# Mindful Psychotherapy for Pain and Trauma:
## *learning to stay with experience*

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Mindfulness is both a meditation practice and a way of being in the world. It is choosing to pay attention to what is happening in the present moment with an attitude of acceptance. We can bring mindfulness to our inner world of thoughts, feelings, and sensations or turn our attention outward to our relationships. Mindfulness is a simple concept but difficult to practice because it is the nature of our minds to wander. In mindfulness meditation, placing our attention on the breath gives us an anchor to follow the endless stream of thoughts, feelings, and sensations. Learning to let go and return to the breath, over and over again, is the meditation practice. Now, mindfulness is being brought into psychotherapy in different ways.

Mindfulness meditation is taught in the well known program Mindfulness-Based Stress Reduction (Kabat Zinn, 1990) and in Mindfulness-Based Cognitive Therapy (Segal, Williams and Teasdale, 2002). Mindfulness training is central to both Dialectical Behaviour Therapy (Linehan, 1993) and Acceptance and Commitment Therapy (Hayes et al, 1999). However, the use of mindfulness in all of these programs is different to what I will refer to as 'Mindful psychotherapy'.

Mindful psychotherapy involves paying attention, moment by moment, to the therapeutic process and relationship. It does not involve teaching mindfulness meditation although this may be a valuable complement to Mindful psychotherapy. It requires a simple language to allow both therapist and client to stay with their experience moment by moment. I learnt this language during my psychotherapy training in Hakomi, (Kurtz, 1990) and Sensorimotor Psychotherapy (Ogden and Minton, 1991). This language which uses very few words, allows the therapist to contact the client's experience as it is happening. This is essential for working mindfully and can assist in creating safety during trauma therapy.

This article will introduce aspects of Mindful psychotherapy which differ from traditional talking therapies and then explore the benefits of using this approach in working with people experiencing chronic and trauma.

## Mindful Pschotherapy

### Connecting or Making Contact

To work mindfully in psychotherapy, we need to make contact with the client's present experience. The traditional counselling practices of Paraphrasing and Reflective Listening tend to take the client out of their experience to check the accuracy of the statement made by the therapist. Also, when the therapist waits for the client to pause before they respond with a summarizing statement, they miss the client's present experience. In the body-centred psychotherapy, 'Hakomi' (Kurtz, 1990) contact statements are used to invite present experience or mindfulness. Because of the simplicity of these contact statements, it is possible to catch what's happening, as it is happening, without interrupting the flow of the client's process. This allows the therapist and client to stay present with moment to moment experience. Rather than contacting the story, the focus is on the storyteller because stories can get in the way of experience.

Contact statements consist of one or two words, and sometimes, a short phrase. For feelings, the therapist may say "really sad", "angry about that", "feeling happy", "worrying" and so on. These contacts can be made as the client speaks rather than having to wait for the client to pause. In this way, the client is invited to explore a feeling and perhaps deepen into it. The tone of voice and inflexion leave it open for the client to expand on the contact or adjust it to fit better with their experience. When contacting thoughts the therapist will contact the process rather than the content, with statements like: "lots of thoughts" or "thinking about that". More general contact statements can be used when the therapist is less certain about the client's experience. A contact such as

"Something just happened", invites the client to check their experience rather than continuing with their story. You will see contact statements being used in the transcripts. Although experienced therapists can find it difficult to be succinct and stop asking questions, contact statements are essential for working mindfully. In addition, lots of contact reduces arousal and helps prevent dissociation.

**Tracking**

Tracking is mindfulness turned outward to the client (Fisher, 2002). When we track we notice all the things that go on while someone is talking, especially the things that aren't being talked about. It involves knowing how to read these as clues to the speaker's present experience and meanings (Kurtz, 1990). Signs of the other's experience include moist eyes, all kinds of facial expressions, tone of voice, gestures, changes in posture, and movements. Whilst most therapists do track their clients, they may do so unconsciously, and not contact what they see as it is happening. In Mindful psychotherapy, we need to track these signs consciously and make contact with them as they are happening. The simple language of 'contact statements' makes this possible. Tracking and contacting are partners; careful tracking is necessary for good contact.

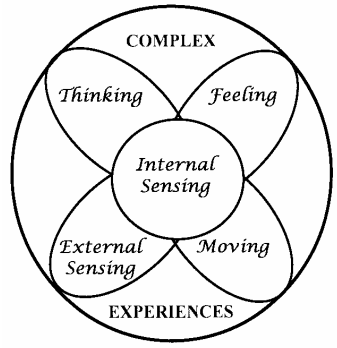
When working with trauma and pain, good tracking is essential for safety. If early signs of activation of the Autonomic Nervous System (ANS) are tracked appropriate action can be taken. The Sympathetic branch of the ANS increases activity in respiratory, cardiovascular, and muscular systems in the body preparing the person for fight or flight. In contrast, the parasympathetic branch dampens activity in these systems allowing restoration of resting rates for these systems. The therapist needs to watch for hyperarousal and the freezing response. Hyperarousal involving movement and expression of emotion may be more obvious than freezing where affect is flat and there is no movement. Freezing is like having the brakes and accelerator on at the same time and this state needs skilful attention if we are to make trauma therapy safe. Later in the article appropriate responses to hyperarousal and freezing will be discussed in more detail.

**Mindful Presence**

Practising mindfulness meditation is essential for psychotherapists who want to teach the practice to their clients but it also lays the foundation for a mindful presence in psychotherapy. At the heart of mindfulness is non-judgement and acceptance and these are qualities we can bring to our presence as therapists. We learn to sit with emotions and pain, not trying to fix either, nor attempting to change what is happening. Learning to 'not know' and 'be with' is a paradigm shift from the medical model of diagnosing and getting rid of symptoms. We bring curiosity and openness to whatever is happening; our attitude is passive and receptive. Our capacity to contain strong emotion and pain for our clients grows as we cultivate mindfulness in ourselves. Chogyam Trungpa in his article 'Becoming a full human being' says that "the basic work of health professionals in general, and of psychotherapists in particular, is to become full human beings and to inspire full human being-ness in other people who feel starved about their lives." Simply put, full human being-ness has two qualities, warmth and wakefulness. When we cultivate these qualities in our meditation practice it can rub off on our clients; they may learn self-awareness and self-compassion through being with us.

**Core Processes**

**Figure 1:** Core Processes – adapted from Ogden, "Sensorimotor Psychotherapy Training"




Internal experience can be represented by the five core processes of thinking, feeling, moving external sensing, and internal sensing (see Figure 1). *Thinking* refers to cognitive processing which may involve memories, images, beliefs, and perceptions. While there is much debate about differences and similarities between cognitive and emotional processing amongst neuroscientists and psychotherapists (see Ekman & Davidson, 1994), I will try to keep these distinctions to common uses of the words 'thinking' and 'feeling'. *Feeling* refers to emotional processing of emotions such as fear, anger, and sadness.

Less common in psychotherapy is the incorporation of *movement*, both voluntary and involuntary. It may involve gross movement patterns such as postures, gestures, or finer movements such as tics, trembling and facial expressions. Involuntary movement, important in trauma work, can be used to reduce Autonomic Nervous System arousal (ANS) and ultimately, in resolving trauma. *External Sensing* refers to the five senses of seeing, hearing, smelling, touching, and tasting. Lastly, and most importantly, *Internal Sensing* which refers to sensations of heat, cold, pressure, tingling, and tightness that we experience in the tissues of our bodies.

These core processes correspond well with the four foundations of Mindfulness Meditation as taught by the Insight Meditation schools (Kornfield, 2004). The first foundation is the body and breath; the second, sensation; the third, feelings; and the fourth, mind. Paying attention to the core processes in psychotherapy sits well with mindfulness meditation practice based on the four foundations.

## Assisted Meditation as a bridge to Psychotherapy

When we turn our attention inward to our experience, there is a wealth of information about our core material (the memories, beliefs, habits and behaviours that organize our lives). We need go no further than simply paying attention to what is there. An assisted meditation can be a bridge to psychotherapy when we notice the themes emerging as the meditator attempts to stay mindful. The therapist and client may choose to explore one of these themes thus using the initial meditation as the bridge to a psychotherapy process. The transcript at the end of the article illustrates this way of working. In the next section I will explain what I mean by assisted meditation.

**Assisted Meditation**

There can be obstacles to teaching mindfulness meditation and assisting clients to practise regularly. After years of teaching meditation, I have realized that people do best if they have a structure, such as an 8-week course which they attend or listen to on CD, as well as individual assistance. It is common for people to give up when they struggle to find the time, feel restless when they stop and sit still, and don't get results immediately. With individual help, a daily routine can be designed to fit with a client's schedule, and difficulties with the practice, can be solved together. Beyond the practice is everyday life, and when mindfulness is brought to our experiences throughout the day, we have a choice about what we think, feel and do.

One way of helping clients, individually, is to engage in a dialogue as they meditate. Instead of the client simply noticing their experience, they report it to the therapist. Reporting the experience helps the client stay mindful rather than being carried away by their thoughts. In the following transcript, the client was asked to report on his experience as different things came into his awareness. The therapist encouraged the client to stay with the core process being reported.

*Client:* Tightness in the legs
Therapist: Just feel that tightness.
*Client:* I can't completely relax in the upper body because of a sensation under my ribs.
Therapist: Just feel the sensation.
*Client:* My legs feel heavy.
Therapist: Just stay with the heaviness.
*Client:* Now my arms are feeling heavy and there is still the discomfort under my ribs.
Therapist: Notice how you react to the discomfort, tighten up, resist, dislike…….
This comment draws attention to the way the client is reacting. Noticing reactions is the first step to transforming them into responses. The process of turning reactions into responses is explored later.

From time to time the therapist can repeat the basic instruction about returning to the breath after each experience the client reports. This reinforces the instruction and thus supports their practice.
*Client:* There is only sensation – cold in and warm out.
Therapist: Come back to the breath as an anchor. Feel the cold in and the warm out.
*Client:* There is warmth in my finger tips.
Therapist: Feel the warmth. (*a sign that the client is relaxing*)

When the client pauses for sometime the therapist can ask: "What are you noticing now?"
*Client:* There is a little restriction on the breath, as I breathe in. I also feel like I am curled.
Therapist: Notice any impulses to straighten up. (*connecting to the core process of moving*)
*Client:* I have shifted, straightened my back and it gives relief. There is warmth and tingling in my fingers.
Therapist: Just feel that warmth and tingling.
*Client:* There is still some irritation from the lower chest.
Therapist: Notice your irritation and your reaction to that.

If the client notices thoughts such as planning, it can be helpful to draw their attention to the process of thought association.
*Client:* I thought of something I have to do when I get home.
Therapist: Notice the thought and any tendency to move onto the next thought.
**Later**
*Client:* I feel very relaxed.
Therapist: Feel that and stay with the relaxation.

# Working with chronic pain

Mindfulness-Based Stress Reduction has been taught to many people with chronic illness including chronic pain. In general, research with chronic pain patients has demonstrated statistically significant improvements in ratings of pain, other medical symptoms, and general psychological symptoms (Baer, 2003). Mindful psychotherapy can be used to assist people with chronic pain to learn to stay with their experience and thus change their relationship to the pain.

### *A changing relationship to the pain*

**Figure 2:** Medical Merry-Go-Round

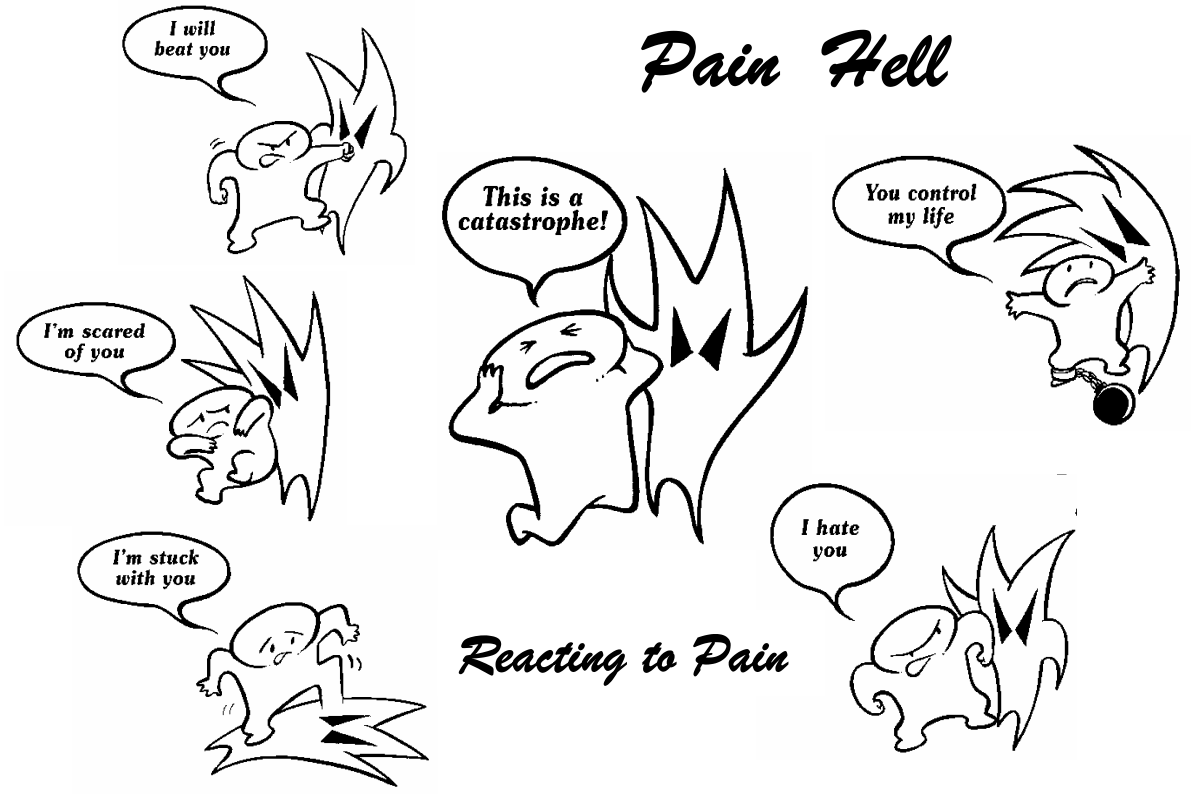

There is an abundance of therapies and treatments for chronic pain and yet many people live with chronic, disabling pain for months, or years, on end. The answer to the question of why we have so much difficulty in successfully treating chronic pain is complex. The medical-merry-go round illustrated in Figure 2 symbolizes the abundance of 'cures' available and the intractable nature of the problem. People in pain try one treatment after another, building a history of treatment failures and disappointment but they cannot get off the merry-go-round while they continue searching for the cause and cure for their pain. However, there is a way off the merry-go-round which involves exploring the relationship the person in pain has to their pain.

The focus moves from trying 'to fix it' or get 'rid of it', to getting to know it. Mindfulness allows us to get to know the experience of pain.

**Danger and Opportunity in chronic pain**

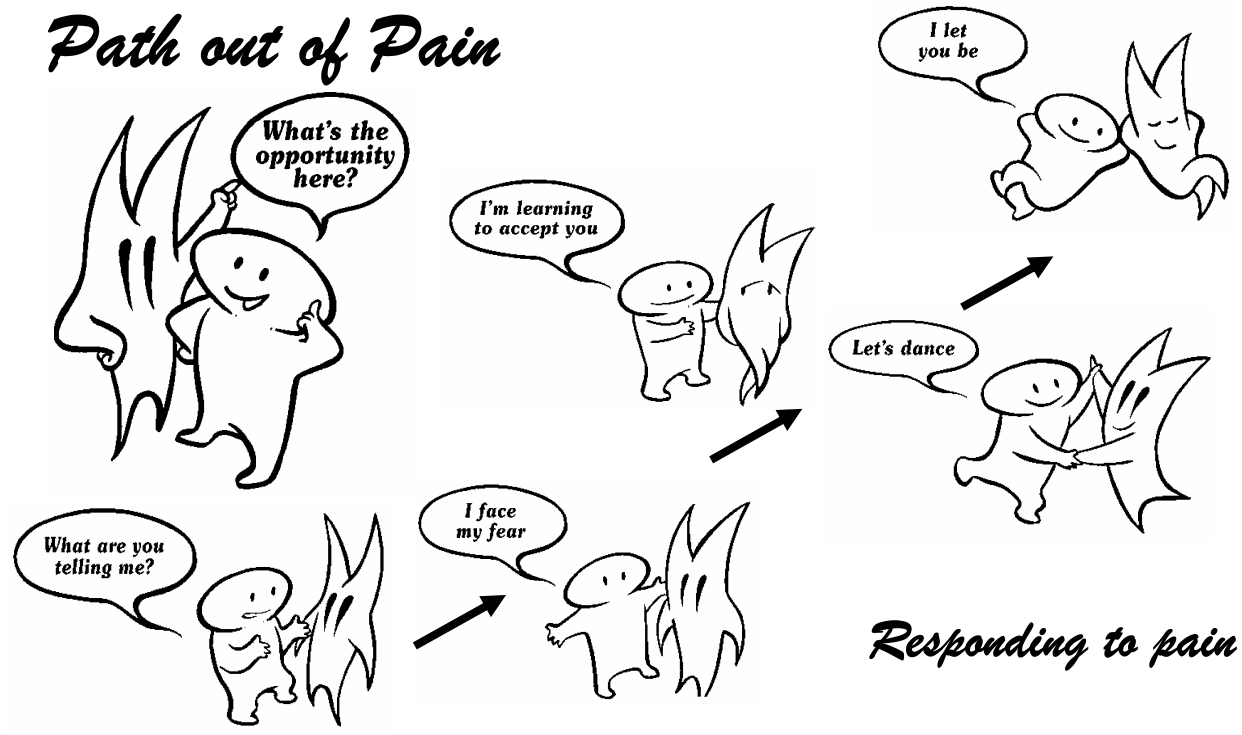
There are two symbols for crisis in Chinese: one represents 'danger' and the other, 'opportunity'. Many people experiencing chronic pain readily identify with the danger it poses but have not realized that there can be opportunity in the experience. Living with chronic pain can be like living in hell; it really seems like a catastrophe. The 'Pain Hell' illustrated in Figure 3 shows various reactions to pain. These are automatic or unconscious patterns such as avoiding, resisting, pushing away and giving up. Unfortunately, reactions tend to amplify the pain. However, there is an alternative to reacting to pain; to stay with the experience and explore it.

**Figure 3:** The Pain Hell where reactions to pain amplify the pain




**Staying with pain**

**Figure 4:** A Path out of Pain: turning reactions to pain into responses




Although staying with pain may seem impossible at first, it can lead to transforming reactions to pain into responses to pain. The responses to pain shown in Figure 4 can become a path out of pain. Responses are conscious attitudes and actions which can lead to the pain being less bothersome and then to pain reduction or even elimination of pain. In meditation, the pith instruction in learning to stay is simply "stay…stay…just stay" and learning to stay with ourselves is like training a dog. Training with kindness results in someone who is flexible and confident, who doesn't become upset when situations are unpredictable and insecure (Chodron, 2001). We can help our clients stay

with their experience with directives such as “Just stay with that pressure”, “Let the sadness be there”, and “Just feel the anger. “Questions like the following ones can be more inviting and gentle: “How could you stay with that tension?” (note embedded suggestion that it is possible); “What are you feeling when you believe the pain will last forever?”; and “What happens as you stay with that?”.

**Opening to Pain**

Paradoxically, opening to pain can lead to pain reduction. When we let go our reactions (thoughts, feelings, and behaviours) and experience pure sensation, there can be pain without suffering and even, no pain. When therapists who find it difficult to sit with a client’s pain, learn to open to their client’s pain, their modelling allows the client to open as well. Opening to pain is like opening a door to whatever experiences are held in the pain. When meditating, words like ‘softening’, ‘opening’ and ‘allowing’ are like keys to the door. When working in dialogue with clients, we simply invite the client to stay with what is happening and see what happens next. Because they keep reporting their experience, we can assist them to stay with it; sometimes to explore the sensation, feeling or thought and sometimes to use the breath to ease the intensity. Unbearable pain can be transformed when we engage with the experience instead of trying to avoid or resist it.

**Inviting Curiosity**

**Figure 5**: Door of willingness

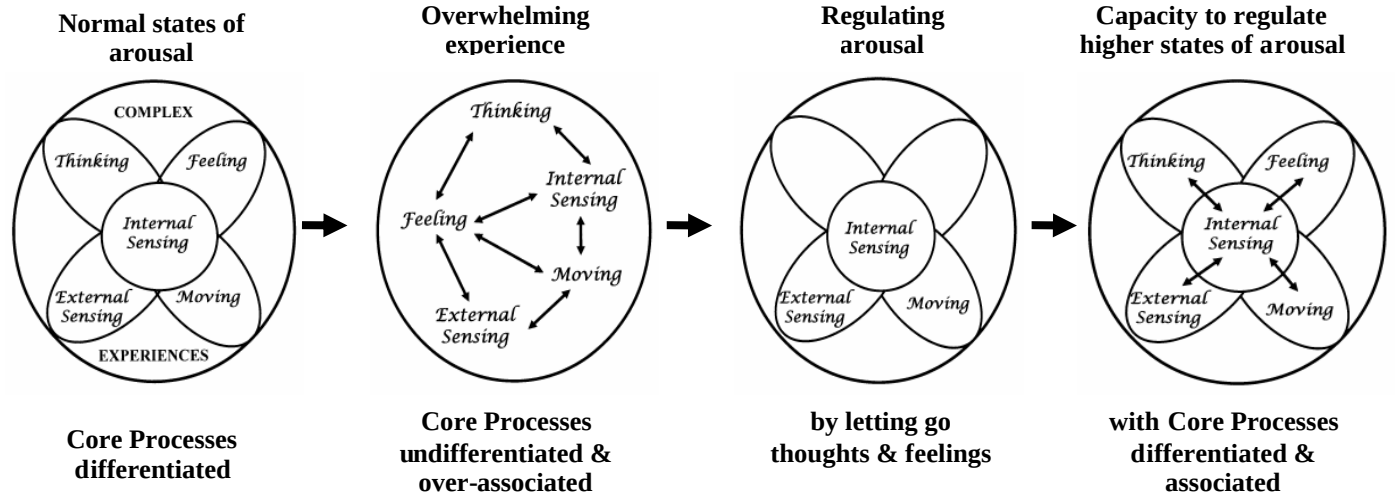

In the ‘Pain Hell’ the character “I’m stuck” has recognized that reactions to pain keep him stuck. Acknowledging this can be the first step to becoming unstuck. When the person can turn to their pain and say “What are you telling me?” they invite curiosity to their experience. The ‘Door of Willingness’ in Figure 5 symbolizes a turning point in the journey; the characters beyond the door have developed different attitudes to their pain. They are facing their fear, learning to accept the pain, letting it be, and learning to live their lives in step with the pain. They have moved from avoidance, resistance, helplessness and hopelessness to acceptance, curiosity, courage and patience. Mindfulness is an important tool for discovering reactions to pain and, potentially, transforming them into responses. Pain contains information and mindfulness allows us to access that information.

## Bringing pain and trauma together

Therapists seem to specialize in working with trauma or pain, not both, and yet many survivors of childhood trauma experience chronic pain syndromes such as fibromyalgia. In addition, chronic pain could be considered a type of trauma because it represents an inescapable internal threat. Avoidance is common to both trauma and pain because we try to avoid discomfort, pain, and overwhelming experiences. It is a defining symptom of Post-traumatic Stress Disorder (PTSD) and avoidance behaviours are common in chronic pain. However, it is accepted that exposure is necessary for recovery from PTSD and may be just as important in recovery from chronic pain. But, the risk of exposure therapy is re-traumatization, and Rothschild (2004) suggests that this is quite common in trauma therapy. However, body-centred and mindfulness-based psychotherapies can be used to minimize the risk of re-traumatizing clients. Whilst the body remembers the trauma and exhibits the symptoms of the trauma, it can also be used as a resource in somatic psychotherapies. By “applying the brakes” (Rothschild, 2004) and working mindfully through the body, safe trauma therapy becomes possible. ANS activation can be sequenced through the body using Sensorimotor Processing (Ogden and Minton, 2001) to reduce the symptoms of hyper-arousal, dissociation, numbing, and re-experiencing. Thus, offering a path for re-negotiation of the traumatic material through sensorimotor, emotional and cognitive processing. With chronic pain, gradual exposure to the pain is like a systematic desensitization. Once a person with pain learns to stay with it, and let go the reactions to it, suffering is reduced and the pain may even dissolve.

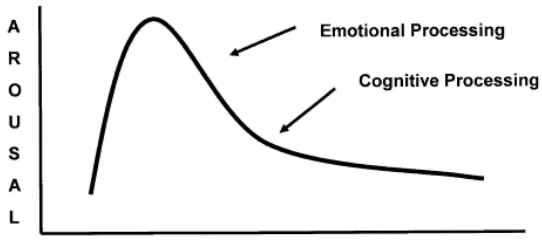
# Safe exposure to trauma and pain

**Figure 6:** Overwhelming Experience and Regulating Arousal



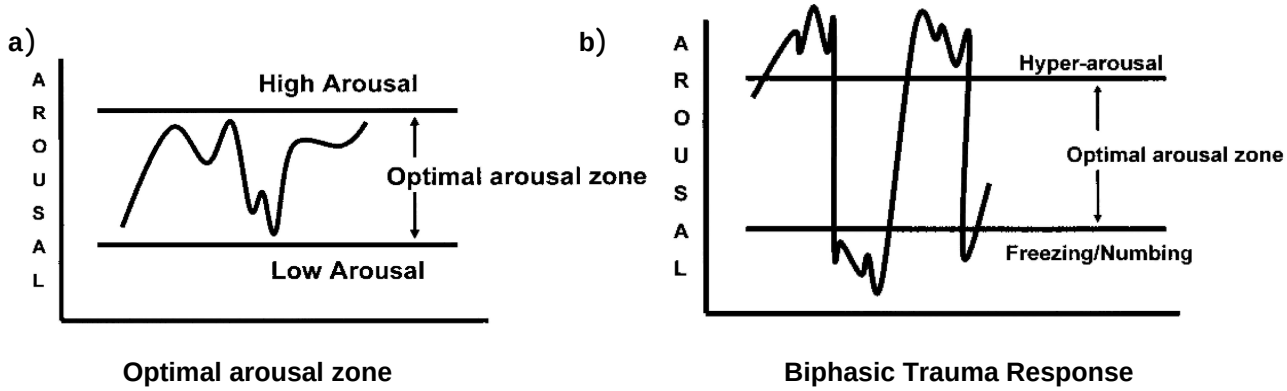

Looking at the core processes during overwhelming experience is a way of understanding what is happening to the person and how they may be helped (see Figure 6). In this model, the lack of differentiation and over-association of the core processes explains why it is felt as overwhelming and may induce panic. The experience escalates out of control because of the over-association, making the person terrified of, or unable to tolerate, the experience of being present in their bodies. This may happen as a client tells their story resulting in re-traumatizing the client. We want to avoid this and the model shows how mindfulness can assist in managing arousal by bringing attention to sensorimotor processing (internal sensing and involuntary movement) whilst inhibiting thinking and feeling, temporarily. This process parallels ancient meditation practices such as those taught by Young (2004). By letting go of the story and the feelings it triggers, and simply staying with internal sensing, the experience can be tolerated and the arousal reduced. The therapist's role is crucial as traumatic experiences draw the client back to their story, again and again. Directives such as "stay with that trembling and leave the story for now"; "just feel that heat and let's see what happens next"; and "allow that shaking to happen all by itself" (to invite involuntary movement), make this possible.

Arousal may increase at first but reassurance from the therapist, and skilful therapy, allows the sequence to complete as shown in Figure 7. As the arousal subsides emotional processing and cognitive processing may occur spontaneously; the therapist simply supports the unfolding process.




Even though arousal increases at first, it is a way of applying the brakes in trauma therapy. It enables the therapist to keep the client within, or close to, the optimal arousal zone or window of tolerance (see Figure 8.) In Sensorimotor Processing (Ogden and Minton, 2001) the therapist acts like an auxiliary cortex observing and articulating the clients experience until they can articulate and regulate their states of arousal. Instead of the client showing the biphasic trauma response, moving between hyperarousal and freezing, they can gradually learn to stay present, not dissociate with higher states of arousal. In this way, both trauma and chronic pain can be transformed from something overwhelming to something that can be processed and re-negotiated.

**Figure 8: (a)** Optimal level of arousal or window of tolerance and **(b)** the Biphasic Trauma Response




**Optimal arousal zone** **Biphasic Trauma Response**

# Transcript of Assisted Meditation as a Bridge to Psychotherapy

This dialogue illustrates the difference between assisted meditation and psychotherapy. Instead of returning to the breath after observing an experience the therapist and client explore the experience and move into a therapeutic dialogue. This client was invited to turn her attention to her inner experience. I had no sense of what needed to happen but she gradually connected with her unexpressed grief about having to leave her job.

***Silence***

Therapist: What are you noticing?
*Client:* I'm seeing a friend.
Therapist: Look at the image… notice what happens next.
(*This direction invites process*)
*Client:* I'm picturing him because I saw him last Saturday….not seen him for a long time… he was my supervisor at work.

The client paused for some time and the therapist asks "What's happening now?"
Therapist: *Client:* I'm staring

In this part of the session the therapist invites different core processes into the dialogue.
Therapist: Are there any feelings with that?
*Client:* It's a friendly look.

***Dialogue continues …..***

Therapist: Any other memories?
*Client:* ..Feels like going back to previous work
Therapist: It's like you're going back to it.
*Client:* Yeah
Therapist: Stay with that and see what happens next (*inviting process*).

***Pause***

Therapist: Any feelings?
*Client:* Like being with the family..
Therapist: **You belong**… What happens when you hear me say that?
*Client:* Happy
Therapist: You're happy

Again, the client paused for sometime and the therapist invites dialogue in the following way:
Therapist: Keep letting me know what's going on
*Client:* I'm seeing the rest of my workmates.
Therapist: What do you notice when you see them?
*Client:* Happy
Therapist: These were happy times
*Client*: Yes (strongly)
Therapist: **You're missing that**.. (*a leap in contact*)
*Client*: umm.. (slight sigh)… Sad

In Mindful psychotherapy it is important to bring the client into their present experience and the therapist does this with the next contact statement.
Therapist: Some sadness…. you're feeling that now.
*Client*: Yes

In the following dialogue the therapist helps the client deepen into their experience of sadness and stay with the pain she is experiencing.
Therapist: Stay with the sadness…do you feel it somewhere?
*Client*: My chest
Therapist: What's happening in your chest?
*Client*: …Difficulty breathing
Therapist: See if you can stay with that….is it pressure?
*Client*: …..Missing them
Therapist: …**Hard to let go** (*a leap in contact*)
*Client*: Yes (Breathed a bit more then a big sigh)
Therapist: Is that like tears wanting to happen?
*Client*: Yes
Therapist: Stay with that feeling.
*Client*: (a tear rolled down her cheek)
Therapist: ..Lot of pain
*Client*: Yes
Therapist: It hurts to remember.
*Client*: It hurts.
Therapist: Can you stay with the hurt?
*Client*: Yes
Therapist: Let's see what happens when you stay with it..
*Client*: (deeper breathing)
Therapist: Something's changing.. (*contacting what I saw*)
*Client*: Yes
Therapist: What's changing?
*Client*: (More tears)
Therapist: You're really feeling the sadness.
*Client*: Yes
***Dialogue continues….***

The emotional pain changes to physical pain and the therapist helps the client stay with the pain.
*Client*: My head is like a migraine.
Therapist: Where is the pressure…all over?
*Client*: …..all over
Therapist: Stay with the sensation
Staying with the sensation resulted in the pressure transforming to relaxation.
*Client*: It's getting better.
Therapist: Is it like a relaxing or softening? (*a menu helps*)
*Client*: It's softening.
Therapist: Just enjoy the softening….It's getting easier…(*contact around what I saw*)
*Client*: Yes
Therapist: Your breathing seems freer…Keep going with that. Are there any images or other things happening? (*face looked peaceful*)
*Client*: No
Therapist: more peaceful..
*Client*: Yes

The therapist helps the client to find meaning in her experience in the following section.
Therapist: Like you've been through something.
*Client*: Mumm
Therapist: **You've been grieving**.
*Client*: Yes (strongly)
Therapist: **It's important to grieve. It can let us move on.**

*Client*: (More tears)
Therapist: What happens when you hear me say that?
*Client*: **You're comforting me**.
Therapist: (*I sensed that it would be helpful and appropriate to offer my hand, to put it on hers, and she agreed.*) Feel my comfort… I care about your pain.
*Client*: **It lessens my sadness.**

**Conclusion**

Mindful Psychotherapy brings mindfulness to the therapeutic process and relationship thus differing from psychotherapies which teach mindfulness meditation. One outcome of Mindful Psychotherapy may be an enhanced capacity to bring mindfulness to daily living but, most importantly, it can increase a person's capacity to stay with pain and potentially transform reactions to pain into responses to pain. Staying with pain allows both client and therapist to discover the information contained in pain and, paradoxically, can lead to pain relief. Mindfulness can be used to "apply the brakes" when experience becomes overwhelming, and thus avoid re-traumatizing a client when they tell their story. By letting go the story, and feelings triggered by the story, and focussing on internal sensing and involuntary movement, ANS arousal can be sequenced through the body and traumatic wounds can be re-negotiated and moved towards resolution. Thus, safe exposure to trauma and pain become possible using body-centred and mindful psychotherapy.

**Acknowledgements**

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**Author Notes**

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