

Mindful Processing in Psychotherapy – Facilitating Natural Healing Process within Attuned Therapeutic Relationship

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Abstract:

Mindfulness is non-judgmental, accepting awareness of what is going on in the present moment. The author proposes that mindfulness promotes natural healing of the organism, where the change comes spontaneously by acceptance and awareness of internal experience. Such process the author describes as 'mindful processing', because with mindful awareness disturbing experiences can be processed and integrated. The author's interest in how mindfulness can be systematically applied in psychotherapy led to the development of the 'mindful processing' method, which invites the client to become aware of the moment-to-moment subjective experience. The method is used within attuned therapeutic relationship and the theoretical framework of Integrative Psychotherapy. Mindful Processing is not goal-oriented and doesn't strive to achieve a positive outcome. Such an outcome is a natural by-product of accepting awareness of both pleasant and unpleasant inner experience (body sensations, affects and/or thoughts). The method is illustrated with a transcript of a session with commentary.

Key Words: mindfulness, meditation, psychotherapy, mindful processing, integrative psychotherapy

It is remarkable how little we know about experience that is happening right now... This relative ignorance is especially strange in light of the following: First we are subjectively alive and conscious only now. Now is when we directly live our lives. Everything else is once or twice removed. The only time of raw subjective reality, of phenomenal experience, is the present moment.
(Daniel Stern, 2004, p. 3)

Mindfulness has become a very important concept in psychology and psychotherapy in recent years (Siegel, 2007). Mindfulness is non-judgmental, accepting awareness of what is going on in the present moment. Kabat-Zinn (1994) defines it as "paying attention in a particular way: on purpose, in the

present moment and non-judgmentally” (p.4). Mindfulness-based interventions are becoming increasingly used in mental health settings. There has been an increasing amount of research about mindfulness over the last 10 years in clinical and health psychology. Siegel (2007) reports that mindfulness training helps to reduce subjective states of suffering, improve immune functioning, accelerate rates of healing, nurture interpersonal relationships and an overall sense of well being. Mindfulness has been shown to change brain function in positive ways, increasing activity in areas of the brain associated with positive affect (Davidson et al., 2003). Mindfulness training is also associated with changes in gray matter concentration in brain regions involved in learning and memory processes, emotion regulation, self-referential processing, and perspective taking (Hölzel et al., 2011). Mindfulness approaches have been shown to decrease stress and improve quality of life (e.g. Nyklíček & Kuijpers, 2008; Shapiro, Astin, Bishop, & Cordova, 2005). Mindfulness interventions are used with success with different mental health issues including depression (e.g. Ma & Teasdale, 2004; Kenny & Williams, 2007), anxiety disorders (e.g. Miller, Fletcher, & Kabat-Zinn, 1995), borderline personality disorder (e.g. Bohus et al., 2000), binge eating disorder (Telch, Agras, & Linehan, 2001), and even psychosis (Bach & Hayes, 2002; Gaudiano & Herbert, 2006). Mindfulness based cognitive therapy prevents relapse in cases of chronic depression (Teasdale et al., 2000; Ma & Teasdale, 2004; Williams, Duggan, Crane, & Fennell, 2006).

Martin (1997) proposed that mindfulness is a common factor which underlies different psychotherapy approaches. There are several specific approaches that explicitly emphasize the cultivation of mindfulness.

The most known of these approaches are:

- Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990)
- Mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002; Crane, 2009)
- Acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999),
- Dialectical behavioral therapy (DBT; Linehan, 1993),
- Sensorimotor psychotherapy (Ogden & Minton, 2000; Ogden, Minton, & Pain, 2006).

Germer (2005) proposed three different ways of integrating mindfulness into psychotherapy. The therapist may:

- 1) personally practice mindfulness, thus bringing the quality of mindful presence into the therapy room with the client;
- 2) use a theoretical frame of reference informed by research and mindfulness practice;
- 3) explicitly teach the client how to practice mindfulness.

Germer (2005) collectively refers to this range of approaches as mindfulness-oriented psychotherapy.

Mindfulness and Integrative psychotherapy

Integrative Psychotherapy developed by Erskine and colleagues (Erskine, Moursund, & Trautmann, 1999) integrates theories and methods from psychoanalytic, humanistic and behavioral traditions of psychotherapy into a new theoretical framework. While the word 'mindfulness' is not explicitly mentioned in their writings, I think that mindfulness practice and research are very compatible with the framework of Integrative Psychotherapy (Žvelc, 2009). Theories and methods of Integrative Psychotherapy are based upon the philosophy of accepting awareness within attuned therapeutic relationship. Main methods of Integrative Psychotherapy are Inquiry, Attunement and Involvement, which invite the client in contact with self and others and promote integration of dissociated states of self. These methods invite the client into state of awareness and acceptance of his/her internal experience, which is the main mechanism of mindfulness.

Inquiry involves respectful exploration of the client's phenomenological experience. The therapist asks the client to reveal to him his subjective perspective; in doing so, the client becomes increasingly aware of his relational needs, feelings, behaviour and thoughts (Erskine et al., 1999). The therapist invites the client to search for answers, to think in new ways and to explore new avenues of awareness. For an effective inquiry, there is no expectation that the client will come to some predetermined goal or insight (Erskine et al., 1999). Inquiry promotes awareness and increases internal and external contact. With respectful Inquiry we are actually inviting the client to be aware of his/her experience.

Mindfulness can be defined as nonjudgmental, accepting awareness of one's own experience in the current moment (Černetič, 2011). Such awareness can include internal experience (thoughts, feelings, and physical sensations) and/or external stimuli (e.g. sounds, colors, odors) that an individual becomes aware of in an allowing manner, without trying to avoid or suppress them (Žvelc, Černetič, & Košak, 2011). With respectful inquiry the client may become increasingly aware of aspects of his experience which he/she often tries to avoid. Therapeutic Inquiry alone is often not enough, it should be coupled with involved therapist's response which invites the client to accept his/her experience. For healthy contact that promotes integration, full awareness is not enough; it should be coupled with acceptance of our experience (Žvelc, et al., 2011).

Involvement means that the therapist is willing to be affected by what happens in the relationship with the client (Erskine et al., 1999). Therapeutic involvement includes *acknowledgment*, *validation*, *normalization*, and *presence*. With *acknowledgment*, the therapist demonstrates that he is aware of what the client is feeling and experiencing. *Validation* is the acknowledgment of the

significance of the client's experience. *Normalization* depathologises the clients' definition of their internal experiences or their coping mechanisms. In this manner, the therapist communicates to the client that his experience is a normal, and not pathological or defensive reaction. The next aspect of the Involvement is *presence*, which is described by Erskine & Trautmann (1996) in the following way:

'Presence is enhanced when the therapist decenters from his or her own needs, feelings, fantasies, or hopes and centers instead on the client's process. Presence also includes the converse of decentering, that is, being fully contactful with his or her own internal process and reactions. The therapist's history, relational needs, sensitivities, theories, professional experience, own psychotherapy, and reading interests all shape unique reactions to the client. Presence involves both bringing the richness of the therapist's experiences to the therapeutic relationship as well as decentering from the self of the therapist and centering on the client's process.' (p. 325).

I think that with these words authors express the essence of mindfulness of the therapist within therapeutic relationship.

The third method of Integrative Psychotherapy is attunement. Erskine and Trautmann (1993/1997) describe attunement as a two-part process: *'the sense of being fully aware of the other person's sensations, needs, or feelings and the communication of that awareness to the other person.'* (p. 90). Attunement goes beyond empathy – it provides a reciprocal affect and/or resonating response. Therapist can be attuned to a wide variety of client behaviours and experiences, but especially to his rhythm, nature of affect, cognition, developmental level of psychological functioning and relational needs.

Inquiry, attunement and involvement provide the therapeutic framework within which the client is invited to become mindful of his/her experience. These methods provide the basic framework for processing of dissociated and unresolved experiences.

Mindful processing method (MP)

Mindfulness may be an important mechanism for processing of disturbing emotional experiences. Ogden, Minton and Pain (2006) state that with mindful awareness *'retraumatisation is minimized because the prefrontal cortex remains 'online' to observe inner experience, thus inhibiting escalation of subcortical activation'* (p. 195). They describe the important therapeutic skills which invite the client into mindfulness: tracking of the client's moment to moment experiences, bodyreading and contact statements. Within Integrative Psychotherapy these skills are part of therapeutic Inquiry, Attunement and Involvement.

Example:

Client: I feel like there is a hole in my stomach.

Therapist: Just close your eyes and pay attention to that hole in the stomach. Just observe what is happening with curiosity.

Client (with tears in her eyes): I feel sad now for this little girl who was all alone and nobody was there for her.

Therapist: Simply take time and make space for this feeling. Just stay with it...

I think that mindfulness is the main mechanism of integration of disturbing experiences. No matter which technique or method is used, I believe it is important for clients to be in a mindful state when processing their traumatic events. On the one hand, they are re-experiencing traumatic memories, and on the other, they are observing them. This process also takes place in EMDR treatment, and I think that the effects of EMDR may be significantly related to the mindfulness component. Shapiro writes (2001, p. 233): 'It may thus be that the effectiveness of EMDR arises from its ability to evoke exactly the right balance between re-experiencing emotional disturbances and a non-evaluative 'observer' stance with respect to emotion and to the flow of somatic, affective, cognitive and sensory associations that arise when this observer stance is maintained continuously for 30 seconds, or minutes at a time, without interruptions from the therapist or from an excessive level of arousal.' In EMDR, this process is called 'dual awareness', as it enables a client to stay present while simultaneously experiencing elements of past traumatic memories.

I propose that mindfulness promotes natural healing of the organism, where the change comes spontaneously by acceptance and awareness of internal experience. Such process we previously described as 'mindful processing', because with mindful awareness disturbing experiences can be processed and integrated (Žvelc & Žvelc, 2008, 2009). I think that mindful processing is the main mechanism of change in many schools of psychotherapy that are concerned not only with cognitive-behavioral change, but with processing of emotional and somatic experience.

In my psychotherapy practice, I became increasingly interested in how to apply mindfulness within the framework of Integrative Psychotherapy. The basic question was how to invite clients into a mindful mode of processing in the therapy that involves awareness of the present moment with acceptance. Clients who come for psychotherapy or counseling are often distanced from their experiencing and are trying to control or repress difficult emotions, disturbing thoughts and body sensations. Therefore, they develop an aversive stance toward their experience, which eventually brings additional pressure, symptoms and self-criticism. Many psychological problems originate in non-acceptance of inner experience (Hayes, et al., 1999). So inviting clients into a mindful processing mode can reverse the cycle of avoidance of inner experience. These

considerations lead to the development of a method called Mindful Processing (Žvelc & Žvelc, 2008, 2009). The method is used within overall framework of Integrative Psychotherapy. Inquiry, Attunement and Involvement are foundations within which Mindful processing method is used.

The Mindful processing method invites the clients to become aware of their moment-to-moment subjective experience with acceptance. The role of the therapist is to facilitate a mindful stance in the client. He/she invites the client into a state of awareness and acceptance. The therapist is also supposed to be in a mindful state of mind, aware of what is happening within him/her and what is happening with the client. The method is client-centered, which means that the therapist is not trying to change or modify the client's experience. The therapist's role is to offer an accepting space to all of the client's experiences that are emerging from moment to moment. The therapist is not trying to change anything, s/he has to be curious and open to whatever experience is arising. His/her role is to contain the process and emotions that are arising. Only such a stance can actually promote mindfulness in the client. If the therapist cannot stay with what is, and is oriented toward a goal, this will have an impact on the client. The therapist's embodiment of a mindful stance is crucial. This is congruent with Bruce, Manber, Shapiro and Constantino (2010) who proposed that a psychotherapist's ability to be mindful positively impacts his or her ability to relate to patients.

The method could also be called relational mindfulness. There are two mindful people in the room and the therapist is constantly inviting the client to pay attention to the present moment. Clients who come for therapy because of mental health problems often have difficulty accepting their inner experience. They find it hard to tolerate and stay with disturbing thoughts and emotions. Mindfulness meditation is sometimes 'too hard' for them, they become lost in their experience and have great difficulty in developing de-centered perspective to their experience. In Mindful Processing the therapist helps them establish a mindful stance which involves capacity to observe inner experience. We can say that *'Two aware minds are more powerful than only one aware mind'*. The therapist's presence can actually promote a mindful stance in the client that would be difficult to achieve alone. Moreover, such a stance actually promotes processing and integration of disturbing experience.

Mindful processing starts with focusing on body sensations connected to the issue the client is bringing to the therapy. This is taken from Gendlin's (1981) focusing approach. Mindful processing involves a lot of attention to body-felt experience from which other elements of subjective experience arise (emotions, cognitions, memories...). After focusing on the body sensation connected to the issue, the client is invited to report his/her inner experience to the therapist. In next steps the client alternates between awareness of internal experience and description of his/her experience to the therapist. The client is invited to pay attention to any experience that emerges from moment to moment.

There are two important processes happening in MP:

- 1.) Internal contact (The client becomes increasingly aware of his/her emotions, body sensations, thoughts... In this phase the client usually has closed eyes and is centered on his/her internal experience.)
- 2.) External contact (The client is invited to find words for his/her inner experience and report that to the therapist. In this phase, the client is looking at the therapist. The therapist is attuned to the client and gently invites the client to accept and be aware of whatever is present.)

These two processes can also be described as intrapersonal and interpersonal attunement (Siegel, 2007). In intrapersonal attunement client attends to himself or herself with compassion, kindness and acceptance. Interpersonal attunement is crucial in the phase of external contact, when clients reports his/her inner experience to psychotherapist. Presence, acceptance and attunement of the therapist promote a new 'relational' experience, which is an antidote to previous relationships ruptures, in which the client had to deny and repress his/her inner experience. In Mindful Processing, every little moment is valuable and meaningful. Siegel (2007) used the acronym COAL to refer to attitudes of mindfulness: curiosity, openness, acceptance and love. Psychotherapist's task is to embody these qualities in relation to client's experience and to invite the client to do the same in relation to his/her own inner experience.

The therapist facilitates the whole process and offers different types of instructions based on the client's process. Teasdale (1999) describes three modes of processing emotional material: 'mindless emoting'; 'conceptualizing/doing' and 'mindful experiencing/being'. He concludes that only the last of these facilitates emotional processing. In MP when the client is in another two modes of processing the task of the therapist is to facilitate the client into mindful processing state. Sometimes clients are distanced from their emotions, body sensations (conceptualizing/doing state). In this case the therapist may gently invite the client to find body sensation again. The task is to focus and attend to body sensations and emotions. Sometimes the clients are overwhelmed with their emotional experience and have difficulty with de-centering from their experience (mindless emoting mode). In this case the task is to develop appropriate distance to experience. The therapist may say: 'Make a little distance between you and emotions, just observe what you are experiencing'.

Not all clients are immediately ready for mindful processing. Some clients have difficulty attending to their inner experience even for a short time. These clients typically suffer from high emotional arousal, which they are trying to control. These are clients who often suffer from unresolved traumatic experiences and have difficulty regulating their emotions.

Therefore, it is important to assess their ability to be in a mindful state of mind before introducing Mindful Processing. Such clients would need a preparation phase of treatment that would focus on developing their ability to contain difficult emotions. Integrative psychotherapy methods of inquiry, attunement and involvement are very helpful in this regard. They help clients to develop the capacity to stay present with their emotions and provide regulation of affects. These methods are also crucial for developing a good therapeutic alliance which is the foundation for using Mindful Processing method. Sufficient trust in the therapeutic relationship is needed, so that a client really feels free to experience whatever s/he experiences. In working with different clients I have found that Mindful Processing actually promotes integration and processing of client's disturbing experience. Sometimes just a few moments of Mindful Processing bring new awareness or a new perspective on the issue.

Mindful processing is not a standalone method, but should be integrated within overall psychotherapy framework. I use it within integrative psychotherapy approach, however I think that Mindful processing can be integrated also into other psychotherapy schools. Method can be used widely in different contexts: psychotherapy, counseling and coaching. We use it also in supervision for the exploration of therapists' counter-transference. In psychotherapy and counseling, the Mindful Processing can be used for experiential exploration and processing of current issues, processing of past painful experiences and developing positive resources for future use.

We have devised a Mindful Processing procedure, which describes eight phases of the method and helps new psychotherapists/counselors to learn about the method (Žvelc & Žvelc, 2008, 2009). These steps are just orientation and not a rule. We encourage therapist to use method flexibly within ongoing therapeutic relationship with their clients.

Mindful processing procedure

Phase 1: Description of Mindful Processing to the client

In the first phase it is important to describe the method to the client and to make an agreement about the use of Mindful Processing.

Possible instructions given by the therapist:

'At the beginning I will invite you to close your eyes and focus on the body sensation which you experience when you think about the disturbing issue. Your task is just to close your eyes and observe what is happening inside. You just gently notice what is happening. Maybe some thoughts, images, emotions or

body sensations will arise. Or maybe nothing special will happen. There is no plan for what should happen. The task is just to notice and be aware of your experiences. After some time you can open your eyes again and share with me what has occurred. You will just tell me what has happened. After that I will invite you to close your eyes again and observe and notice what is happening at that moment. And then again you can open your eyes and report on your subjective experiencing. So we will alternate between your inner process of experiencing and reporting on your experience.

There is no plan for what should happen. The task is just to be mindful and in contact with your inner experience. Maybe sometimes nothing will happen, you just report on that nothingness. If some thoughts or emotions arise that you don't want to share, you just tell me that you don't want to share that. If you would like to stop this exercise you just tell me or lift up your hand.'

Phase 2: Description of the issue

In this step we invite the client to describe the issue he would like to explore and process. This could be anything the client is interested in exploring and understanding better. It can be a particular problem or an issue s/he is struggling with.

Therapist: 'What issue would you like to work on?'

Phase 3: Finding a body sensation connected to the whole problem

The basic entry point in mindful processing is a body sensation connected to the issue.

Therapist: 'When you think about the whole problem, how do you feel in your body now?'

'Where do you feel it in your body now?'

Phase 4: Focusing on the body sensation related to the whole problem

'Close your eyes and focus on that body sensation. Just observe what is happening.'

The therapist is attuned to the client and to his experiencing. S/he observes the nonverbal signs of the client and also observes his own process of experiencing. The therapist is also fully aware and present.

Cycle of processing

Phase 5: Description of inner experience (Making external contact)

If the client doesn't open his/her eyes for prolonged time we can gently invite him/her to do this. We use our attunement skills to know when it is the right time to ask the client to make external contact.

Example:

'Just open your eyes and tell me what has happened.' (empathically) or
'O.K. slowly open your eyes and tell me what occurred. '

The therapist is attuned and listens. S/he accepts the client's experience and sometimes offers validating response. The idea is to stay with the moment-to-moment experience.

Phase 6: Intrapsychic contact and mindfulness

'Stay with that _____ (sensation, thought, feeling)' or

'Be aware of _____ (sensation, thought, feeling)' or

'Observe that'

The therapist, with his/her nonverbal attitude gives encouragement to the client to experience whatever the client is experiencing.

Repeat phases 5 and 6 as many times as needed/desired.

Phase 7: End of processing or returning to the Cycle of processing

You can check after some time how the client experiences the original issue.

'If you bring the original issue in your awareness, what comes? '

If the issue is processed then you can stop the processing phase and go to step 8. If there is still disturbance and/or new aspects emerge you can continue processing cycle.

Phase 8: Relational and cognitive processing

Mindful Processing occurs in the presence of attuned therapist. The aim of this step is to bring to client's awareness the relational context of the work and also to promote further cognitive processing. The therapist may ask: 'How was that for you? How was it telling me this?'. In this step it is essential phenomenological inquiry (Erskine, et al., 1999) about client's experience. The client also integrates newly emerged experience with his previous experience. This step provides closure to mindful processing or can be stimulus for further tasks in psychotherapy (including possible new Mindful Processing).

A transcript of mindful processing

The following transcript demonstrates the Mindful Processing method. From the transcript it is observable how the client processes her troubling issue by attending to her moment-to-moment experience. Before this transcript was made, Mindful Processing was explained and an agreement to proceed with the MP was achieved. The MP lasted 20 minutes. When reading the transcript it is important to note that MP proceeds in a very slow tempo. There is a lot of space

for the client to become aware of her inner experience. Whenever the transcript says 'mindful processing', that means that the client has closed eyes and is contacting her inner experience. These are moments of silence which usually lasted 30-40 seconds.

THERAPIST: What would you like to discover more about today?

CLIENT: In a few days, an old friend is visiting Slovenia and I will meet him after a long time. So I feel a bit nervous about this meeting, and I would like to look more closely at what's going on with this.

THERAPIST: Aha, what is going on with the anticipation of your old friend?

CLIENT: Yes.

THERAPIST: Ok. When you think about this whole issue with your friend, what do you feel in your body?

CLIENT: (*mindful processing*)

It is a warm feeling in my body and it is like rising energy, it's connected with joyfulness and laughter.

THERAPIST: Ok, just close your eyes and focus on that.

CLIENT: (*mindful processing*)

It keeps as a feeling in my stomach. It was, first it was more sort of dark and sort of like an object. Then slowly it went softer and was a trace of sadness in it. It was connected with a memory. I do not meet this friend very often now. It is sadness of not being together as much as we used to be.

Commentary: *Client through mindful processing becomes aware of joyfulness and then sadness connected to the issue.*

THERAPIST: Ok, just stay with that.

CLIENT: (*mindful processing*)

It keeps being as a feeling in my stomach and it was a thought of how precious that person is for me and how I would like to hold that person, how I would like to hold him in my arms and not to let go, or to just be, to keep him for myself.

Commentary: *The underlying meaning slowly emerges out of emotional experience.*

THERAPIST: Ok, just be with that.

CLIENT: (*mindful processing*)

Now it's like... it's still feeling in my stomach. It's sort of trembling and it's an image of a bridge, of going forth and back and forth and back, like holding and letting go, holding and letting go. It is like this, and excitement about this.

Commentary: *The client is fully in contact with her bodily experience out of which cognitive meaning emerges. The client senses two polarities: holding on to the person and letting go.*

THERAPIST: Ok, just stay with that.

CLIENT: (*mindful processing*)

Now it has moved higher. Here (*points to her chest*). And I feel as..., still a wish to keep, to hold, not to let it just flow... and connected with a feeling of missing and perhaps losing. Mixed feelings. And trying to hold back a bit.

THERAPIST: Just focus on that feeling in your body.

CLIENT: (*mindful processing*)

It came as a sort of understanding what this excitement I feel about this meeting really is. And it's an understanding that is not... I don't let it be very normal, like an everyday meeting, because I meet this person very seldom. An understanding of how I keep this excitement very high. It's my own doing somehow.

THERAPIST: Ok, just stay with that. Observe what is happening.

CLIENT: (*mindful processing*)

Now I feel it is a sort of trembling, a very soft one, and a memory of saying goodbye. Because that always happens with that person, because we don't live in the same country, we have to say goodbye after some time. And it's sort of, I don't like this saying goodbye. That's a part of excitement.

Commentary: *In these narratives insight about the issue emerges more clearly. The client becomes aware of how difficult is for her to say goodbye to her friend.*

THERAPIST: Ok, just focus on that sensation and what you have told me.

CLIENT: (*mindful processing*)

I feel much more peaceful now in my body. And it came with an understanding of how I hold this excitement or keep this excitement, with this not liking, not wanting of saying goodbye. Now I accept this more and am getting more peaceful.

Commentary: *With full awareness and acceptance of newly emerged meaning comes also a change in body sensations (client feels more peaceful).*

THERAPIST: Just focus on that peacefulness.

CLIENT: (*mindful processing*)

Now I just feel more of this joy and sort of laughter and happiness of meeting and a... yeah, sort of naughty excitement. It is more on this side, not so much on the goodbye but more on meeting and seeing each other.

THERAPIST: More on meeting this person?

CLIENT: Yeah.

THERAPIST: Ok, just stay with that.

CLIENT: (*mindful processing*)

Yeah, it's still peaceful inside in my body and a new thought like – this joyfulness and happiness will stay with me even after saying goodbye. So it's ok this way, it's just a nice feeling I know that person and that I like that person very much and that is...

(*mindful processing*)

I just feel like smiling somehow and I have an easy feeling in my body and, yeah, satisfaction somehow.

(mindful processing)

Now it's a like light, very light feeling in my body and some in my head. And I'm more involved in myself, not in relation with that person but more like just myself. Being happy and feeling good.

Commentary: *Processing of positive affects takes place. Client reports joyfulness, happiness and satisfaction. This is the usual experience with Mindful Processing. When negative affects and related meaning are clearly in awareness and the client accepts them, then transformation of affects occurs. During the process so far the client has moved from nervousness, clearly felt sadness to positive affects of happiness and joy.*

THERAPIST: Aha, good.

CLIENT: *(mindful processing)*

I feel peaceful inside and very aware of myself. Getting more and more empty somehow.

THERAPIST: Aha, empty?

CLIENT: Empty, but it's not..., it's a good taste of emptiness. It's like a, like a...

Just nice emptiness. Like I have nothing special within my mind. It's just awareness and being present and being alive.

Commentary: *The original issue is clearly not in the foreground anymore. This is a sign that the original issue may have been processed. What comes is emptiness of content, client is momentarily free from different thoughts. She is clearly in a mindful state of mind, fully present and feeling alive. Processing of positive affects of joyfulness and happiness brings another level of experience – an almost 'zen' like state of emptiness and inner peace.*

THERAPIST: Ok.

CLIENT: *(mindful processing)*

I feel like I would sit so for long time. Like sitting and waiting. And I feel something new is emerging in my stomach. But doesn't have really a shape yet, but somehow could be something new that emerged just inside.

THERAPIST: So would you like to go to the next step or stop here?

CLIENT: I don't know. We can stop here too. As if I feel as one phase is over, like one circle is completed.

THERAPIST: So how was it telling me this? How was that for you?

Commentary: *Here the client is invited to tell the therapist how she experienced Mindful processing. This phase is very important, because it brings into awareness the relational aspect of the process and also an opportunity to conceptualise the MP on a cognitive level. Further integration with relational and cognitive aspects takes place.*

CLIENT: To tell?

THERAPIST: Yeah, and to be in this process?

CLIENT: It was just nice to tell what's going on in me. And it was much contact with myself, like going to the sensations of my body, thoughts which came with these sensations. What I can say is that I am more in contact with

myself now. That is like I'm getting much more peaceful but not as a goal, more as a consequence of doing this.

THERAPIST: Ok. Is there anything else you would like to explore more? If not, we will stop in a few minutes. What would you like?

CLIENT: I feel that have I explored the excitement about this meeting through this being in touch with what is going on and that this somehow came to an end. I'm just ok with this. And it's less excitement and it's more awareness of what excitement was, where it came from... I haven't been aware before that it's connected in this way. Like meeting and being afraid or not liking to say goodbye then. And those two parts equate this higher level of excitement. And now it's more like nice and happiness with this. But it's not nervousness.

Commentary: *The client summarises the process and shows good cognitive understanding of the process.*

THERAPIST: It's not so nervous?

CLIENT: No, it's more acceptable and it's more... perhaps even more open in this way. More fluent.

THERAPIST: More fluent?

CLIENT: Yeah.

THERAPIST: Aha. So this was... so you find it's like something new emerging through this process? Like this was new for you, these two parts?

CLIENT: Yes. This was new for me that they... that I was somehow caught between two polarities really. And then when I've seen them together, they both vanished somehow or they integrated in something new. With more peacefulness really in me and...

Commentary: *The client explains the curative power of Mindful Processing in her own words. When the client is aware of different poles connected to the issue, integration takes place. When seen from the beginning to the end, the transcript shows how the client's experience transformed without any attempt on the part of the therapist to interpret or change the client's experience. Transformation comes through the accepting awareness of the present moment, and the role of the therapist is to facilitate this process.*

Conclusion

Mindful processing is eventually not a 'new' approach. Its principles are already part of several psychotherapy schools. Different psychotherapy schools are already using these principles under different labels. We believe that the mindful processing mode can be achieved through different techniques and methods (such as EMDR, Focusing, two chair work...). What is new is a structured method that is entirely focused on developing mindfulness in psychotherapy. Making this process more structured has important implications for further understanding of this process and research.

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