Held Experience: Using Mindfulness in Psychotherapy to Facilitate Deeper Psychological Repair

Shai Lavie

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Abstract

This article explores how mindfulness-centered approaches can deepen psychotherapy and facilitate transformative experience. The author uses a case study to illustrate techniques and strategies drawn mainly from the Hakomi method of mindfulness-centered therapy, demonstrating the following clinical skills: immersing clients into present-time experience; engaging mindfulness to help clients tolerate distressing affective experience; and skillfully working toward core-level material. The author introduces the term *held experience*, which refers to a critical therapeutic event in which the client becomes able to witness a formerly distressing experience in a state of somatic mindfulness and self-compassion.

Keywords: mindfulness-centered psychotherapy, the Hakomi method, somatic therapy, held experience

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In one way or another, what brings most people to psychotherapy is the difficulty tolerating distressing internal experience. Acting out behaviors, relational problems, and addictions all share a common denominator in unregulated internal distress. Early failures in parental relational attunement and co-regulation are widely agreed to be a large factor in the etiology of self-regulation problems (Schore, 2003; Cozolino, 2006); this is why relational therapies (such as self psychology, object relations, and many other contemporary therapies[1]) attempt to effect therapeutic change by providing new experiences of relational attunement. In his groundbreaking book *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being,* Daniel J. Siegel (2007) has hypothesized that mindfulness is a form of "internal attunement" which may utilize the same neural circuitry as relational attunement. Siegel's proposal has powerful implications for therapy, in particular, that mindfulness may have a role in remediating early failures of parental attunement, empathy, and co-regulation. In this article I will present a case example to demonstrate this possibility. Drawing mainly from the Hakomi Method, I will illustrate how deep psychological repair can be facilitated by the simultaneous engagement of relational attunement and guided mindfulness. I will use the term *held experience* to describe the poignant therapeutic experience that happens when these two powerful elements come together.

[1] For example, Accelerated Experiential Dynamic Psychotherapy (AEDP), developed by Diana Fosha, "understands psychopathology as resulting from the individual's unwilled and unwanted aloneness in the face of overwhelming emotions" which psychotherapy can remediate through "dyadic affect regulation of emotion and relatedness" moving towards "the experience of attunement" (Fosha, 2009, p.182).

Mindfulness and the Immersion into Present-Time Experience

Jon Kabat-Zinn, an early pioneer in bringing the Buddhist practice of mindfulness to modern psychotherapy, has defined mindfulness as "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment" (2003, p.145). Mindfulness is now used in various contemporary psychotherapies to cultivate an observer self in service of disengaging from habitual reactivity patterns, and to enhance beneficial qualities such as self-compassion and the ability to be in the present moment (Germer et al., 2005; Shapiro and Carlson, 2009). In the Hakomi method, we define mindfulness in a similar way, as "a witnessing state of consciousness characterized by awareness turned inward toward live present experience with an exploratory, open focus that allows one to observe the reality of inner processes without being automatically mobilized by them" (Weiss et al., 2015, p.297). But Hakomi therapists also utilize mindfulness as a way of directly engaging and re-shaping our clients' core-level psychological wounds (Kurtz, 1990; Weiss et al., 2015). To achieve these goals, we work slowly and steadily to strengthen the following elements: the therapeutic alliance and relational attunement, the client's ability to be with present-time experience, the client's sense of internal strength, and the client's ability to be mindful of difficult experience. Let us now look to a case example:

Carla, a 42-year old fitness trainer, bemoans that she is "addicted" to Facebook. "I look at my iPhone to check the time, then I see new postings from friends, and before I know it, an hour has gone by." Carla is an eager client. But if I'm not careful, she can talk away the whole therapy hour, with a sense of not having gotten anywhere.
"This is just what I do", she says with frustration. "When I'm anxious I just talk, talk, talk… that is, when I'm not doing Facebook or eating junk food."
I have worked hard to help Carla become more aware of her bodily experience. I often ask her to describe in detail the sensations she is feeling, and to track how these sensations change from moment to moment. "When you feel anxious, how do you notice that in your body? Do you feel different sensations in your belly, your chest, your jaws, other places? How would describe these sensations? When you feel more calm, what in your body tells you so?" We take time to slowly study these internal experiences.

When we become aware of bodily sensations, we are engaging parts of the brain responsible for interoception, or inward sensing, which include the ventral medial prefrontal cortex (VMPFC), the insula, and the somatosensory cortices (Damasio, 1994; Fogel, 2009). The VMPFC and other medial prefrontal areas, along with the insula, help regulate the limbic ("emotional") brain: they wire with the limbic brain structures (such as the amygdala and the cingulate) where complex emotions are processed, and they work together to help modulate arousal levels, guide appropriate actions, and inhibit emotional expression (Fogel, 2009; Schore, 2009). These medial prefrontal regions are also deeply implicated in our capacity to be aware of our own feelings and the feelings of others (Siegel, 2007). According to Daniel Siegel's theory of the mindful brain, when we practice mindfulness of emotional and bodily experience, we are literally building new neural pathways between the middle parts of the prefrontal cortex and the limbic brain (2007). These new neural pathways enhance our ability to self-soothe in the face of internal distress, and to tolerate strong emotions without acting out. Badenoch (2008) has explained these brain dynamics in a very helpful way:

> "When our limbic circuits do not have strong integration with the middle prefrontal region, we are vulnerable to wide and sudden swings of emotion as limbic-based perceptual biases, rooted in implicit memory, repeatedly respond to internal and external triggers… When we mindfully attend to our state, we can sense the movement of emotion through both our subjective state and the flow of energy in our body. In this way, regulation of the body and of emotion go hand in hand. As middle prefrontal integration increases, the pathway between limbic activation and emotional response lengthens and becomes more complex, conferring a greater ability to keep our feelings from going to extremes. As this capacity strengthens, emotional responses will more quickly and easily return to balance even in the face of stress" (p.30).

In the Hakomi method, we build these new neural networks by continually endeavoring to immerse our client into their body's present-time experience (Kurtz, 1990; Weiss et al., 2015). The body's experience is often a new language for clients. We study impulses as they are experienced as subtle contractions in muscle tissue. We track sensations such as tingling, pulsing, and warmth. And we reference more complex sensory qualities such as spaciousness and compression. We might initially engage this new language of bodily experience to help clients immerse more deeply into experiences of calm, stability, aliveness, or other "resources." As we go forward, we begin to engage experiences that are more troubling for our clients, moving towards deeper psychological repair and a greater experience of wholeness.

Held Experience: Engaging Mindfulness to Help Clients Tolerate Internal Distress

Last month Carla took a vacation in the mountains where she had no on-line access. She came back glowing. "I realized I don't need my iPhone to be happy; I'm actually happier without it." But this week, now back in her normal life, the old "addictions" have returned.

"I realize now that I turn to my iPhone, or to my refrigerator, when I have feelings I don't want to deal with, when I'm scared because my daughter or husband is angry with me." She tells me more about how both her mother and older brother often hit her, and how she freezes up inside when she feels anger directed towards her.

Talk therapy can bring us this far — to a general historical understanding of the origins of anxieties and behavioral patterns. But this understanding happens mainly in the "thinking brain", the analytical and conceptual processing centers which do not directly bridge with the "emotional brain" centers—the limbic structures and the upper brainstem (Schore, 2009; McGilchrist, 2009; Panksepp, 2012). So although Carla knows her daughter is not physically a threat to her, Carla's emotional brain will react as if there is a real danger. Our clients will usually act out in some way to alleviate the distress, or to distract from it. It's as if the nervous system is organized around a prime directive: "Avoid this distressing experience at all cost!"

The emotional brain takes in experiences, not conceptualizations. Cognitive understanding, by itself, does not give our clients what they actually need: an experience of being able to tolerate the underlying distress.

Of course, helping our clients engage the underlying distress is not an easy task. Our clients have spent (as have we!) much of their lives protecting against this distress. So a good deal of trust in the therapeutic relationship is needed. And, we have to build on our clients' successes little by little, learning how to open to internal experience from mundane

annoyances to the deeper core wounds. Mindfulness-centered approaches give us powerful routes to access the underlying feelings in ways that are safe and effective, by engaging the medial prefrontal areas, the insula, and other brain areas which relay information down into the emotional brain (Fogel, 2009; Cozolino, 2006).

In the past, Carla would become quite upset when talking about her childhood experience. "I just feel so broken inside when I think about this," she would often say, going into a familiar, hopeless place. For many sessions I have sat with Carla through her despair, inviting mindfulness only sparingly, usually towards the end of the session. But today, something is different. Carla seems less compelled into hopelessness. She seems more mentally alert and physically aligned along the centerline of her body.
I invite Carla to notice her current posture. "It seems like you are more aligned right now. Do you know what I mean by that?"
"Yes, I can feel my back is straighter, without my efforting to make it so. And my shoulders are more relaxed." Carla's voice sounds deeper and more settled as she describes how she now feels in her body. She also feels to me more relationally present, and more solid.
"Great, let's stay with this experience and notice more about it."

When a client experiences a greater sense of cohesiveness (that is, a somatic /emotional experience of being connected to oneself), I do everything I can to immerse the client in this new experience. Why? First, because it is these moments that the client is actually experiencing a new sense of self; for example, a self that can be alert and strong in the face of challenges. By bringing an extended mindfulness to the new cohesive experience it becomes more available to the client as a place to which they can return. In the words of neuropsychologist Rick Hanson (2009), "The longer something [positive] is held in awareness and the more emotionally stimulating it is, the more neurons that fire and thus wire together, and the stronger the trace in memory" (p.69).

The second reason to immerse the client in the new, more cohesive experience is to build resilience as we move towards facing the underlying distress. Diana Fosha (2009) has described these more cohesive experiences as "positive somatic/affective markers" which "tell us that the transformational process is on track" (p.178) and give the client "the sense that even intense emotions are welcome and can be dyadically handled" (p.185). The client starts to trust the therapeutic process: more cohesiveness leads to a greater ability to tolerate difficult internal experience, which leads to greater cohesiveness. Along the way, the client can experience herself as stronger, clearer, and more alive.

After a while, I ask Carla if she wants to stay even longer with the cohesive state, or to return to the challenging experience of her daughter and husband being angry with her. She is curious to return to the challenging experience. I ask her to notice what she feels in her body when she imagines one of them angry with her.
"There's a churning in my gut, and a tightness in my chest."
I invite her to stay with the sensations. "Just let yourself notice the churning and the tightness, bringing a gentle awareness around the sensations… Let me know what you become aware of."
"The churning has a reddish color, but it seems to slow down as I pay attention to it. The tightness in my chest is hard to stay with. My breath gets tight... I can definitely feel that impulse to eat, or to look at my iPhone. I know that's what I did last week when my daughter

was upset about what we were eating for dinner…" Carla launches from one story into another, from her daughter's outbursts when she doesn't get what she wants, to her husband's disparaging comments, to all the cheese she ate immediately afterwards.

This is challenging work. Many clients, like Carla, will launch into stories when they get closer to the actual somatic distress. The therapist must gauge (1) the client's need to self-regulate in a familiar way (by going into a more cognitive mode), (2) the value that the stories may have for the therapeutic process, and (3) the client's possible readiness to go beyond the stories and deeper into the distressing or resourcing experience. When there is an opening to do so, we are looking to move into this 3rd option, so as to bring more and more of the client's internal world into *held experience.* I use the term *held experience* to refer to a therapeutic event consisting of two simultaneous elements: the therapist's holding a deeply empathic presence for the client's distressing affective experience, and the client's witnessing this same experience, at the somatic and affective levels, in a state of mindfulness. I also use the term *held experience* to describe a client's internalized capacity to be deeply compassionate and mindful of formerly distressing experience.

I decide to gently steer Carla back to her experience. "Carla", I ask, "can you tell me what you are feeling in your body now, if you tune back in?"
The body is rich with experience that rests often just below the level of consciousness.
She pauses for a while, and almost seems surprised by what she finds. "I'm starting to feel more OK with the churning sensation, and the tightness is not as bad."
I notice that Carla's legs, which had been very still, are now moving. "Notice what's happening in your legs and feet", I suggest.
"My legs feel energy in them, like they want to move…" she says. "They want to step out… I see myself in the house I grew up in, with my angry mom there, and I want to step out the door."
I invite Carla to slowly imagine this movement towards the door, noticing each step, her hand turning the doorknob, and each detail of what happens.

Peter Levine (2010), the founder of the Somatic Experiencing method, has emphasized the importance of completing self-protective responses, especially those that were truncated during traumatic events or recurring developmental traumas (see also Ogden et al. (2006)). If walking away from an abusive mother is something a client never actually got to do in real life, then having the experience of doing it now will be critical for trauma resolution. What is essential is that the new experience must include mindfulness of the physical sensations, impulses, images, and movements that go with it. The new experience ("I can protect myself", for example) can then become a template for a new way of being in the world.

"This feels good", she says emphatically. "It's like I'm doing something I never was able to do. As a child I just sat there and took the yelling, the hitting. But now I am walking away." I invite Carla to stay with this as long as she can. She reports different sensations in her chest and belly. "I'm breathing more easily… and the churning sensation is less, much less."

In these moments both the client and the therapist experience a palpable sense of spaciousness. We are reaping the harvest that comes from "holding" an experience that in the past was only feared and run from. We have brought distressing experience into *held*

experience, and along the way, we have discovered new capacities for self-protection and self-awareness. Usually I will invite the client to "hang out" with this new sense of herself for a while. But I also want to make sure to leave time before the end of the session to return to the life challenge at hand, to see what has shifted.

Working Towards Core-Level Material

I invite Carla to imagine her daughter, angry again. To my surprise, she withdraws, curling her spine and tucking her hands between her legs. "Something just happened", I say gently.
"I feel an impulse to hit my daughter," she says uncomfortably. "I would never do that, of course…"

The process of psychological growth is unpredictable. Here I thought that we had just completed a nice segment of work… then all of a sudden we are finding ourselves deep in a new process, now working with a potentially violent impulse. It seems to make sense in retrospect — Carla has built enough cohesiveness that she is ready to move into another challenging area — but in the moment, it can feel quite disorienting. In the Hakomi method we teach that the therapist must be able to "turn on a dime", to let go of any agendas or expectations and follow the organic unfolding of the client's process.

I say, "I know you wouldn't actually hit your daughter, but would you be willing to allow this impulse to be here, and to just notice <u>how</u> you know it is here--where you feel it in your body?"
Carla turns her attention to the impulse to hit. She describes an energy building in her heart area, "like a fist that will strike out". We stay with this image, and I invite her to see the color of the fist, the size, and other details about it. More than anything else, I am communicating a non-judgmental openness to Carla's experience.
Another shift happens: Tears well up in Carla's eyes. "It's like I can feel the grief that is underneath that intensity in my heart… ***All those times that I couldn't do anything to protect myself..."***
We stay with the grief, making room for the sensations that go with it. Her body undulates ever so slightly, as if allowing energy that had been stuck to pass through her. The grief has arrived on its own: We are following a natural unfolding that is generated from inside the client rather than by the therapist.

Here we have begun to discover Carla's core-level material: the early experiences of helplessness and lack of parental attunement that underlie her difficulties in self-regulation. In future sessions we will continue to open these doors. In this session, as is often the case, the arrival of grief is an indicator of profound transformation. For Carla, grief had been hidden beneath her anger, which itself was blocked by anxiety and acting out behaviors. The grief, like the other emotional states we have worked with, has now been brought into *held experience*. In other words, her grief is now something she can *hold*. I like to think of this in neuroscience terms: We are supporting the growth of new linkages between the limbic brain and the middle areas of the prefrontal cortex (Siegel, 2007), which can now better regulate and contain the affective state of grief.

Carla shifts gears and remarks, unexpectedly, "I can now see that the iPhone isn't an 'addiction' after all; it's a compulsion." She says this with a notable sense of clarity.

I don't necessarily understand Carla's use of the terms "addiction" and "compulsion", but I think what she means is that her need to use the iPhone is not as entrenched as she used to believe. As Carla's nervous system builds more capacity to hold the underlying grief, the whole defensive structure changes. The anger that was so locked in begins to shift, the anxiety diminishes, and the problematic behaviors no longer have the same grip on her.

I invite Carla to imagine the impulse to reach for her iPhone, this time making room for any feelings, such as anger or sadness, if they show up.
"When I let myself just notice my sadness, I realize I don't want the iPhone. I don't want the junk food either… I just want to know that I'm OK… And I feel OK… right now. "

As you might expect, I next invite Carla to immerse herself in the sense of okayness — how she feels this in her body, and what happens as she stays with the sense of okayness. This time I will also add a relational piece. In the integrative phase of a session, the therapist can engage the client relationally both as another way of making the experience real for the client, and as a way of affirming the new sense of identity that emerges from the transformative experience.

"You know", I say, "it feels really good to witness you in this place. I feel a profound sense of ease… and it feels very sweet." We exchange relaxed smiles, and then confirm our schedule for the next few sessions.

This article has attempted to illustrate how mindfulness can be used in psychotherapy, in combination with the therapist's relational attunement, to remediate early developmental wounding. We can use mindfulness not only to disengage from habitual reactivity patterns and build general resilience, but also to guide clients into and through the unconscious organizing patterns that underlie their distress. By bringing more internal experience into *held experience*, clients learn to hold their deepest wounding with compassion and clarity, and to identify defensive *patterns* as *possible* but not necessary responses. This work can be highly effective, energizing, and rewarding, both for client and therapist.

BIOGRAPHY

Shai Lavie, M.A., M.F.T, is a Certified Hakomi Therapist and Somatic Experiencing Practitioner in San Rafael, CA. He teaches mindfulness-based therapy through the Hakomi Institute of California, as adjunct faculty with Sofia University and JFK University, and through numerous training agencies. Please look for his articles in the Sept/Oct 2011 issue of *Psychotherapy Networker* ("In Search of a Lost Self"), the Sept/Oct 2011 issue of The Therapist ("Mindfulness-Based Family Therapy"), and his chapter, "Experiments in Mindfulness" in *Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice* (Norton, 2015).
Email: shailavie@hotmail.com Website: www.shailavie.com

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