Mindfulness used to be a word representing some kind of far out, wu wu, Eastern, wacky esoteric practice. Mindfulness conjured up meditating monks, sitting yogis, and Hari Krishna devotees. Mindfulness is actually a *way of being* that can be applied to doing anything. Other authors in this journal will have devoted space to defining the term but simply put it is the art of *being in the present moment and paying attention to our experience with openness, acceptance*

and non judgment. When we can truly do this, we increase our internal attunement and become aware that we are not our thoughts, behaviors or ego identity. Mindfulness is active witnessing that helps us separate the thoughts from the thinker. Mindfulness helps us separate *what is* from what we *think about* what is. It helps us keep our own agenda out of the forefront. Mindfulness reminds us that it is not our experience but what we make of it that causes our suffering.

Practicing mindfulness helps us to acknowledge that on a cloudy rainy day it is not the weather that is dreadful. If anything is dreadful, it is our reaction to the weather, not the weather itself. This is experiencing the present without judgment, an important aspect of mindfulness. Using the weather as the subject is a fairly easy way to begin to grasp the concepts of acceptance, non judgment and how we create our own suffering. Use things like the weather to begin teaching these concepts to clients. Eventually I move on to more difficult areas like the attitude one might have about one's body. Even though this is more difficult and will be harder to grasp it is essentially the same thing; "It is not your body that is dreadful, it is your reaction to your body that is dreadful." Accepting this essential truth is not easy for anyone living in this culture and is particularly difficult those entrenched in an eating disorder. Nevertheless this kind of teaching; this kind of mindfulness training, helps clients with acceptance of what is, with acknowledging how their mind creates suffering, and with recognizing their own internal wisdom and power to create happiness.

In western culture we are often taught that the way to achieve happiness is to change something outside of ourselves that is making us unhappy. "If only I had a better job I would be happy." "If I lost ten pounds, then I would be happy." We somehow believe that with hard enough work, making the right decisions or getting the right breaks we can achieve happiness

and avoid pain and unhappiness. This is an impossible task. No matter how hard we work at it, pleasure *as well as* pain, success *as well as* defeat, praise *as well as* criticism, will all show up no matter how hard we try to have only pleasure, success and praise. Mindfulness offers a different approach to happiness. Practicing mindfulness teaches us that our inner states of consciousness are far more influential to our happiness than outer circumstances. Practicing mindfulness we come to understand that the way we experience life is created by the particular states of mind with which we meet it. Western psychology has traditionally focused on what we think about rather than how we think. Using mindfulness we can step back and investigate our mental state and learn to release states that bring pain and sorrow and foster those that create pleasure and joy. We can train our mind to be in a healthy mental state, able to be aware of, open to and accepting of life's circumstances. This we can apply to our life and to our therapy practice.

Daniel Siegal has devoted several articles and books such as, "The Mindful Brain" and "The Mindful Therapist" (in press) to the topic of mindfulness practices and psychotherapy. Siegal has helped to legitimize how and why mindfulness works. Siegal explains how mindfulness practices and neuroscience interact and how they positively affect the brain, the mind and relationships. He articulates how on a biological level mindfulness practices actually create changes in the practitioner's brain. Siegal's work helps to describe how mindfulness skills such as awareness, attention, reflection, acceptance, compassion, emotional attunement, non judgment and indeed our very capacity for happiness are in fact trainable. In his books Siegal gives specific mindfulness techniques to use and to teach clients and provides case examples.

In "The Mindful Brain", Siegal (2007) discusses research by Baer et al., (2006), on the subjective experience of mindfulness. From this research five general dimensions of

mindfulness were obtained: (1) non reactivity to inner experience; (2) observing, noticing, attending to sensations/perceptions/thoughts/feelings; (3) acting with awareness/non automatic pilot/ concentration/non distraction; (4) describing/labeling with words; and (5) non judging of experience.

Looking at these dimensions of mindfulness listed in a different order, with my own added notes in parentheses, one can easily see their relationship to important life skills that are lacking in eating disorder clients.

1. observing , noticing, attending to sensations/perceptions/thoughts/feelings (*being and staying present, ability to feel feelings*)
2. describing/labeling with words (*interoceptive awareness, ability to express feelings and needs*)
3. non judging of experience (*acceptance of situation, self and others, elimination of negativity*)
4. non reactivity to inner experience (*affect tolerance, emotion regulation*)
5. acting with awareness/non automatic pilot/ concentration/non distraction (*behavior control, ability to respond rather than react*)

Most eating disorder clinicians would agree that the above skills are either weak, not present, or in some way have gone awry in our clients. Not specifically related to eating disorders but relevant nonetheless, Baer et al (2007), discusses how *being able to describe one's experience*, has been positively associated with emotional intelligence and negatively with alexithymia. *Acting with awareness* was inversely correlated with absent mindedness and

dissociation. *Non judging* was most robustly associated with low psychological symptoms, neuroticism, thought suppression, difficulties with emotion regulation, and experiential avoidance and *non reacting* was most associated with self compassion.

Once again we see a synchronicity between our original list of 10 *Ways of Being* that clients find most useful in a therapist and the 5 dimensions of mindfulness established by Baer et al (2007) with the accompanying skills I listed in parentheses next to each one. Once again this points to the notion that to improve our effectiveness as therapists and increase our client's capability to heal and thrive, we need to be attentive to the development of mindfulness. We need to help clients learn the skills, traits; *ways of being*, that they reportedly find so valuable in us. We need to help enable our clients to access their essential "essence" ...to separate themselves from the chattering of their ego mind and get beyond emotional reactivity and habit. We need to help them become more open and receptive to what they experience. With the dissolution of automatic patterns they can acquire new levels of self-regulation allowing them to alter their affective and behavioral responses.

It is important to understand that practicing mindfulness or being in a mindful presence does not mean that as therapists we just sit passively being in the moment, paying attention, observing, accepting, saying only positive things and nothing about anything that is not a present experience. We work with our clients bringing all our knowledge of their past and their potential future to bear in our understanding of them in the moment. We can help them build bridges from their past to their future, offer suggestions, challenge them, teach them about their behavior and how their brain works, help them understand why they might be behaving the way they do and teach them how they can change. The point is, we can do all of this with a mindful presence.

I do my best work when I am in the most authentic, present, accepting and non judgmental state of mind. I strive to be congruent with myself, my body language, and what I say. I teach my clients to do this as well. To help me be a better self in my life and in my work I continue to practice various forms of mindfulness training like breathing exercises, meditation, and techniques that facilitate forgiveness and letting go of the past. Additionally I practice active forms of mindfulness such as yoga that help me sense and stay connected to what is happening in my body. In therapy these skills help me be in my body and stay present and attuned, tracking the clients subjective experience as well and helping them to notice what is going on in their body too. All these skills help me notice how we are together, what is happening in the room. When I am being mindful I am not defensive or attached to a particular result.

The therapist's mindful presence is itself a source of healing. It facilitates a better relationship with the client and like a tuning fork it helps bring out this mindful presence in the client. I believe that when clients are in this mindful presence they can distinguish the difference between this presence and the chattering of their ego/mind. When clients are in touch with this presence or what I call their "soul self" they can more readily separate it from their eating disorder self. They can see they are not their eating disorder self and in fact are far more powerful than that. Rather than just battling with the client's eating disorder self, it is critical to strengthen each clients healthy soul self because this is what is necessary to put the eating disorder self out of a job.

Mindfulness practices are a path to help all of us get in touch with and strengthen our pure essence or our "soul self." Even though living consistently in this state is only realized by very few people, if any, it is a state to strive for. Practicing mindfulness helps me to live my life

and practice therapy from a more soul driven place. For example, when I am wounded or upset by someone it is my ego that has been hurt. My ego might react to that hurt by wanting to hurt back. In “The Power of Now,” Eckhart Tolle, (1999) says, “The ego *reacts* and the *soul* responds.” () Mindfulness is what allows me the ability to step back and realize when my ego is *reacting* and helps me connect with my inner wisdom or soul self to decide how I really want to *respond*. When I do this I find that I can accept without judgment what has happened and can respond by saying what I need to say without anger or negativity rather than just simply trying to hurt back.

The excerpts from sessions that follow are examples of how mindfulness permeates my work.

One day a client at Monte Nido, Stella, admitted to me that she had been purging all of her food and lying about it for two and a half months! I had suspected the purging and had asked her several times during the course of treatment. None of her medical tests indicated vomiting but her weight gain was slow and some other things did not seem to add up. I was suspicious but could not prove anything. She finally told me about the vomiting one day in a session after describing her feelings of being hopeless. I told her that usually when a client is hopeless it is because he or she is unable to tell the truth about something. Upon hearing this Stella started to cry and broke down and admitted that she had been purging her food and lying about it. There were two distinctly different responses inside of me. I could hear my mind reacting as I thought, “I knew it. I cannot believe you lied *to me* for over two months. I even asked you about it several times. You cannot be trusted.” She had lied to me for a long time and had been vomiting in my treatment program. My ego was wounded. I could feel energy developing in me as my body began responding to these thoughts. My heart beat felt stronger and my pulse increased and I felt

a little hot. These feelings can be the precursors to anger or they can just be what they are, my body reacting. Practicing mindfulness has allowed me to see that my emotions are my body's reaction to my thoughts. (I help clients to understand this very valuable concept). So I simply noticed what was happening inside me and I took a couple of deep breaths focusing on letting the energy flow out and letting my body calm down. Then I responded from a much calmer presence, that I understand as my soul self, and I said, *"How hard that must have been for you to lie all this time. Welcome Stella you are here. Now you might be able to get past this hopelessness."* When Stella asked me if I hated her and if I would ever trust her again I told her the truth, *"I am not angry, I do not hate you and I do not feel differently towards you today than I did yesterday. But I don't trust your eating disorder self and by the way, you should not trust it either! Look where it has gotten you. I don't trust that you can tell me the truth yet and that is where you are. Whether I will trust you or not, is up to what happens as we go forward."*

On another day, I am sitting in a room with Liz who has just thrown up right at the Monte Nido lunch table. She actually opened up the sliding glass door behind her and voluntarily vomited her lunch all over the porch in front of all the other clients and staff. It had been a long 2 weeks of Liz doing all kinds of behaviors in her attempt to get kicked out of treatment. She had previously been to 7 different treatment centers where she did well in some and got kicked out of others but in any event has never retained any recovery gained. Everyone is upset and there is talk about having to discharge her. I have been called in to speak to her. Everyone has things they want me to say to her, things they want me to do. I ask Liz to come and just sit quietly with me for a few moments. We are sitting together breathing and I notice that my body

feels a bit jumpy. I check what my body is feeling and I notice that tense but I am not angry. I am unsure. I accept that I do not need to know what to do or what is going to happen. I am ready to be in this moment with her without any judgment. I am also ready to set limits and tell her the truth that she might not be able to stay.

C *“How does your body feel?”* I ask her.

L *“I am afraid.”*

C Liz is usually mad and rarely expresses that she is vulnerable so I notice this right away. I do not want her to get into her story and lose her feelings of the moment so I ask her again, *“How does it feel in your body?”* I do this because Liz is often full of words. She is a therapist herself. She is very bright and good with words but not so good with feeling or expressing feelings.

L *“Well, I feel a bit shaky and I feel like running out of the room.”*

C I laugh. *“I felt a bit shaky too at first, because this is a very difficult situation. But I hope I can help you to feel ok about staying in the room. I am not mad and I do not have any preplanned thing to say. We need to work this out together.”*

L *“I don’t want to recover”*

C *“Ok, who says you have to?”*

L *“Isn’t that what you want, isn’t that what everyone wants?”*

C *“I don’t know what everyone wants. I want to hold up mirror and show you yourself and then I want to show you who you could become and then let the choice be up to you. It’s ok with me if you don’t want to recover. But I think it’s B.S. that you don’t want to. The problem is that you don’t think you can.”*

L *"It's bigger than I am."*

C I laugh again. *"That is not possible. Don't you know where it gets its' power. It gets it from you. Your eating disorder is not an entity that falls out of the sky and lands on you. It is a part of you. So it is not possible for it to have more power than you, it is you...just not all of you. "*

L *"I never thought of it that way...But it feels like it is bigger. "*

C *"I know. Good thing our feelings are energy and they come and go. Our feelings, our emotions, are our body's response to our thoughts. You feel that way because you think it is true."*

L *"Ok I get that. But I still don't think I want to do this."*

C *"Do what? What is it you think you have to do?"*

L *"Oh....I don't know, I guess give it up...gain weight"*

C *"Ah, that old thing. Well of course you don't. If you really did want to you would have done it already. If I waited for my clients to really want to give it up or gain weight before they committed to treatment I would have no clients. You are ambivalent. It is a difficult place to be but that is ok. It is ok not to know what you want to do."*

L *" But I have been told so many times that I have to want it."*

C *"Ah yes I know. In the long run there is truth in that statement. But it is complicated and how could you know that now? My job is to help you figure out if you want to give it up. People who say you have to want to give it up are well meaning but I have not ever met anyone who came for treatment who was sure they wanted to give it up. Some say they are sure but this is only part of them speaking. As soon as they are asked to do what it takes, such as raise their calories, gain weight, stop bingeing, another part of them resists. I call these parts the healthy self or soul*

self and the eating disorder self. The battle you have to fight is not between me or some other treatment team and your eating disorder self. It is between the different parts of you.”

L *“I get that. It makes sense to me but right now I feel like I am my eating disorder.”*

C *“How about the part of you that called me wanting to come to Monte Nido and get help. I remember her, the healthy part of you who was sick and tired of all this and had hope that your life could be different. Do you remember our conversation? She wants to get better, but now where is she?”*

L *“I don’t know.”*

C *“Fair enough. That is our job. We need to help you access your healthy self again and strengthen it. Your eating disorder self is a very strong ego identity and you tend to confuse it for who you are. I am not going to take away your eating disorder. You and I know I can’t do that. I want to strengthen your healthy self and it will take care of the eating disorder. Your healthy /soul self will learn what it is your eating disorder does for you so that you can take care of those things, those needs, in a healthy way. Rather than get rid of the eating disorder self you actually integrate it with your healthy/soul self to become whole again.”*

L *“That makes sense to me. I always resist when I think people are trying to take it away. Feeling like I can transform it, learn from it, makes me at least interested.”*

C *“Ok well that’s a start. So do you still want to run out of the room?”*

L *Laughs. “No”*

C *“How does your body feel?”*

L *“Calm”*

C *“Anything else”*

L *“Just different”*

C *“Can you explain different?”*

L *“First of all I thought you were here to kick me out.”*

C *“Ok well I guess that has been your previous experience. I want to suggest something. Much of what you have said and done here so far has told me that you have a preconceived notion of what treatment and treatment providers are like. That is understandable. I also can look at your paperwork and see everything that has been said about you from previous treatments and I can create a preconceived notion about who you are too. If either of us do this we will not really be available to each other in the present moment. We will have all these thoughts about each other and miss who we really are. We would also be perpetuating a belief that things cannot be different. Can you agree with me to stay present with our own experience of each other. The past is always there but if we give it too much power we perpetuate the belief that we are unchanging. The past does not tell us what the future could be.”*

L *“I will try. For sure I was ready today to meet you with an attitude. I thought I knew what you were going to say, or at least some version of it. I was wrong and somehow it seems like you are making it my choice to do this and that feels different to me. There is something in about it that makes me want to try.”*

C *“Well that’s a start. And, I don’t know if it will work. You might not be able to stay. I don’t think you should stay if you continue to do things like voluntarily vomit at the lunch table. You can do that at home...right.”*

L *“Yeah”*

C *“So we need to see. It’s ok with me if you decide to leave, decide you do not want to get better*

or be recovered. I have no judgment about it. I really don't. It is your life. But if that is your decision then lets do it respectfully, honoring each other. You do not have to vomit in front of people and do other things to get kicked out. We can decide together if it is not working. You get to be the agent of your own life."

The brief view into my sessions with Stella and Liz are two simple examples showing how I weave mindfulness into the work with my clients in order to alleviate suffering and connect them to their inner wisdom. As therapists in training we are all taught not to take things our clients do personally. We are warned about transference and counter transference. We read literature and attend lectures on how to listen openly, help our clients with *their* goals and not be judgmental. But how do we actually *do* this. What helps us, as the human beings we are, to put these things into practice. What helps us to do this is in fact the essence of mindfulness.

This article and my examples provide a brief window of what I do and who I am. I use a mindfulness approach in how I deal with myself, how I understand and respond to my clients, and how I directly teach mindfulness concepts and practices along the way such as asking a client to focus on her breath, teaching her that her emotions are her body's response to her thoughts or helping her see the difference between reacting and responding and the difference between her ego and her soul. Bringing a mindful presence to my work has helped me form a positive therapeutic alliance with my clients and I believe is a significant aspect to my success as a therapist.

References

Baer, R.A., Smith, G., Hopkins, J., Krietemeyer, J. & Toney, L. (2006). 'Using self-report assessment methods to explore facets of mindfulness.' *Assessment*, 13 (1), 27-45.

Duncan, B., Miller, S., Sparks, J., (1999) *The Heroic Client, A Revolutionary way to Improve Effectiveness Through Client-Directed, Outcome –Informed Therapy* John Wiley & Sons, Inc. San Francisco, Calif. 94103-1741

Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., Nickel, M., (2007) 'Promoting Mindfulness in Psychotherapists in Training Influences the Treatment results of Their Patients: A Randomized, Double-Blind, Controlled Study'. *Psychotherapy and Psychosomatics*, 76:332-338
DOI: 10.1159/000107560

Hubble, M., Duncan, B., Miller, S., *The Heart and Soul of Change, What Works in Therapy* (1999), American Psychological Association, Washington DC 20002

Siegel, D (2007) *The Mindful Brain, Reflection and Attunement in The Cultivation of Well-Being*. WW Norton & Company Inc. New York, N.Y., 10110

Siegel, D (in press) *The Mindful Therapist*. WW Norton & Company Inc. New York, N.Y., 10110

Tolle, E., *The Power of Now* (1999) New World Library, Novato Calif. 94949