

University of Nevada, Reno

A phenomenological study of psychotherapist embodiment in counseling settings

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor
of Philosophy in Counseling and Educational Psychology

by

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May, 2017

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THE GRADUATE SCHOOL

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prepared under our supervision by

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Entitled

A Phenomenological Study Of Psychotherapist Embodiment In Counseling Settings

be accepted in partial fulfillment of the
requirements for the degree of

DOCTOR OF PHILOSOPHY

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ABSTRACT

The purpose of this qualitative study was to explore the perspectives of 8 mindfulness-trained psychotherapists and their bodily experiences during the therapeutic encounter. Due to recent scientific discovery confirming the neural pathways that facilitate embodied affectivity, there is much speculation regarding subtle embodied forms of communication taking place between psychotherapists and their clients; however, there is scant research confirming the phenomenon and how bodily communication informs the counseling session. Through mindfulness training, the psychotherapists in this study have developed the capacity for sustained awareness making them uniquely qualified to discuss their internal experiences related to the therapeutic interaction. The 6 themes that emerged from the interviews are: states of mind, mindfulness/mindlessness; metacognitive awareness; bodily communication, resonance; self-care; and expanded awareness and growth. Discussion includes research findings and implications for mental health professionals as well as suggestions for future research.

DEDICATION

To my dad, Gordon Jenkins,
who instilled in me a passion for learning.

ACKNOWLEDGEMENTS

I owe a huge debt of gratitude to my advisor, Dr. Thomas Harrison, for his endless supply of patience, encouragement, and kindness. Despite the stops and starts, his guidance and wisdom was ever present. I could not imagine a better mentor for my Ph.D.—or a better friend.

I would also like to extend a sincere thank you to my committee members: Dr. Diane Barone, Dr. Bridget Walsh, Dr. Cleborne Maddux, and Dr. Michelle Granner. Somehow, I managed to secure the support of a dream team of professors who challenged me to widen my perspectives and to stretch as student. Thank you for your generous investment of time, experience, and wisdom.

Thank you also to my amazing participants. Thank you for wading through the murky waters of bodily communication with me. Your honest self-reflections were reminders of the importance of mindful awareness and the never-ending quest to know myself more deeply.

I would also like to thank my girls, Katie and Sophia, who unwittingly provided the impetus for academic achievement, and to my entire family, for encouraging me to finish what I started. Thank you to Christopher, for always supporting my dreams even when they took us miles apart. Whether physically together or not, you are my rock. And to my best and dearest friend Teri, we both know this would never have been possible without your incredible vision and solid perseverance. You have more grit than anyone I have ever known. Thank you for traveling the distance, and all distances, no matter what. What a wild ride it has been.

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CHAPTER I: INTRODUCTION

We are matter, kindred with ocean and tree and sky. We are flesh and blood and bone. To sink into that is a relief, a homecoming. Mind and spirit are as physical as they are mental. The line we'd drawn between them was whimsy, borne of the limits of our understanding. Emotions and memories, from despair to gladness, root in our bodies.
--Krista Tippett

French philosopher Maurice Merleau-Ponty stated, "It is through my body that I understand other people" (1962, p. 184-185). As the ultimate subject of perception, the human body is our primary means of gathering information about ourselves and others (Merleau-Ponty, 1962).

The Body in Psychotherapy

Merleau-Ponty (1962) pointed out that the emotions that reside within the body communicate critical information about our environment and facilitate connection with others in the environment. Similarly, experiential and person-centered therapies regard the human body as continually interacting with and responding to the environment (Fernald, 2000; Ikemi, 2008; Madison, 2010).

The body is an instrument of knowing (Halling & Goldfarb, 1991; Niedenthal, 2007; Samuels, 1985; Shaw, 2004) and yet, in the field of psychotherapy there is a tendency to separate the mind from the body in the conceptualization of mental health (Leitan & Murray, 2014; Palmer, 1987; Sletvold, 2012; Totton, 2014; Young, 2006). In general, there appears to be an overreliance on the curative nature of talk therapy and the ways in which the mind can influence the body, with little focus on how the body can and does influence the mind (Gendlin, 1969; Halling & Goldfarb, 1991; Leitan & Murray, 2014; Palmer, 1987; Totton, 2014; Young, 2006).

Recent findings in the neurosciences (Damasio, et al., 2000; Dispenza, 2012; Foss, 1999; Gallagher, 2005; Iacoboni, 2008; Lipton, 2005; Pert, 1997; Porges, 2004; Rizzolletti & Craighero, 2004; Terasawa, Moriguchi, Tochizawa, & Umeda, 2014) appear to be adding a level of legitimacy to the ideas long espoused by body psychologists regarding mental health and healing: The body is central to experience and cannot be ignored (Boadella, 1997, 2014; Fernald, 2000; Schrauth & Geuter, 1997). Body psychologists, operating at the periphery of mainstream psychology, have insisted on adopting a holistic approach to the theory and practice of psychotherapy. The body, rather than being dismissed as irrelevant, is partnered with the intellect in creating and maintaining psychological dysfunction (Damasio, 1994; Gallagher, 2005; Johnson, 1978). Conversely, a holistic approach acknowledges the role of the body as an instrument of reason and knowing (Johnson, 1978). The body receives and communicates information as readily as the intellect albeit in a language of its own (Gendlin, 1978; Halling & Goldfarb, 1991; Shaw, 2004). The body speaks to us through human emotions and bodily sensory phenomenon (Halling & Goldfarb, 1991; Shaw, 2004; Totton, 1991). Some researchers are embracing this holistic paradigm and including bodily processes as intrinsic to definitions of the mind (Siegel, 2007). According to Dan Siegel (2007; 2010), the mind can be thought of as a self-organizing, complex system. Consisting of more than the activity of the brain alone, the mind is an embodied process that regulates the flow of energy and information (Siegel, 2007).

Embodiment

Conceptualizations of the body as a vehicle of information (Halling & Golfarb, 1991) have given rise to a new field of research referred to simply as “embodiment” (Mehling et al., 2011; Michalak, Burg, & Heidenreich, 2012; Totton, 2014). For this research, embodiment can be thought of as a state of being in which awareness is focused on internal bodily sensations (Boadella, 2014; Shaw, 2004; Totton, 2014). It is a holistic, “meta-level” process of receiving and interpreting information (Hudak, McKeever, & Wright, 2007; Shaw, 2004; Totton, 2014) that includes both the intellect and what has been referred to as bodily knowing (Mehling, Wrubel, Price, Kerr, Silow, & Stewart, 2011). The term embodiment implies a relational element between one’s immediate, felt-sense experiences and his or her interpretation and interaction with these experiences as they arise in consciousness (Hudak, McKeever, & Wright, 2007; Michalak, Burg, & Heidenreich, 2012; Shaw, 2004; Totton, 2014). Embodiment researchers view the body as a dynamic, organic site of meaningful experience rather than as a physical object distinct from the self or mind (Gallagher, 2005; Hudak et al, 2007; Shaw, 2004; Totton, 2014). Some researchers are emphasizing the need for a contemporary and integrated approach to theory and practice of psychotherapy, suggesting that embodiment and notions of body-mind as a single organism could serve as a unifying framework across psychological disciplines (Fuchs & Koch, 2014; Fuchs & Schlimme, 2009; Glenberg, Witt, & Metcalfe, 2013; Leitan & Murray, 2014; Masson, 2015; Schubert & Semin, 2009).

Early Views of Body

Although the term embodiment is new to the field of psychotherapy (Gonzalez, Vujanovic, Johnson, Leyro, & Zvolensky, 2009), the idea that the body is a source of

information is not new. American psychologist and philosopher William James, placed bodily expression at the center of his formulations on emotions (Barbalet, 1999; Friedman, 2010; James, 1884). According to James (1884), the feelings that occur in response to and conjunction with bodily changes *are* emotion. In the field of psychology, French psychologist Pierre Janet (1859-1947) is generally considered the first body-psychologist (Boadella, 1997; Gelinias, 2003; Young, 2006). Janet, along with James and Wilhelm Wundt—the founding fathers of psychology, embraced the centrality of the body in research and practice. In his groundbreaking work on neurosis and dissociation, Janet (1889) explored “visceral consciousness” (Boadella, 1997; Fischer-Homberger, 2014; Gelinias, 2003; Van der Kolk & Van der Hart, 1989) and the relationship between interoception (information from the viscera) and emotionality (Van der Kolk, 2014; Van der Kolk & Van der Hart, 1989). Some of Janet’s (1889) experimental findings highlight the importance of body work for traumatized patients and the connection between emotional tension and restrictions in the flow of fluids in the body (Boadella, 1997; Van der Kolk & Van der Hart, 1989; Young, 2006).

Janet (1889) was the first to recognize the difference between ordinary and traumatic memories and coined the term *dissociation* to describe the ways in which traumatic memories can be isolated and split-off from conscious awareness. According to Janet, the inability to integrate and assimilate these split-off memories into a comprehensive history presents an “insurmountable obstacle” and sure decline in functioning over time (Janet, 1925, p. 660).

Psychoanalysis and the Subconscious Mind

Sigmund Freud, the father of psychoanalysis, originally described the ego as “first and foremost a body ego” (Freud, 1923, p. 364). Freud, along with his mentor Josef Breuer, cited Janet in their seminal paper on the causes of hysteria entitled *Hysterics Suffer Mainly from Reminiscences* (1893). The paper underscored the notion that “forgotten” or subconscious information, particularly memories that have been dissociated from consciousness, can and do wreak havoc on human functioning. Based on Breuer’s treatment of his patient, Anna O., Freud proposed that symptoms disappear once traumatic memories are affectively and verbally expressed (Freud & Breuer, 1875). These ideas inspired the “talking cure,” widely recognized as the basis of psychoanalysis. Talk therapy continues to inform most schools of psychology today (Freud & Breuer, 1875; Meichenbaum, 1977; van der Kolk, 2014).

Wilhelm Reich, an Austrian analyst and contemporary of Freud, made several lasting contributions to body psychotherapy. In a series of letters between Reich and Freud (1934-1939), it is evident that Freud held Reich in high esteem, valuing his contribution as the originator of the first systematic approach to psychoanalytic practice (Bennett, 2014). Reich believed that bodily muscular tension is the manifestation of emotional suppression, a dynamic is known as *body armoring* (Heller, 2007; J. Sletvold, 2011). Reich’s *Vegotherapy* (Reich, 1945, 1949, 1972) involved the alleviation of bodily armoring through the expression of strong emotions or catharsis (Krantz, 2012; Sletvold, 2011).

Ban on the Body

Although there is much speculation, Reich’s (K.R. Eissler, personal communication, October 18 and 19, 1952) outspoken critique of what he viewed as the failures of

psychoanalytic theory, along with his supposed ties to Marxism, have been implicated as contributing to Reich's expulsion from the German and Vienna Psychoanalytic Society (Bennett, 2014; Rubin, 2003). In 1930, Reich was formally banned from the psychoanalytic movement (Boadella, 1997; Heller, 2007; Reich-Rubin, 2003) and along with him, the body was banned as well (Boadella, 1997). At this point, the talking cure with its focus on intellectual processes were embraced by mainstream psychotherapy. Reich's ideas, although controversial, gave rise to discourse on the inclusion of body in psychoanalysis (Boadella, 1997; Heller, 2007; Shaw, 2004).

Despite the so-called "ban on the body" (Boadella, 1997; Shaw, 2004) by mainstream psychology, the significance of visceral phenomenon in therapeutic settings has been observed by important theorists including Carl Rogers and Eugene Gendlin (Rogers, 1961; Gendlin, 1969). Both Rogers (1961) and Gendlin (1969) hypothesized that greater awareness could be accessed by tapping into the body's wisdom (Fernald, 2000; Ikemi, 2010). Throughout his book, *On Becoming a Person* (1961), Rogers emphasizes internal sensory experience. In describing characteristics of a more fully functioning person, he states the following:

He makes increasing use of all his organic equipment to sense, as accurately as possible, the existential situation within and without. He makes use of all of the information his nervous system can thus supply, using it in awareness, but recognizing that his total organism may be, and is often is, wiser than his awareness.

--Rogers, 1961, p. 191

Similarly, Gendlin (1969) described the metacognitive process of interacting with internal, bodily awareness in his theory of *Focusing*. Gendlin coined the term “felt-sense” referring to this sensory or visceral experience in the body and hypothesized that the body is the subconscious mind. He believed that tapping into the body-mind would allow the deepest bodily knowledge to emerge (Gendlin, 1978). In 1978, a team of scientists headed by Dr. Candace Pert, discovered molecules responsible for emotion throughout the body (Pert, 1997). This discovery confirmed Gendlin’s assertion that the body is in fact the subconscious mind.

In recent decades, embodiment researchers in the field of psychology are pushing for an end to the 60-year ban on the body suggesting that we have “learned enough” from talk-therapy (Shaw, 2004). Researchers are calling for the body to “come out of the cold” (Boadella, 1997). Thus, there is a growing body of research across a wide variety of disciplines that show that bodily sensations are inherent components of psychological experience (Carney, Cuddy, & Yap, 2010; Cuddy, Wilmuth, Yap, & Carney, 2015; Fuchs & Koch, 2014; Lynott et al., 2014; Salvatore, Tschacher, Gelo, & Koch, 2015; Spackman & Yanchar, 2014; Williams & Bargh, 2008; Wood, Lupyan, Sherrin, & Niedenthal, 2015; Zhong & Leonardelli, 2008). For example, social psychologists have been exploring the relationship between bodily motor activity and environmental and emotional processing (Cacioppo, Priester, & Berntson, 1993; Schubert & Semin, 2009; Strack, Martin, & Stepper, 1988; Wells & Petty, 1980; Wood, Lupyan, Sherrin, & Niedenthal, 2015). Similarly, embodiment research is occupying a more prominent role in psychological inquiry as researchers seek to understand the ways in which bodily information interacts with the

environment (Mehling, Wribel, Daubenmier, Price, Kerr, Silow, Gopisetty & Stewart, 2011; Niedenthal, Barsalou, Winkielman, Krauth-Gruber, & Ric, 2005; Schubert & Semin, 2009).

Rethinking the Clinical Interaction

Drawing on existential psychology, phenomenology, and the work of Merleau-Ponty, researchers are rethinking the clinical interaction and the encounter between the therapist and client (Fuchs & Koch, 2014; Madison, 2010; Salvatore, Tschacher, Gelo, & Koch, 2015; Totton, 2014). Merleau-Ponty states “Just as I grasp time through my presence and by being present, I perceive others through my individual life, in the tension of an experience which transcends itself” (1964, p. 27). In *Primacy of Perception* (1964), Merleau-Ponty explores the relationship between individual experience and the experience of others and concludes that intersubjectivity is our primordial experience. The concept of intersubjectivity refers to the shared, reciprocal experience between parent or care-giver and child in which each influence and is influenced by the experience of the other. Merleau-Ponty points out that from the moment of birth the visual and bodily sensations of human infants are experienced as an inseparable aspect of other bodies in the environment. Over time, a sense of a distinct and separate self evolves from our interactions with others. Once we become adults however, intersubjectivity is grounded into our experiences and sustains our ability to maintain connections with others (p. 135).

Embodied therapies highlight the circular nature of embodiment to initiate the change process (Fuchs & Koch, 2014; Madison, 2010; Totton, 2014). As the “matrix for human relationships” (Totton, 2014, p. 89), bodily awareness provides an immediate and inherent link of shared understanding whereby “no one can touch the other without being touched” (Totton, 2014, p. 93). Therefore, embodied relating in psychotherapy refers to

this aspect of embodiment that underscores the reciprocal nature of bodily information (Fuchs & Koch, 2014; Schubert & Semin, 2009; Stone, 2006). Merleau-Ponty (1964) refers to this phenomenon as the “undeniable plurality of consciousness” (p. 17).

There is growing interest in the interaction between bodily affectivity and the environment (Merleau-Ponty, 1962; Fuchs & Koch, 2014; Samuels, 1985; Stone, 2006; Booth, Trimble & Egan, 2010; Totton, 2014). Researchers seeking to understand the nature of this phenomenon have described it in a variety of ways. In the literature, interbody communication or embodied relating has been referred to as intersubjectivity (Merleau-Ponty, 1964), interaffectivity (Fuchs & Koch, 2014), embodied countertransference (Samuels, 1985; Stone, 2006), and body-centered countertransference (Booth, Trimble, & Egan, 2010). However, Totton (2014) states that since understanding itself is an embodied process, embodied relating must be conceived of from the ground up, independent from psychoanalytic concepts of transference and countertransference. Regardless of the term used, embodied relating refers to the ways in which the therapist’s bodily states interact with his or her environment and the communication that occurs subconsciously between the bodily affective states of the therapist and the client during the therapeutic encounter.

Therapeutic Encounter

The therapeutic encounter is a real-time meeting between two embodied individuals, and yet, there is little consensus in the literature regarding therapists’ use of their body as a means of gaining access to client affectivity (Halling & Goldfarb, 1991; Leitan & Murray, 2014). In a preliminary study on embodiment, Shaw (2004) found that therapists can and do use their own bodily information to understand client experience. Therapists in his study confirmed the use of psychotherapist’s bodily phenomena to engage

and connect with their clients and to interpret and understand therapeutic phenomenon (2004). The current literature on therapist mindfulness provides further support for the notion that bodily awareness can be used to access client insight (Shaw, 2004; Campbell & Christopher, 2012). Therapists-in-training describe using their own body as a receiver following participation in a mind-body medicine course (Campbell & Christopher, 2012). Once they developed the capacity to sustain focus on their bodily sensations, the students reported increased insight regarding client experience during the therapeutic encounter (Campbell & Christopher, 2012).

Scientific Discovery

Recent neuroscientific advances support these phenomena. Specifically, mirror neuron theory (Iacoboni, 2008) has been implicated in embodied relating. Mirror neurons are a cluster of neurons located in the prefrontal cortex of the brain that are believed to facilitate empathic understanding of the experience of others (Hojat, Louis, Maio, & Gonnella, 2013). An estimated 10-20 percent of neurons in the prefrontal cortex of the brain and are thought to be responsible for simulating the emotions of others (Iacoboni, 2008). More than mere simulation however, the mirror neurons system allows for direct and immediate knowing of the internal perceptions of another (Gallaher, 2005; Gallese, Eagle, & Migone, 2007).

Our bodies and minds interact in complex ways and know far more than the mind alone (Siegel, 2010). The central nervous system (CNS) is continually perceiving and processing huge amounts of information from within the body and environment beyond conscious awareness (Dispenza, 2012; Gallagher, 2005; Lipton, 2005). In fact, neuroscientists confirm that between 95 and 98 percent of our decisions, emotions, and

behaviors depend upon brain activity that is beyond our conscious awareness (Lipton, 2005). Despite the human capacity for higher order cognition such as decision making, learning, and free will, it is the subconscious mind that drives human functioning (Dispenza, 2012; Lipton, 2005). Lipton states the following:

The major problem is that people are aware of their conscious beliefs and behaviors, but not of subconscious beliefs and behaviors. Most people do not even acknowledge that their subconscious mind is at play, when the fact is that the subconscious mind is a million times more powerful than the conscious mind.

--L. Forston, personal communication, February 7, 2012

Although most of the information processed by the CNS is best handled beyond conscious awareness, unresolved emotional pain can become the source of chronic distress, interpersonal conflict, decreased capacity for growth, and even physical health problems (Dispenza, 2012; Gallagher, 2005; Gendlin, 1978; Lipton, 2005; Van der Kolk, 2014; Van der Kolk & Najavits, 2013). Traumatic events can be particularly destructive in this regard (Van der Kolk, 2014). In situations of heightened emotionality, the body releases stress hormones such as cortisol and adrenaline which serve to decrease brain activity (LeDoux, 1992; Van der Kolk, 2014). Experiences of extreme trauma can produce a phenomenon known as dissociation. Dissociation occurs in response to situations in which overwhelming emotion, combined with hormonal activity, causes the sensory components that comprise the memory to become fragmented (Michalak et al., 2012; Pert, 1997; Van

der Kolk, 2014). Dissociated memories are sensory fragments that are buried deep in subconscious regions of the mind. John Upledger referred to these wounds as “somato-emotional cysts” (Upledger, 1983).

In *The Body Keeps the Score*, Van der Kolk (2014) challenges mainstream psychology by calling into question psychology’s emphasis on cognition and the functions of the brain in the treatment of psychiatric phenomenon. He points out that traumatic and painful memories are encoded in the viscera of the body. Therefore, holistic treatment approaches, or those that emphasize the body along with the mind as a mechanism of change, are more effective for ameliorating trauma-related symptoms than are traditional approaches that rely solely on intellectual processes. In other words, talk therapy alone is an inadequate treatment modality for individuals suffering from traumatic experiences and issues related to those experiences (Van der Kolk, 2014).

Scientists now know that from the moment of birth, humans are continuously interacting with their environment, forming and storing memories in the subconscious body-mind (Dispenza, 2007; LeDoux, 1996; Lipton, 2005). Due to the presence of imitational aspects of the mirror neuron system (MNS) human beings model and adopt the beliefs, attitudes, and behaviors of their primary caregivers (Gaensbauer, 2011; Iacoboni, 2008). This programming begins prior to birth and continues through adolescence. Dysfunctional patterns that are stored throughout the body-mind often persist throughout the lifespan of the individual, unless change is initiated (Dispenza, 2007; Gaensbauer, 2011).

Subconscious Programming and Trauma

There are myriad reasons that individuals seek counseling and the help of a trained mental health professional (Hammer & Vogel, 2010; Hao & Liang, 2011; Krumrei, Newton, & Kim, 2010). No matter what the presenting issue is at the outset of therapy, emotional distress in one form or another drives the desire for change (Hammer & Vogel, 2013). However, because the majority of human behavior stems from subconscious processes stored throughout the body-mind (Dispenza, 2012; Lipton, 2005; Van der Kolk, 2014) counseling is typically initiated only after conscious attempts to alleviate emotional distress, such as positive thinking and willpower, have been exhausted. Unresolved emotional memories and dysfunctional programming continue to be acted out in the form of self-destructive and self-defeating patterns until subconscious material is brought into the light of conscious awareness (Breuer & Freud, 2004, 1952; Jemmer, 2006; Kosmicki & Glickauf-Hughes, 1997; Thompson, 2010). It is not enough to talk *about* experience, catharsis or healing occurs only after the buried emotions have been accessed and re-experienced on a visceral, emotional level. Painful emotional memories become integrated as the client gains the capacity to make new meanings referent to past experiences (Hawkins, 1995; Huopainen, 2002; Jemmer, 2006; Von Glahn, 2009). As Van der Kolk (2014) points out,

As long as memory is inaccessible, the mind is unable to change it. But as soon as a story starts being told, particularly if it is told repeatedly, the act of telling itself changes the tale. The mind cannot help but make meaning out of what it knows, and the

meaning we make of our lives changes how and what we remember. (p. 193)

However, as is often the case, the client's own natural defense system works diligently to protect the individual from perceived pain and discomfort by keeping these memories and feelings below the surface of conscious awareness (Ellenberger, 1956; Hawkins, 1995; Jemmer, 2006). Resistance can be defined as the back and forth motion of seeking change on one level while maintaining the status quo on another (Firestone, 2015).

Change involves being open to inner experience. Psychiatrist and trauma expert, Bessel Van der Kolk, states that "At the core of recovery is self-awareness." (2015, p. 210). Embodied relating can assist the healing process by bringing subconscious material into the light of conscious awareness (Sletvold, 2012). According to Sletvold (2012), bodily sensations arising within the psychotherapist can be an imitation of those held within the client's body. These sensory bodily experiences represent subconscious information that, once acknowledged, can be dealt in a conscious, clear, and direct manner. However, acknowledging emotional trauma is often a difficult process. In fact, pain avoidance is a natural human tendency (Amadei, 2014; McCracken & Keogh, 2009; Schütze, Rees, Preece, & Schütze, 2010) which explains why it is that extreme emotions are often relegated to the subconscious mind in the first place. Nevertheless, painful emotions must be directly acknowledged and their messages must be heard before healing can occur. Mindfulness practices can help address this dilemma.

Mindfulness

Mindfulness practices, such as meditation and yoga, have been widely studied across diverse populations for their physical and psychological benefits (Carmody & Baer, 2008; Dreeben, Mamberg, & Salmon, 2013; Goleman & Gurin, 1993; Kabat-Zinn, 2005; Philippot & Segal, 2009; Shapiro, Oman, Thoresen, Plante, & Flinders, 2008). Mindfulness-Based Stress Reduction (MBSR) is the most widely researched meditation training program (Brown & Ryan, 2003; Khoury et al., 2013; Khoury, Sharma, Rush, & Fournier, 2015). One of the primary components of MBSR is the body scan which encourages the cultivation of bodily focus and awareness (Ahn & Wampold, 2001; Kabat-Zinn, 2005, 2015; Murphy, 2006).

Referent to the topic of pain avoidance, mindfulness practices promote the capacity to assume a witness stance towards discomfort (Amadei, 2014; Bhatnagar, 2011). Unlike avoidance, individuals trained in mindfulness practices have been taught to notice, rather than to move away from, strong emotional experiences (Bauer-Wu, 2010; Bhatnagar, 2011; Brown & Ryan, 2003; Goleman & Gurin, 1993; Kabat-Zinn, 2015; Shapiro, Oman, Thorenson, Plante, & Flinders, 2008). Mindfulness has also been found to increase self-awareness and self-regulation during emotionally charged situations (Brown & Ryan, 2003; Herwig, Kaffenberger, Jäncke, & Brühl, 2010). Mindfulness practices increase the activity of the pre-frontal cortex (Chiesa & Serretti, 2010; Herwig et al., 2010; Leong, Chan, Grabovac, Wilkins-Ho, & Perri, 2013), which is the area of the brain responsible for consciousness (Chiesa & Serretti, 2010; Herwig, Kaffenberger, Jänke, & Brühl, 2010; Leong, Chan, Grabovac, Wilkins-Ho, & Perri, 2013) and higher cognitions such as free-will, self-awareness and creativity (Dispenza, 2007; Siegel, 2010). The prefrontal cortex helps coordinate and integrate activity throughout the body-mind (Siegel, 2010).

Purpose of the study

The purpose of the study is to explore the lived experiences of mindfulness-trained psychotherapists' bodily communications during the therapeutic encounter. Due to the benefits of mindfulness on therapeutic processes, mindfulness training is increasingly included in counselor training programs (Bohecker, Wathen, Wells, Salazar, & Vereen, 2014; Christopher et al., 2011; Murphy, 2006; Schomaker & Ricard, 2015; Shapiro, Astin, Bishop, & Cordova, 2005). Mindfulness training has been found to increase the therapeutic attributes that facilitate change (Goleman & Gurin, 1993; Kabat-Zinn, 2005; Murphy, 2006; Shapiro et al., 2008). Mindfulness training in counselor education programs also increases client alliance (Schomaker & Ricard, 2015), decreases burn-out (Hayes et al., 2004), and promotes better self-care among counselor trainees (Newsome, Christopher, & Dahlen, 2006; Schure, Christopher, & Christopher, 2008). Because of the plethora of research on the efficacy of mindfulness in supporting both therapist and client during the therapeutic encounter, researchers and educators are recommending that counselor training programs implement mindfulness training into course curriculum (Bohecker et al., 2014; Shapiro et al., 2005).

Research Questions

Research on psychotherapist embodiment is in its infancy and does not address the acquisition of subconscious content via embodied processes. Furthermore, as mindfulness-based education continues to infiltrate psychotherapist training programs, research should explore the relationship between mindfulness and psychotherapist embodiment. To that end this study explored the following questions:

- 1) What is the lived experience of embodiment as perceived by psychotherapists with a regular and ongoing mindfulness practice?
- 2) How do mindfulness practices affect embodied awareness?
- 3) What is the role of embodiment as a means of subconscious communication during the therapeutic encounter?

This research is guided by the desire to deepen our understanding of psychotherapist embodiment by exploring the bodily felt-sense experiences of mindfulness-trained psychotherapists. Of particular interest is the exploration of subconscious information acquisition via visceral phenomenon.

Definition of Terms

- *Body centered awareness* refers to the act of focusing one's consciousness on bodily sensations and being responsive to internal cues.
- *Body psychology* is an alternative and holistic form of psychology that includes somatic experience and body-based treatment approaches such as yoga and tai chi to address psychological issues.
- *Catharsis* is the re-experiencing of painful and repressed memories for the purpose of emotional healing.
- *Conscious mind* is an important evolutionary advance that, unlike subconscious or unconscious processes, has a self-reflective quality that enables humans to access free-will, present and past focus, and higher order cognitions.
- *Countertransference* is a process that occurs when the psychotherapist transfers his/her unmet needs and conflicts onto the client.

- *Embodiment* has been described as a state of being in which awareness is focused on internal bodily sensations. It is a holistic, meta-level process of receiving and interpreting information (Michalak et al., 2012).
- *Embodied perception* rests on the notion that all human perception is embodied however the awareness of embodied processes lie on a continuum between the extremes of no awareness of body, a sort of taking the body for granted, and the full integration between body and mind. In the integrated state, individuals recognize and appreciate the wisdom, values, and purposes of bodily experience.
- *Experiential therapy* is a form of therapy that encourages the exploration of subconscious information through experiences such as role play, the use of props, guided imagery, etc.
- *Felt-sense* is a term developed by Gendlin to denote the complex, underlying bodily states of awareness.
- *Holistic* philosophy is characterized by the notion that the parts of something are intrinsically intertwined and can only be understood in the context of the whole.
- *Holistic treatments* approaches take into account the whole person, which includes the mind, body, and spirit, as well as environmental and social factors, in the treatment of physical and psychological ailments.
- *Interoception* refers to the acquisition of information via internal bodily signals.
- *Intersubjectivity* refers to the construction of a field through which the personal interacts with the social environment (Benjamin, 1988).

- *Lived body paradigm* is a term that was first used by Husserl (1931, 2002) to distinguish the existential and bodily nature of human beings.
- *Mindfulness* has been broadly defined as a way of being. It is sustained, moment-by-moment awareness that can be characterized by the intentional, non-judgmental acceptance of one's experience as it unfolds (Kabat-Zinn, 2005).
- *Mindfulness practices* refer to any activity designed to cultivate mindfulness. Formal practices include all types of sitting meditations, yoga, qigong (a Chinese system that integrates body postures with breath work and movement), etc.
- *Person-centered therapy*, also called client-centered and Rogerian therapy, is a form of talk therapy developed by Carl Rogers in the 1940's (Rogers, 1961) and is now considered the cornerstone of Humanistic theory.
- *Repression* is the forcing of painful thoughts and feelings into unconsciousness to protect oneself from pain.
- *Resistance* is an automatic and unconscious way of avoiding discomfort by keeping aspects of oneself below the level of conscious awareness.
- *Subconscious* refers to vast quantities of psychic material programmed throughout the body/mind.
- *Unconscious* is a term that will be used more generally to discuss any information that is not yet conscious.

CHAPTER II: LITERATURE REVIEW

He makes use of all the information his nervous system can supply, using it in awareness, but recognizing that his total organism, maybe, and is often, wiser than his awareness

-- Carl Rogers

Carl Rogers is among those in the mental health field who saw the need to explore the use of psychotherapists' internal bodily processes as a means of accessing and interpreting client information (Rogers, 1961; Salvatore, Tschacher, Gelo, & Koch, 2015). Until recently, psychotherapy research focused primarily on explicit, observable factors such as verbal interactions and their impact on therapy outcomes (Gesn & Ickes, 1999; Hall, Harrigan, & Rosenthal, 1995; Machado, Beutler, & Greenberg, 1999; Sherer & Rogers, 1980; Waxer, 1974) with scant research on non-verbal, body-based interactions (Ramseyer & Tschacher, 2011). Recent advances in the field of neurobiology provide evidence of a neurological substructure as a mechanism that facilitates emotional and somatic imitation (Gallese, 2013; Gallese, Eagle, & Migone, 2007; Meltzoff, 1988, 2007; J. Sletvold, 2012). These findings encourage exploration of the implicit world of psychotherapist embodiment. In addition, the plethora of mindfulness research supporting the efficacy of mindfulness training to promote bodily awareness and focus (Campbell & Christopher, 2012; Christopher et al., 2012; Schure, Christopher, & Christopher, 2008) suggests that psychotherapists trained in mindfulness practices may be ideal candidates to elucidate internal, subtle realms of experience.

Introduction to Embodiment

Central to Merleau-Ponty's philosophy is the role of perception in understanding and interacting with the world. In his research on perception, Merleau-Ponty (1962) argues

that the body is the primary site of knowing. Furthermore, the body and that which it perceives are inherently intertwined. He stated, "Our own body is in the world as the heart is in the organism: it keeps the visible spectacle constantly alive, it breathes life into it and sustains it inwardly, and with it forms a system" (Merleau-Ponty, 1962, p. 235). In his later work, Merleau-Ponty wrote about the collective human "flesh" emphasizing the circular nature of knowing. "The flesh is the mysterious tissue or matrix that underlies and gives rise to both the perceiver and the perceived as interdependent aspects of its own spontaneous activity" (Abram, 1997, p. 66).

Building on the work of Merleau-Ponty (1962), embodiment theorists emphasize the circular relationship of the body, mind, and environment, each seamlessly interacting and reacting to the other (Glenberg, Witt, Metcalfe, 2013; Hudak et al., 2007). This view represents a stark departure from dualistic separation of body and mind prevalent in Western psychology (Glenberg et al., 2013; Halling & Goldfarb, 1991; Leitan & Murray, 2014; Young, 2006) and generates new discourse on psychotherapist/client interactions.

History of Embodiment

Prior to the development of psychoanalysis, French philosopher and psychologist Pierre Janet laid the foundations for a body psychology (Boadella, 1997; Gelinas, 2003; Van der Hart & Friedman, 1989; Van der Kolk & Van der Hart, 1989). Janet's sizable body of work (1928-32) was largely overlooked and nearly lost in the annals of history. The publication of Ellenberger's book *The Discovery of the Unconscious* (1970) and the reprinting of Janet's early work led to Janet's rediscovery and popularization in the English speaking-world (Gelinas, 2003; Van der Hart & Friedman, 1989). What follows is Janet's explication of the integrative, body-based approach to psychology prevalent at the time:

A new physiological psychology replaces the earlier conception of the personality as a metaphysical (disembodied) soul. Personality is not found in such a soul but is found in the body. It is in becoming aware of your body that you discover your personality ... We sense our body, we sense our skin, we sense the warmth of the body, we sense the internal organs and this organization of sensations related to our body gives us our personality. The characteristics of the personality, unity, identity, distinction, derive from the characteristics of the body ... It is not possible to advance in the study of the personality without having first understood the character of having a body.

--Janet, 1929, p. 20

Janet meticulously carried out thousands of clinical studies and successfully treated over 5000 patients throughout his career (Boadella, 1997; Ellenberger, 1970). He was well-known for his detailed observations and hand-written transcriptions of patient interactions (Ellenberger, 1970). However, since most of his patients demonstrated various levels of memory loss and mental debilitation, Janet's (1929) patient analysis focused equally on verbal and bodily expressions (Boadella, 1997; Ellenberger, 1970). The main curative component was memory retrieval (Ellenberger, 1970) through the use of hypnosis, massage, or other body-based treatment modality (Ellenberger, 1970).

Janet's contributions to the field of psychology laid the groundwork for future embodiment research (Boadella, 1997; Fischer-Homberger, 2014; Glenberg et al., 2013; Van der Kolk & Van der Hart, 1989). In *L'automatisme psychologique*, Janet (1889)

presented a scientific account of traumatic stress. Janet coined the term dissociation to describe the development of trauma induced subpersonalities (Ellenberger, 1970; Galenas, 2015; Van der Kolk, 2014) and used mainly hypnosis to explore and integrate dissociative propensities in his patients (Van der Hart & Friedman, 1989; Van der Kolk & Van der Hart, 1989).

Janet (1889) was the first to postulate that only a small percentage of human interactions occur within conscious awareness. He coined the term “subconscious” to account for the vast amount of psychic material existing outside of conscious awareness (Van der Kolk & Van der Hart, 1989). According to Janet, subconscious fixed ideas are both cause and effect of psychological constriction and deficiency (Ellenberger, 1970).

Janet studied the breathing patterns of neurotic patients during sleep and wakeful states at the Salpetriere Hospital in Paris (Boadella, 1997). His work revealed significant differences in breathing patterns between neurotic and non-neurotic individuals (Boadella, 1997). According to researchers, Janet used the term “diaphragmatic spasm” to describe muscular contractions located in the diaphragm as a result of emotional and psychological tension (Boadella, 1997; Young, 2015). Janet’s investigations on the relationships between muscle groups and psychological disturbances provided the foundation for later formulations of the “diaphragmatic block” and “body armoring” conceived of by Wilhelm Reich (Boadella, 1997; Young, 2015).

Although embodiment research is a relatively new concept in the field of psychology, exploration of the body’s role in psychological processes is as old as psychotherapy itself (Heller, 2007; Stetvold, 2011; Young, 2015). Researchers (Stetvold, 2011, 2013; Heller, 2007; Young, 2015) speculate that Freud originally intended to develop

an embodied psychology or a psychology that attended to the bodily dimension of the psychoanalytic interaction. Sigmund Freud was initially trained as a neurologist but became better known as the father of psychoanalysis. Sletvold (2011) cites an article written by Freud on physical treatment in 1890 in which Freud elaborates on observable physical changes demonstrated by the patient. Bodily “expressions of emotion” serve as indications of underlying mental processes that are “so obvious and on so large a scale that some psychologists have even adopted the view that the essence of these affects consists only in their physical manifestations” (p. 287). In his research on hysterics, Freud (1893) highlighted the role of the body in psychopathology and concluded that problems between the body and the mind are the root cause of hysterical symptoms (Heller, 2007; Sletvold, 2014b; Sletvold, 2011a). Early treatments for hysteria were aimed at retrieving memories thought to impede healthy psychological functioning (Breuer & Freud, 2004; Van der Kolk, 2015). Freud used various body techniques to effect healing or catharsis, including hypnosis and the pressure technique, which is a process that involved putting continuous pressure on the forehead in order to stimulate focus in the patient (Breuer & Freud, 1952, 2004; H. Sletvold, 2014b). Although Freud continued to promote the use of hypnosis until 1939 (Balen, 1997), he ultimately abandoned the use of all body-based treatment modalities in psychoanalysis (H. Sletvold, 2014).

Reich’s Character Analysis and Body Armor

Wilhelm Reich was Freud’s student and friend. He was originally trained as a sex therapist but studied a wide variety of subjects including physics, astronomy, and quantum physics before becoming a psychoanalytic trainer (Higgins, 1994). Reich was particularly interested in Freud’s explanation of sexual energy and libido (Heller, 2007; Higgins, 1994).

Like Freud, Reich was concerned with uncovering the somatic core of mental and emotional weakness and thus adopted Freud's theory that uncovering subconscious material led to symptom relief (Heller, 1994). Reich, however, became increasingly critical of Freud's methods and began to concentrate his research efforts on the relationship between symptomology and the body.

Reich was committed to the idea that bodily activity is an expression of subconscious information (1945, 1949, 1972). While heading the Seminar for Psychoanalytic Therapy at the Vienna Psychoanalytic Clinic, Reich systematically studied muscular contractions or "body armoring" as a manifestation of emotional activity. Body armor functions in a protective capacity by staving off painful emotions. As the muscles contract over time they become engrained in the body as attitudes known as character armor. Reich demonstrated that the addition of body work in treatment was helpful for releasing muscular rigidity thereby producing beneficial outcomes more quickly than talk therapy alone. Reich delivered the findings of his research on body and character armoring along with his proposal that resistance could be dealt with by paying more attention to bodily communication to his colleagues at the Clinic (Higgins, 1994; Reich, 1972; Stetvold, 2011).

By the time Reich began to develop his own theories on neurosis and anxiety, Freud had largely abandoned his efforts to establish a bodily basis for psychotherapy, opting instead to focus on verbal-symbolic representations (Heller, 2007; J. Sletvold, 2011). Sletvold (2011) cites an interview conducted in 1952 by Kurt R. Eissler in which Reich expressed his view that Freud's singular focus had succeeded in limiting treatment and the future of psychoanalysis. Reich argued that talk alone, widely known as "the talking cure,"

could not retrieve memories prior to the introduction of language, around the age of 3. However, Reich maintained that his method of “character analysis” allowed for “the reading of emotional expression” (Sletvold, 2011). Careful observation of non-verbal emotional expression and communication allowed therapeutic access to subconscious material regardless of the age in which it was acquired.

After Reich’s expulsion from the psychoanalytic community, his efforts and the efforts of others to include the body in therapeutic practice became increasingly marginalized within mainstream psychoanalytic discourse (Heller, 2007; J. Sletvold, 2011; Young, 2006). Psychoanalysis shifted away from organic models to language-based conceptions of treatment and talk therapy became the standard of care in treatment models (Akin, 2014; J. Sletvold, 2011; Young, 2006). Contemporary researchers have suggested that the body’s exclusion from the practice and theory of psychotherapy has dramatically limited practitioners' ability to affect positive therapeutic outcomes (Heller, 2007; J. Sletvold, 2011; Young, 2006).

Contemporary Body Psychotherapy

Although body-based treatments were effectively banned in mainstream psychology (Young, 2006), ancillary forms of psychotherapy continued to espouse mind-body practices (Röhricht, Gallagher, Geuter, & Hutto, 2014). Pertinent literature uses the term “Body Psychotherapy” (BPT) as an umbrella term for practices committed to including the body in the theory and treatment of mental health issues (Röhricht et al., 2014). Bioenergetics, developed by Alexander Lowen and his colleague John Pierrakos, is an alternative psychotherapy dedicated to body-based practices. Lowen formulations of character types stem directly from Reich’s character analysis. Character types are persistent and

predictable developmental patterns held by the body as armoring, that result from inadequate environmental responses at key junctures in early life.

Despite the relative scarcity of Bioenergetics research, there has been some interest during the past decades in the efficacy of treatments that include physical exercises designed to release body armor. For example, in a randomized, controlled trial, bioenergetics exercises were found to significantly decrease symptoms of somatization, social insecurity, depression, anxiety, hostility, and anger in a group of inpatient Turkish immigrants (N=128) (Nickel et al., 2006). Patients were randomly assigned to either a control or treatment group. In addition to psychopharmacology and counseling given to both groups, the treatment group received 2-60 minute sessions per week of body-based exercises designed by Lowen. Pre-and post state-trait expression inventory (STAXI) indicated that treatment group patients made significantly more improvements than their non-treatment counterparts.

In a similar study combining bioenergetics and gestalt therapies (Moran, Watson, Brown, White, & Jacobs, 1978), a group of patients in an alcohol recovery program (N=56) showed significantly more improvement in hysterical tendencies, as well as a host of physical symptoms including elevated blood pressure and heightened anxiety, than did their control group counterparts ($F=4.00$ and 2.66 , $D=1/52$, $P<.05$).

Until recently, most body-based research has been conducted in the humanistic branch of psychology (Rohricht, 2014). Both Person-Centered Therapy developed by Carl Rogers (1961) and Focusing developed by Eugene Gendlin (1969) emphasize bodily phenomenon as a central component of the healing process. Organismic experiencing, which is the combination of conscious and subconscious sensory bodily experience, is the

most important construct in the Person-Centered Approach (Fernald, 2000). Rogers stated the following regarding bodily knowing, “I have learned that my total organismic sensing of a situation is more trustworthy than my intellect” (Rogers, 1961, p. 190). Furthermore, Rogers maintained that connecting to and accepting his own bodily processes increased bodily awareness in his clients (Rogers, 1961).

Gendlin built on Rogers’ observations of the primacy of sensory and visceral experiences in therapeutic settings (Ikemi, 2011). *Experiencing* refers to the ongoing sensory interaction between the body and the environment (Gendlin, 1978; Madison, 2010). For example, the body might experience an overall sense of relief upon receiving news regarding a troubling situation. Noticing the complex, underlying bodily state, or *felt-sense*, in any given moment is the process of experiencing (Gendlin, 1978; Madison, 2010). Rather than relying on intellectual understanding, focusing refers the process of turning inward, or tuning into the felt-sense experience, as a way of getting a sense of some situation, problem, etc. (Gendlin, 1978). The body, Gendlin (1978) argued, knows vastly more than the brain alone. Gendlin hypothesized that with practice, the felt-sense experience can be consciously called upon to access deeper levels of the mind. He developed the focusing technique (1978) to help individuals access their bodily states. In an early attempt to explore client’s felt-sense experiences, Gendlin (1960) analyzed hundreds of transcripts and video-recorded psychotherapy interviews. His research found that clients can be taught to focus. Additionally, clients who were more in touch with their inner experience from the outset, had better counseling outcomes.

A later meta-study was conducted to confirm these findings. More than 80 Focusing-Oriented studies were reviewed to determine a possible correlation between focusing and

positive therapy outcomes (Hendricks, 2001). The researcher concluded that a significant correlation exists between clients with high ratings on the Focusing Rating Scale (FRS) (Sachse & Neumann, 1983) and positive counseling outcomes. For example, Keisler (1971) studied patient differences in levels of experiencing in psychotherapy ($N=38$). Four-minute samples were gathered from 1,140 transcribed sessions and were then rated by judges using the Experiencing Scale (EXP) (Kelin, Mathieu, Gendlin, & Kiesler, 1969). The sample included 12 patients with schizophrenia and 26 psychoneurotic patients. The findings indicate that the psychoneurotic patients scored higher ($M=2.44$) on the EXP scale than did the patients with schizophrenia ($M=1.77$) with a highly significant main effect ($p<.01$). Furthermore, in support of previous research, therapy outcomes were deemed significantly more successful ($p<.05$) in the patients with higher EXP scores ($M=2.37$) than patients with lower EXP scores ($M=2.09$).

Current Embodiment Research

Contemporary research on the role of the body in human experience can be found in the social, cognitive, and physical sciences (Niedenthal, 2007; Niedenthal et al., 2005; Salvatore et al., 2015). Despite alternate versions of embodiment across disciplines, most theories of embodiment begin with the recognition that bodily and psychological processes are intrinsically intertwined (Glenberg et al., 2013; Halling & Goldfarb, 1991; Leitan & Murray, 2014). Body and mind are distinct but inseparable aspects of the self (Gadow, 1980).

Embodiment research in social psychology focuses on bodily activity and motion in social environments (Cacioppo, Priester, & Berntson, 1993; Cuddy, Wilmuth, Yap, & Carney, 2015; Williams & Bargh, 2008; Zhong & Leonardelli, 2008). In an experiment on physical

motion and performance, Cuddy et al. (2015) examined the effect of power poses on performance. Study participants ($N=66$) were randomly assigned to adopt either a high or a low-power pose during a mock job interview. A one-way analysis of variance (ANOVA) was used to discover whether the participants were deemed more hireable when adopting a high-power pose than those adopting low-power pose positions. As predicted, individuals in the high-power pose group were rated significantly higher on job interview performance than those in the low power pose category ($F(1,60) = 8.33, p = .005, d = 0.73$). Furthermore, high-power posers were deemed significantly more hireable than low-power posers ($F(1,60) = 7.22, p = .009, d = 0.68$).

In another study linking physical sensory experience to social interactions, Williams and Bargh (2008) found that experiences of physical warmth, (i.e., holding a hot cup of coffee), increased feelings of interpersonal warmth. Participants ($N=41$ undergraduates) were assigned to one of two temperature priming conditions. Participants were primed with temperature by briefly holding either a cup of hot coffee or a cup of cold coffee and then asked to rate a target person on 10 personality traits. As hypothesized, the participants in the hot coffee group rated the target person as significantly warmer than those in the cold coffee group ($F(1, 39) = 4.08, p = 0.05$). In a similar study, Zhong and Leonardelli (2008) investigated whether recalling a past experience of social exclusion induced feelings of coldness as measured by estimated room temperature. A sample of undergraduates ($N=65$) were randomly assigned to one of two conditions in which they were asked to recall a situation in which they felt either socially included or excluded. The researchers then asked the participants to estimate the temperature in the room. As expected, participants in the socially included recall group estimated the temperature

higher ($M = 24.02$, $SD = 6.61$) than those in the socially excluded group ($M = 21.44$, $SD = 3.09$; $t(63) = 2.02$, $Prep = .88$).

Exploring the connection between action and attitude, Cacioppo et al. (1993) investigated arm flexion and extension and motivational orientations in 6 experimentally designed studies. Using a variety of populations and procedures, their research found that ideographs presented during arm flexion were ranked more positively by study participants than were the ideographs presented during arm extension. Taken together, these findings dispel notions of body as a mechanistic agent of the mind. Bodily activity influences perception and attitude.

In the field of cognitive psychology, researchers are moving away from the traditional views of the mind as an abstract information processor (Spackman & Yanchar, 2014; Wilson, 2002). Theories of a disembodied mind are giving way to the recognition that the mind must be understood in the context of its relationship to bodily activity (Spackman & Yanchar, 2014; Wilson, 2002). Embodied cognition research focuses on the ways in which emotion and emotion concepts (Niedenthal et al., 2005; Niedenthal, Winkielman, Mondillon, & Vermeulen, 2009) as well as the mind and thoughts (Herbert & Pollatos, 2012) are represented and stored throughout the body in modality-specific systems.

Neurobiological Underpinnings of Embodiment

Drawing on research that demonstrates the link between bodily sensations and emotions (Cacioppo et al., 1993; Cuddy et al., 2012; Williams & Bargh, 2008), Fuchs and Koch (2014) suggest that bodily functions serve as a medium of emotional perception. Recent neurobiological research supports this claim. For example, Niedenthal et al. (2009)

conducted 3 experiments that confirm a connection between physical phenomena and emotions. In study 1, participants ($N=45$) judged words referring to concrete objects that typically elicit a related emotion. Electromyography (EMG) (an electrical device that records muscle activity—typically used to diagnose disease) was used to record the electrical activity produced by skeletal muscles. Word stimuli that required consideration of the emotional content of the concept elicited embodied responses whereas same-word stimuli that did not require simulation of the emotion did not activate EMG activity. The findings indicate that somatic responses are activated by simulation and that they are emotion specific. A within subjects post hoc contrast revealed that the corrugator region showed greater activity for words associated with more intense emotions such as anger and disgust compared with neutral emotions ($F(1, 22) = 13.21, p < .001$). Niedenthal et al. (2009) performed 2 similar studies using EMG to measure embodied reactivity. Their research confirms the theory that the processing of emotional information involves the re-experiencing of the emotion via the skeletal activity of the body.

Mirror Neuron System

In the 1990's, a group of neuroscientists (Rizzolatti, Fadiga, Gallese, & Fugassi, 1996) discovered a new class of neurons in the Rhesus macaque monkey brain. Rizzolatti et al. (1996) noticed that the same neurons discharge when the monkeys performed an act themselves *and* when they watched the act being performed by other monkeys (Rizzolatti et al., 1996; Gallese, Eagle, & Migone 2007). Scientists called this group of neurons found in prefrontal regions of the brain, "mirror neurons." Recent interest in the interactions between bodily processes and psychological functioning may be due to these findings (Dodds, 2013; Fuchs & Schlimme, 2009; Schubert & Semin, 2009). Specifically, research on

the mirror neuron system (MNS) provides a neurological basis for bodily interaffectivity (Gallese et al., 2007).

MNS studies have been extended to focus on activity in the human brain (Iacoboni et al., 2008). Researchers have demonstrated that MNS is involved in imitation (Iacoboni et al., 1999) and learning without practice (Gallese et al., 2007). In a study designed to further understanding of MSN and social behavior, Iacoboni et al. (2005) investigated hand grasping actions in various conditions. The researchers wanted to investigate the role of the MSN in coding actions and intentionality of actions. For example, the MNS codes Mary grasping an apple but does the MNS also code *why* Mary grasps the apple—does she plan to eat it? To give it away? The *why* in this case is context-specific. Using functional magnetic resonance imaging (fMRI), 23 subjects watched hand grasping in scenes with and without context. Neural and functional activation significantly increased in the subjects exposed to hand action embedded in context and intention (with a threshold of $Z = 2.3$ at voxel level and a cluster level corrected for the whole brain at $p = 0.05$). The researchers concluded that the areas of MNS previously thought active only in recognition and observation of an action, are also involved in understanding the intent underneath the action.

“Our ability to imitate others’ actions holds the key to our understanding what it is for others to be like us and for us to be like them” (Meltzoff & Decety, 2003, p 491). Citing recent advances in the cognitive and neurosciences, Meltzoff and Decety (2003) argue that imitation is innate in humans and that it precedes mental activity. Research in developmental science shows that infants understand the goals and intentions behind the actions of others (Meltzoff, 2007; Meltzoff & Moore, 1993). Furthermore, the researchers

state that human beings are born with the ability to know when they are being imitated and that this reciprocity is essential to communicative processes (Meltzoff & Decety, 2003).

The role of MSN in psychoanalysis has been implicated in accessing client's subconscious mental states (Gallese et al., 2007; Gallese 2013). Gallese et al. (2005) introduced the term "vicarious introspection" to describe elevated states of empathy which includes the activation of MNS as the "primary tool for understanding" the client. The researchers hypothesize that since observation triggers automatic simulation in the therapist, the therapist's ability to be aware of and sensitive to his or her own thoughts and feelings is a critical component in psychotherapy. Therapist's internal actions are a potential link to the activities taking place inside the minds of their clients (Gallese, 2013; Gallese et al., 2007).

To understand the acquisition of client information via embodied processes, researchers are exploring the interaction between embodiment and interoceptive awareness (Herbert & Pollatos, 2012; Häfner, 2013). In an exploration of the ways in which bodily processes translate into mental action, Hafner (2013) assessed individual differences in bodily sensation sensitivity ($N = 60$). Research participants were randomly assigned to one of two clipboard conditions (heavy vs. light). The participants were handed a questionnaire on the clipboard and asked to estimate the amount of money needed to purchase a certain amount of foreign currency. Interoception was assessed by a body-awareness questionnaire. Analysis revealed a significant main effect for clipboard condition, ($F(1, 54), = 5.24, p = .018$) indicating that monetary predictions were significantly more reflective of the weight of the clipboard in individuals more attuned to their interoceptive processes. These results confirm the hypothesis that to the degree that

people indicate being chronically sensitive to their bodily processes, weight cues were embodied into their judgments.

Psychotherapist research supports the notion that increased personal awareness has a positive impact on correct identification of client affect (Machado et. Al., 1999; Teresawa, 2014). In a study on emotion recognition (Machado et al., 1999), 36 experienced therapists were compared to 36 non-therapists in their ability to accurately identify specific client emotions based on verbal and non-verbal cues. ANOVA was used to assess differences in level of accuracy in identifying emotional qualities. A between group difference was found significant, ($F(1, 66) = 2.11, p < .05$) confirming the hypothesis that increases in personal awareness, as demonstrated by experience level of therapists, is a predictor of accurate recognition of the emotional experiences of others.

In a similar study, Terasawa et al. (2014) measured interoceptive sensibility using facial recognition and heartbeat detection in a group of 30 participants. The researchers examined the difference in emotional sensitivity between “good perceivers” and “poor perceivers” based on heartbeat measurements and found a significant difference between the 2 groups, ($F(1, 18) = 183.62, p < .05$). Results confirmed that heightened levels of internal/bodily awareness are linked to enhanced sensitivity of the emotions of others.

Embodiment in Psychotherapy

Subconscious information resides in the body (Pert, 1997; Lipton, 2005; Van der Kolk, 2015) which suggests that internal bodily awareness offers a direct link to subconscious information. Furthermore, mirror neural activity is the bridge connecting individuals via embodied processes. Therefore, it could be surmised that embodied

awareness provides access to subconscious material whether our own or that of another person. This has great implications for psychotherapists working in clinical settings.

Although many of Freud's theories have fallen out of favor in mainstream psychotherapy practice (Heller, 2007; Sletvold, 2011; Young, 2006), the idea that the majority of human behavior stems from subconscious processes remains a relevant topic today (Leitan & Murray, 2014). In an early study on subconscious bodily countertransference, Samuels (1985) asked 32 psychotherapists to describe embodied and reflective countertransference. Embodied countertransference, in this case, refers to bodily sensations such as sleepiness and tightness in the stomach. Reflective countertransference, on the other hand, refers to feelings such as sadness, anger, boredom, etc. The 27 completed replies in this study covered a total of 57 cases. Of these, 46% of the cases were reportedly embodied in nature whereas 54% fit the criteria for reflective countertransference. Additionally, Samuels (1985) hypothesized that two people in certain relational situations, have access to or are linked by a level of reality called he called the *mundus imaginalis* or imaginal world. The *mundus imaginalis*, a term borrowed from French philosopher and scholar Henry Corbin (1972), refers to a state in which bodily, emotional, and imaginal (mental) experiences are shared in-between psychotherapist and patient. Samuels concludes that some of the countertransference experienced by the therapist can be understood as communication emanating from within the patient.

The Egan and Carr Body-Centered Countertransference Scale (2005) was developed to measure psychotherapists' subconscious bodily phenomena during clinical encounters. The scale includes 16 possible physical reactions such as headaches, muscle tension, and yawning. Internal reliability was assessed using Cronbach's Alpha and met the statistical

criteria for reliability (.74). To test the scale, 35 female counselors were asked to report their bodily symptoms and frequency over a six-month period (Egan, Carr, & Alan, 2008). Eighty-three percent of the therapists reported experiencing five of the 16 body-centered countertransference symptoms during the previous six-months.

In a follow-up study on the experience of therapists' bodily reactivity during the therapeutic encounter, a group of Irish clinical psychologists ($N=87$), were asked to describe their physical sensory experiences during client interactions (Booth, Trimble, & Johnson, 2010). The Body Centered Countertransference Scale (2005) was used to measure the incidents of psychotherapist bodily reactivity across a variety of therapeutic orientations and client populations. The researchers found that although there was no interaction effect between therapeutic orientation and client group, virtually all the therapists in their study reported having some form of body-centered countertransference during the prior 6 months. For example, 79% of therapists reported occurrences of muscle tension, 76% reported sleepiness, 65% reported yawning, and 61% experienced tearfulness during the past six months. The findings offer some support to the claims of Pearlman and Saakvitne (1995) that embodied reactivity is present in all therapists across all therapeutic interventions and client populations.

The suggestion that embodiment can be bolted onto earlier psychoanalytic concepts such as countertransference has been contested in the literature (Totton, 2014).

Embodiment, as it is conceived of in this research, adopts a stance set forth by embodiment researchers that draws on the systemic feature of continuous feedback loops (Bateson, 1971), and the circular nature of embodied phenomena (Glenberg et al., 2013; Hudak et al., 2007; Totton, 2014). The body is in constant communion with environmental forces, and

rather than being unidirectional as is implied by the term countertransference, is continuously modifying, and being modified by, the bodies of others (Fuchs & Koch, 2014).

Therapist embodiment facilitates the therapeutic relationship. Based on his own clinical and supervising experience, Nakata (2014) describes four actions taking place within the therapist in the development of client empathy. Similar to Gendlin's *felt-sense experience* (1978), the core action for Nakata is the therapists' efforts to *sense*, what the client is feeling, both cognitively and affectively, at a bodily-felt level. The remaining three actions can enhance sensing abilities: Paying attention to non-verbal expression, while simultaneously sensing the client's feelings about the issue *and* his/her feelings about the therapist, and recognizing that the sensations are merely inference that must be confirmed by the client. Nakata suggests that the therapist's ability to engage on a bodily-affective level varies greatly depending on therapist and client. He adds that bodily-affective sensing underlies empathy development and promotes feelings of safety for the client. Although Nakata (2014) argued that therapists can and should apply themselves to the task of sensing client affectivity, it seems equally plausible that client material arises spontaneously in the body of the therapist as suggested by Booth et al., (2010). In the case of the latter, noting that these acquisitions rest on the therapists' level of personal awareness in any given moment.

Psychotherapist embodiment has been implicated as a sensory mechanism that picks up and distills information emanating from the client. Therapist somatizations during the therapeutic encounter were explored in a qualitative study conducted by Shaw (2004). Based on the analysis of five group discussions and in depth interviews ($N=14$), results demonstrate that therapists use their bodily phenomena in highly sophisticated ways to

deepen the therapeutic relationship. Figure 2.1 shows the first order, second order, and overlapping themes and examples of each outlined in Shaw's grounded theory of Psychotherapist Embodiment.

Figure 2.1. First Order Themes, Second Order Themes, Permeative Themes

	Theme	Examples
First order themes	Physical reaction	Nausea, sweaty palms, gut reaction, musculoskeletal pain, mirroring or body
	Communication	Bodily communication, therapist history, here-and-now experience
	Styles/techniques	Cultural perspective, touch, management of therapeutic encounter, therapist health
Second order themes	Body empathy	"Well in a sense I don't know ...I think it's a sign of...that...I was with someone, that there was an empathic bond."
	Body as receiver	"For me it's like using the body as radar, you think of those sort of dishes that collect satellite messages and funnel the down, well I see the body it that way."
	Body Management	"And I take moments out during the day when I can just put one foot in front of the other, and just kind of be with myself or ground myself again."

Permeative themes	First and second order themes permeated the whole analysis	Therapists draw on personal beliefs and autobiographical history—bringing the whole self into the counseling process in order to make sense of the therapeutic process.
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Embodiment researchers have pointed out the neglect of nonverbal phenomena in psychotherapy education (Akin, 2014; J. Sletvold, 2011; Young, 2006) and suggested that embodied practices be incorporated into psychotherapeutic training programs (Krantz, 2012; J. Sletvold, 2012). Jon Stetvold (2012) outlines a training program developed at the Norwegian Character Analytic Institute that integrates Reich's character analysis with body-based practices. The program devotes half of the basic 2-year seminar on body-based practices that focus on increasing body awareness and exploring embodied experiences of the therapist's-in-training. The program has evolved over the past decade and therefore evaluations are limited however, program graduates have provided papers underlying the value of the approach as compared to conventional training programs (Sletvold, 2012). Although a curriculum that includes 50% focus on body-based activities as set forth by the Norwegian Character Analytic Institute may seem radical by conventional psychotherapy training standards, the value of the body in psychotherapeutic practice is acknowledged as increasing numbers of programs include mindfulness and body-based curriculum.

Introduction to Mindfulness

By the time an individual reaches adolescence, his/her subconscious mind is programmed with behaviors, beliefs, and attitudes gleaned from parents and environmental/cultural conditioning (Lipton, 2005). Often referred to as one the most powerful information processors known to man, the subconscious mind controls between 95-99% of all human activity. In fact, biologists estimate that the subconscious mind processes roughly 20,000,000 bits of environmental stimuli per second whereas the conscious mind handles a mere 40 bits of information per second (Lipton, 2005). Programmed subconscious information controls our biology and actions until change is initiated (Lipton, 2005). The conscious mind, on the other hand, offers freedom from the predicament of automaticity.

The conscious mind represents an important evolutionary advance in higher mammals (Lipton, 2005). Lipton (2005) states that if the subconscious mind is our autopilot, the conscious mind is our manual control. The conscious mind resides in the prefrontal cortex of the brain and is responsible for higher order cognitions such as thinking, planning, strategizing, etc. Attributes of higher mind like free-will, inspiration, and self-awareness also reside in this portion of the brain. Mindfulness is the sustained, moment-by-moment awareness that can be characterized by the intentional, non-judgmental acceptance of one's experience as it unfolds (Kabat-Zinn, 1990). Mindfulness practices activate the self-reflective capacity of the conscious mind enabling direct observation of thinking, feeling, and behavior as it occurs (Lipton, 2005). Additionally, mindfulness meditation has been found to increase brain gray matter density (Holzel, Carmody, Vangel, Congleton,

Yerramsetty, Gard, & Lazar, 2010) and provides the substructure for reprogramming subconscious information. Rather than being lost in automaticity, mindfulness is the activity of remaining present to subconscious, automatic functioning as it occurs (Lipton, 2005) thereby gaining control over automatic reactivity.

The cultivation of mindfulness, or sustained present moment focus, originated in Asian countries some 2,500 years ago. In Western psychotherapy, Jon Kabat-Zinn (1979) is generally credited for developing the first standardized mindfulness-based intervention (Minor, Carlson, Mackenzie, Zernicke, & Jones, 2006; Niemiec, Rashid, & Spinella, 2012; Shapiro, Carlson, Astin, & Freedman, 2006). The substantial body of mindfulness literature focuses primarily on evaluating Kabat-Zinn's mindfulness-based, stress reduction (MBSR) (2005) and its offshoots such as dialectic behavior therapy (DBT) developed by Linehan (Linehan & Wilks, 2015), and mindfulness-based cognitive therapy (MBCT) (Kuyken et al., 2010) developed by Barnard and Teasdale (1991). However, due to the far-reaching benefits of mindfulness-based practices in the field of psychotherapy, a number of mind-body interventions such as yoga and qigong continue to be explored across diverse populations and settings (Campbell & Christopher, 2012).

The current body of mindfulness literature confirms that mindfulness-based interventions (MBI's) are beneficial in the treatment of a variety of mental health concerns. For example, mindfulness training has been found to significantly decrease stress and anxiety (Call, Pitcock, & Pyne, 2015; Carmody & Baer, 2008; McKee, Zvolensky, Solomon, Bernstein, & Leen-Feldner, 2007; Mizera, Bolin, Nugent,

& Strand, 2016), and depression (Alberto Chiesa et al., 2015; Ostafin et al., 2006; Witkiewitz & Bowen, 2010). MBI's are proven an effective treatment protocol for substance abuse and relapse prevention (Bowen et al., 2014; Brewer, Bowen, Smith, Marlatt, & Potenza, 2010; Himelstein, 2011; Witkiewitz & Bowen, 2010).

Furthermore, MBIs have been studied extensively for their applicability in alleviating trauma-related issues such as posttraumatic stress disorder (PTSD) (Gallegos, Cross, & Pigeon, 2015; Gallegos, Lytle, Moynihan, & Talbot, 2015), sexual trauma (Brotto, Seal, & Rellini, 2012; Northcut & Kienow, 2014), and childhood trauma (Boughner, Thornley, Kharlas, & Frewen, 2016; Earley et al., 2014; Elices et al., 2015).

Mindfulness Practices and Research

While the goal of cognitive behavioral therapy is to decrease or eliminate uncomfortable emotions (Bryan, 2014; Montoya, Bruins, Katzman, & Blier, 2016), mindfulness practices do not seek to rid individuals of discomfort but rather to help them come to terms with painful experience (Bhatnagar, 2011). Mindfulness practices rest on Eastern philosophy and the acknowledgement that pain is an unavoidable part of life. Efforts to deny, diminish, or control discomfort intensifies the feelings and can lead to psychological and physical disturbances (Bhatnagar, 2011). Conversely, mindfulness practices encourage the practitioner to rest awareness on the sensory experience of discomfort within the body/mind (Kabat-Zinn, 2005). Voluntarily bringing awareness back to the present moment is an opportunity to observe reality without the automatic reactions that increase suffering (Kabat-Zinn, 2005, p. 166). Sustained internal focus is communion with deeper aspects of the self.

Walser et al. (2015) conducted a large scale study ($N=934$) on the efficacy of MBI's to treat psychological pain, specifically this research explored depression in suicidal and non-suicidal veterans. Depression severity was assessed using the Beck Depression Inventory-II (BDI-II). The participants completed an average of 10 mindfulness training classes. Mindfulness was measured with the Acceptance and Action Questionnaire-II (AAQ-II) and the Five Facet Mindfulness Questionnaire (FFMQ). Mixed models with repeated measures indicated a significant reduction in depression severity from baseline to final assessment ($b = -10.52, p < .001$) in both groups. Increases in mindfulness scores were associated with a reduction in depression severity across time in both the suicidal and non-suicidal groups ($b = -0.44, p < .001$ and $b = -0.09, p < .001$, respectively). Results confirm that mindfulness training substantially increased mindfulness and helped to cultivate awareness and acceptance of intense emotional experience among the veterans. Furthermore, the suicidal group demonstrated significantly greater improvement on depression scores than the non-suicidal participants ($b = -0.05, p = .352$).

There is a growing body of literature confirming the psychological and physical benefits of mindfulness training for psychotherapists. Mindfulness practices have been found to substantially reduce stress and increase well-being (Boellinghaus, Jones, & Hutton, 2013; Newsome et al., 2006; Shapiro et al., 2005; Shapiro, Brown, & Biegel, 2007) as well as increase self-care and compassion (Boellinghaus et al., 2013; Christopher et al., 2012; McCollum & Gehart, 2010) among health-care professionals. Similarly, therapists trained in mindfulness experience

significantly less job burn-out than their non-mindfulness-trained counterparts (Christopher et al., 2011; Richards, Campenni, & Muse-Burke, 2010).

Because mindfulness practices have been found helpful for cultivating favorable therapist characteristics (Ryan, Safran, Doran, & Moran, 2012), researchers have begun incorporating mindfulness practices into psychotherapist training programs (Campbell & Christopher, 2012; Christopher et al., 2011; McCollum & Gehart, 2010). Schure, Christopher & Christopher (2008) collected qualitative data over a 4-year period. The therapists-in-training reported increased awareness and acceptance of emotions, an increased capacity to tolerate discomfort, and more mental clarity because of the mindfulness course. The same students reported changes that affect the therapeutic relationship such as increased empathy and compassion for the client (Christopher & Christopher, 2008).

In a similar study, Chrisman, Christopher, and Lichtenstein (2009) described their mindfulness-based course taught to counseling students over a 10-year period. Therapists-in-training attended a 75 minute in-class mindfulness practice using qigong, yoga, sitting meditation, and conscious relaxation techniques. Students journaled their experiences after the first class and immediately following the final class period of the 15-week course. Analysis was performed by the researcher/educators who read and labeled the transcribed journal responses. The responses were analyzed inductively meaning that themes emerged from the data. The themes were compared and revised by the authors and there were no notable differences in themes when analyzed across course years. The three main themes were physical changes, emotional changes, and mental changes. The students

reported increased body awareness, a sense of calming, and a quieting of mental chatter. They also reported that mindfulness practices helped them cultivate the important therapeutic attributes of presence and compassion for self and others (McCollum & Gehart, 2010). Furthermore, the students reported increased awareness, less reactivity, and improved acceptance of self and others. And finally, course participants reported greater ability to tolerate strong emotions. Taken together, these outcomes suggest that mindfulness training should be incorporated into counselor preparation curriculum (Bohecker et al., 2014; Farb et al., 2015; Greason & Cashwell, 2009; McCollum & Gehart, 2010; Nichols, 2015).

One of the central features of mindfulness training programs is the cultivation of enhanced bodily awareness (Dreeben et al., 2013; Mehling et al., 2011). To increase understanding of the role of body awareness in mindfulness-based approaches, Mehling et al. (2011) conducted a qualitative analysis of focus groups that consisted of leading practitioners and teachers of various mind-body approaches such as yoga, MBSR, and Tai Chi (N=8). Study participants espoused the belief that the mind and body are not viewed as distinct entities but rather they are seen as integrated and interactive aspects of the whole. Additionally, bodily awareness is an inseparable aspect of embodiment in relationship with the environment. The participants conceived of embodied awareness as “an innate tendency of our organism for emergent self-organization and wholeness” (p. 1). Mehling et al. (2011) suggested that we need to overcome the mind-body split still prevalent in the biomedical model and embrace a perspective that is integrative and inclusive in our representations of human functioning.

Summary

The human body is the foundation of the self (Sletvold, 2012) and the “surface on which therapy stands” (Totton, 2014, p. 95). Our innate ability to imitate the emotional experience of others makes possible the critical therapeutic attributes of relationship building such as empathy and understanding (Leitan & Murray, 2014; Sletvold, 2012). The discovery of the MNS provides the neuroscientific substrate of intersubjective experience (Gallese, 2013; Gallese et al., 2007; Kaplan & Iacoboni, 2006) that underlies the subtle bodily communication that occurs in clinical settings (J. Sletvold, 2012). Preliminary explorations confirm the centrality of bodily communication within the counseling environment (J. Sletvold, 2012; Totton, 2014), and yet there is little known about the acquisition of subconscious material via bodily processes.

Theories of embodied simulation suggest that individuals replicate the emotional states of others to the degree that they are aware of their own bodily experience (Sletvold, 2012; Totton, 2014). Given that individuals who are more sensitive to their own inner workings are better able to accurately identify the subconscious emotions of others (Machado et al., 1999; Terasawa et al., 2014), it seems reasonable to expect that body-based practices would enhance embodied awareness in psychotherapists. This study explored the lived-body experiences of mindfulness-trained psychotherapists’ acquisition of subconscious information via embodied processes.

The recent rise of embodiment research in the field of psychology confirms that bodily knowing is once again assuming equal placing with intellectual knowing

in psychotherapeutic theory and practice (Fuchs & Schlimme, 2009; Schubert & Semin, 2009; Shaw, 2004; Wilson, 2002) however more research is needed to expand our understanding of nonverbal interactions and bodily communications during the therapeutic encounter (Mehling et al, 2011; Salvatore et al., 2015; Schubert & Semin, 2009). Specifically, the research neglects to thoroughly explore the role of the psychotherapist's body as a tool for accessing subconscious client information. Furthermore, to date there are no studies that explore the bodily experiences of psychotherapists that, through their mindfulness training, have developed the capacity for sustained focus on bodily processes.

The purpose of this study was to fill that gap in the literature and further our understanding of embodiment through the exploration of the lived experiences of 8 mindfulness-trained psychotherapists. The participants discussed their personal experiences of the relationship between their mindfulness practice and embodiment, and the acquisition of subconscious information via embodied processes during the therapeutic encounter. As detailed in the following chapter, the methodological framework for this study is phenomenological qualitative analysis used to understand the rich, lived experience of the participants (Creswell, 2014).

CHAPTER III: METHOD

So while I still hate to readjust my thinking, still hate to give up old ways of perceiving and conceptualizing, yet at some deeper level I have, to a considerable degree, come to realize that these painful reorganizations are what is known as learning.

--Carl Rogers

This research study sought to understand participants' experiences surrounding the relationship between mindfulness practices and embodiment, as well as the perceived acquisition of subconscious client information via embodied processes during the therapeutic encounter. A transcendental phenomenological framework was used (Husserl, 1931; Merleau-Ponty, 1962; Moustakas, 1994; Patton, 2015) to explore this research subject matter. Phenomenology, as described by Merleau-Ponty is the study of essences. It is a method of describing, rather than explaining or analyzing "things themselves" (p.ix). Merleau-Ponty (1962) states that all knowledge of the world, even scientific knowledge, is gained from a particular point of view, or from some experience of the world "without which the symbols of science would be meaningless" (p. ix). According to Husserl, phenomenology is "the science of science" since it alone investigates that which all other sciences simply take for granted" (p. 23). Phenomenologists focus on experience itself; how phenomena are experienced and the ways in which sensory phenomena is used to understand and interpret the world (Husserl, 1931, 1962). Phenomenology also examines the structure of experiences and addresses the meaning of things as they relate to the social world (Schultz, 1967). Schultz analyzed intersubjective understanding as the basis of socially shared knowledge in human experience (Schultz, 1967).

Transcendental phenomenology is generally credited to Husserl, and was organized into a qualitative research method by Moustakas (1994). Simply stated, transcendental

phenomenology is the study of essential structures, based on intentionality, that are left in pure consciousness (Schmitt, 1959). Phenomenology is a process of blending objective experience, i.e., “what is really present,” with subjective experience or what is imagined to be present (Moustakas, 1994, p. 27). Intentionality involves conscious awareness or mindfulness and is a key component of transcendental phenomenology. Husserl called intentionality “the main phenomenological theme” since all experiences participate in intentionality (1962, p. 22). Intentionality refers to the ability to focus reflectively; to stand back and critically observe phenomena calmly and with some level of detachment (Schmitt, 1959).

Husserl distinguishes two interrelated aspects of intentional reflection. Noema is the perception of experience, phenomena, object, etc.; it is not the real object itself but the perception of the object. Noesis, on the other hand, is the “essential nature” of the thing itself (Moustakas, 1997). According to Moustakas (1997), the back-and-forth movement between the “perceived as such” (noema) and the “perfect self-evidence” (noesis) is an essential function of intentionality in which matter is distinct from perception and can be examined from a distance.

According to Husserl, true phenomenology can only begin after the researcher engages in the methodology of transcendental phenomenological reduction (Schmitt, 1959). “Transcendental” refers to the return to the “absolute being of the transcendental ego.” The absolute being is indescribable; it is aware *of* itself and yet it is awareness *itself* (Schmitt, 1959 p. 240). “Phenomenological” refers to transforming the world into mere phenomena, and “reduction” because “it leads us back to the source of the meaning and existence of the experienced world” (Schmitt, 1959, p. 241). Transcendental-

phenomenological reduction does not limit experience. Schmitt (1959) suggests that phenomenologists do not turn away from their reality but as they suspend judgment reality is transformed into mere phenomena. Although the content is the same, a new relationship between perceiver and the perceived comes into being. The goal is to question what was previously known by breaking down phenomenon into the basic components of perceptions of thought, feelings, sound, color, and shape (Moustakas, 1994).

Bracketing

Bracketing is a critical component of transcendental-phenomenological reduction (Husserl, 1931). Husserl borrowed the term “bracketing” from mathematics which means to separate and set aside information. Although the concept of bracketing is complex and “openly definable” in various aspects of its core elements, the foundational focus of Husserl’s ideal bracketing is twofold: the suspension of presuppositions and the focusing on the essences of the phenomenon under investigation (Gearing, 2004). Once the researcher’s biases, beliefs, experiences, culture, judgments, and assumptions are set aside, the phenomenon can be investigated in its pure and natural state (Gearing, 2004). Although there is no sure method for preventing bias in phenomenological research, bracketing demonstrates validity by encouraging greater self-awareness throughout data collection and analysis (Gearing, 2004; Moustakas, 1994).

Moustakas outlines the steps of Phenomenological Reduction (1994) beginning with *bracketing* or the suspension of information superfluous to the research focus. This is followed by the process of *horizontalizing* which begins by placing equal value on each statement. Statements deemed irrelevant to the focus of research and/or repetitive are omitted revealing the *horizons* or the textual meanings and unwavering components of the

phenomenon. In the final steps of the reduction process the horizons are clustered into themes and the themes are organized into a coherent textural description of the phenomenon. Once the reduction process is complete, the researcher then engages in the process of Imaginative Variation. In Imaginative Variation the researcher is given license to systematically ponder countless possibilities, whether they exist or not. The goal of Imaginative Variation is to use imagination to uncover possible meanings to attain a structural description of the experience. Finally, the fundamental textural and structural descriptions are synthesized into a unified statement of the essences of the experiences as whole. (The steps of data analysis used in this study will be further explicated in the data analysis section below.) Essences are the underlying condition or quality of phenomenon as perceived the researcher at a point in time and space. Thus, there are endless “*truths*” to be known.

This study explored the thoughts, perceptions, and experiences of mindfulness-trained psychotherapists and the acquisition of subconscious client information via bodily processes during the therapeutic encounter. The essence of transcendental-phenomenological reduction (Moustakas, 1994) is to explore the psychotherapists’ experiences from a multitude of perspectives until a unified vision of the essences of the phenomena is achieved. “*Truths*” that are gleaned through the lived experiences of the participants can serve as a tool for increasing understanding of the ways in which embodied processes affect and inform the therapeutic encounter. To that end, the following questions were explored:

- 1) What is the lived experience of embodiment from the perspective of therapists with a mindfulness practice?

- 2) How do mindfulness practice affect embodied awareness?
- 3) What is the role of embodiment as a means of subconscious communication during the therapeutic encounter?

Researcher Background

The researcher for this study is a master's-level, licensed marriage and family therapist in private practice. During her work as a psychotherapist, the researcher pays close attention to the emotions and sensations that arise within her body (Alberto Chiesa, Anselmi, & Serretti, 2014). The researcher has found that the degree to which she can make use of her bodily wisdom is dependent upon her level of mindfulness in each moment. The researcher is aware of the benefits of mindfulness practices as discussed in the literature (Carmody, Baer, Lykins, & Olendzki, 2009; Nichols, 2015; Shapiro, 2009; Shapiro et al., 2008) and brings her knowledge of mindfulness into her work as a clinician. As a long-time student of Eastern philosophies, the researcher has been practicing various mindfulness and mind-body techniques, focusing particularly on practices that encourage sustained bodily awareness, for over 20 years. She recognizes that despite the dearth of embodiment research and the lack of consensus on the role of psychotherapists' embodied processes during therapy, her body is in continual relationship with the environment, interacting with and imitating the subconscious expressions of others (Shaw, 2004; Totton, 2014).

Epoché

Epoché is a Greek word that means to suspend the tendency to view the world through our everyday lens. Epoché then, is the ongoing process by which one uses his or her power of intention to suspend interest in the natural world thereby adopting a neutral attitude toward experience (Moustakas, 1997). Epoché enables attitudinal change by

allowing one to transcend their own wishes, desires, needs, and prejudices and transform the world into mere phenomenon (Moustakas, 1997; Schmitt, 1959). In the field of mental health counseling, the term countertransference describes the therapist's subconscious emotional and behavioral reactions that are projected onto the client (Corey, 2001). Epoché can be an invaluable tool for mental health counselors helping to minimize the potential for countertransference. Although countertransference is unavoidable and not necessarily detrimental to therapeutic outcomes, it is critical that mental health professionals be aware of their countertransference reactions (Corey, 2001).

Mindfulness practices share much in common with Transcendental Phenomenology. In Eastern traditions, the term "beginner's mind" is used to describe the mechanism of emptying the mind in order to see with "fresh eyes" or, as the personal physician to the Dalai Lama says, to "empty your bowl of yesterday's rice" (Holden, 2011, p. 91). Engaging in activities that cultivate self-awareness such as epoché and mindfulness practices encourages objectivity and insight into the subconscious dynamics at play during the therapeutic encounter (Holden, 2011) as well as the process of Transcendental Phenomenological research. The researcher of this study utilized a "beginner's mind" remaining aware of the filter through which she sees the world, as she explored the thoughts, perceptions, and experiences of the research participants.

Participants and Site Selection

Phenomenological inquiry is an exploration of the lived experiences from the perspective of the participants who have had direct experience of the topic being researched. In the case of this study, the participants were selected based upon the following two criteria: To ensure a baseline level of understanding, both as a mindfulness

practitioner and a therapist, the participants had a self-reported minimum of two years' experience as a psychotherapist while simultaneously maintaining a mindfulness practice for a minimum of two years. Mindfulness practices build on themselves—the practitioner's level of mindfulness increases over time. Thus, two years was deemed sufficient to develop the ability to quiet the mind and sustain focus on bodily experience.

Prior to obtaining informed consent, the participants were provided information regarding the nature and purpose of the research (Moustakas, 1994). Furthermore, the responsibilities of both researcher and participant were clearly explicated. Participants were informed that a three-hour commitment of their time that would be needed to participate. They were also informed that participation required that they record themselves during a session with one of their clients, to be used during the interview. An explanation of the compensation structure was provided (detailed below). Participants were asked for their consent to record the interview and to have the results of the study published in a dissertation (see Appendix B). Demographic information was gathered via questionnaire (see Appendix C) and coded to protect the privacy of the participants.

Due to the specialized nature of the population, snowball sampling was utilized to locate participants who have substantive experience as both a practicing psychotherapist and a mindfulness practitioner. Snowball sampling, also called chain referral sampling, is the preferred method when the sample of the study is a small subset of the population (Patton, 2014). Snowball sampling is a simple and cost effective means of asking the initial subject for referrals to locate remaining participants (Patton, 2014). The researcher asked prospective participants for their participation via email. Information about the study as

well as the researcher's contact information was included in the email correspondence (see Appendix A).

One of the strengths of qualitative inquiry is that it permits the researcher to delve deeply into the subject matter. Unlike quantitative methodology, the results of which can be generalized to other populations, qualitative research seeks to describe, interpret, and understand the phenomenon under investigation (Lichtman, 2010). For this reason, sample size in qualitative inquiry tends to be small, typically less than ten units of analysis, and dependent upon the focus of the research and the desired outcome (Patton, 2014). For this research project, the researcher explored the lived experiences of eight psychotherapists in clinical settings. Given the nature of the topic of this research project, age and gender were not a consideration. The participants in this project represent a subset of psychotherapists in that they have training in mindfulness and that they are not licensed substance abuse counselors. The participants are five women and three men:

Bobbi is a 43-year-old woman of European descent. She has been employed as a marriage and family therapist for the past five years. She engages in a wide variety of mindfulness practices every day and has since she was in her late 20s. Bobbi listed her practices as meditation, dream work, visual imagery, yoga, chanting, crystal bowls as a healing modality, and essential oils for grounding and healing. Amal is a 39-year-old Basque American woman. She has been a psychotherapist for two years and a practitioner of Ashtanga Yoga for 17 years. Amal states that Ashtanga Yoga is more than an exercise, it's a lifestyle. Sam is a 43-year-old Caucasian man. He has been a psychotherapist for 3 ½ years. He reported that he has been practicing mindfulness for 5 years, sporadically. More recently however, Sam has been making a concerted effort to include a morning meditative

practice in his daily ritual. Ella is a 53-year-old Caucasian woman. She has been a marriage and family therapist for 16 years. Ella describes her mindfulness practice as “Buddhist-informed” mindfulness based stress reduction (MBSR) which she has been doing “on and off” for 20 years. Joy is a 60-year-old Caucasian woman. She has been a therapist for 10 years and a mindfulness practitioner for 22 years. Joy studies Vipassana, which, in Buddhist traditions, means insight meditation. Practitioners of Vipassana use their concentration as a tool to cut through illusion and discover self-transformation and ultimately liberation. Chet is a 64-year-old man of Northern European descent. In 1970, Chet states that he took his first transcendental meditation™ class. TM is a technique introduced in the 1950s by Maharishi Yogi. Theo is a 67-year-old Caucasian man. He has been in clinical practice for 38 years and studying Eastern meditative practices for 45 years. Maya is a 35-year-old Hispanic woman. She has been in private practice 2 years. Maya reported that she has been practicing mindfulness daily for 10 years.

Data Collection

One of the most important aspects of qualitative research is the strength of the relationship between the researcher and participants (Knox & Burkard, 2009). Participants were asked to share deep and personal information therefore, therefore, thus safety was established prior to the outset of data collection (Knox & Burkard, 2009). To that end, the researcher took steps to provide a warm and collaborative atmosphere in which to conduct the interviews. As a marriage and family therapist, the researcher has extensive training and experience establishing a sense of safety and alliance with her clients. However, Knox and Burkard (2009) highlight the importance of refraining from therapeutic responses that

could confuse participants and compromise the integrity of data collection. This is especially relevant in this study given the researcher's clinical training in psychotherapy.

Considering that the research focus is on the acquisition of subconscious, bodily information, in-person interviews were deemed ideally suited to obtain the richest data and to ensure that the questions are clear and relevant to participants. The interview process was conducted in a series of three meetings. In the first meeting, each of the participants were invited to a local restaurant agreed upon by the participants. During this informal session, the researcher provided the participants a list of definitions (see Appendix D) and read the definitions aloud to the participants to establish a common language and a baseline understanding of embodiment. The participants were informed that their participation requires that they record a short, five to ten-minute segment of a client session to be viewed during the formal interview process (see Appendix B). They were instructed to focus the camera exclusively on themselves, omitting their client from the frame. The participants were given instruction for loading the video onto an App that permanently stripped the video of sound (Video Mute). That step ensured complete client anonymity. Participants were provided with a brief information script explaining the research. The participants read the scripts to their clients (see Appendix F) and obtained consent, in the form of a signature, agreeing to have portions of the session recorded. The participants were given many opportunities to ask questions related to the definitions and/or any aspect of the study. The meeting took approximately one hour to complete. The researcher then scheduled the individual interviews.

The interviews were conducted in a location chosen by the participants and agreed upon by the researcher who was careful to ensure that the location provided absolute

privacy. It was essential to the integrity of the study and the researcher that participants felt safe and that their privacy was maintained throughout the interview. The researcher assumed all costs related to travel.

During the interviews, the participants were asked a series of open-ended, semi-structured questions chosen specifically to allow for creativity and flexibility (Knox & Burkard, 2009) (see Appendix E). A portion of the interview was conducted while watching the recorded video session snippets. The interviews were recorded and transcribed in their entirety to capture the actual words of the person being interviewed (Patton, 2002). Notetaking enabled the researcher to assess and track non-verbal information (Patton, 2002). The meeting took approximately 1.5 hours to complete. When the interview was completed, the researcher gave each participant a check for \$75.

The researcher emailed the participants a copy of his or her transcripts. The final step of data collection involved a phone conversation that gave participants one final opportunity to amend their responses and to address any questions or concerns that may have arisen since the previous meeting and/or any aspect of the research. The process took 15-30 minutes to complete. Once the final phone calls had been exchanged, data collection was complete. The researcher mailed each of the participants a second check for \$75.

Data Analysis

Qualitative data analysis is the process of molding data arising from the interviews into findings (Patton, 2002, p. 432). The challenge involves distilling mounds of information into a framework that allows the essence or the truth of the data to emerge (p. 432). The goal of the phenomenological researcher is to describe the experiences of individuals as perceived by the individuals themselves and yet no matter how well the

researcher engages in the process of epoché, the story emerges from the mind of the story teller. Perhaps, as suggested by Patton (2002), all “truth” is ultimately subjective. The researcher of this study explored bodily experience as seen through the eyes of the mindfulness-trained psychotherapists. Participants were asked to describe their lived experience of the ways in which they make sense of and incorporate bodily wisdom during the counseling process.

As outlined above, epoché is a critical component of qualitative research. Epoché (Moustakas, 1994) is the activity of intentionally suspending or bracketing what is known to encourage new meanings to emerge from the phenomena being considered. The researcher of this study engaged in epoché while creating the questions. She methodically bracketed her thoughts, feelings, and experiences of embodiment, and set aside her biases about bodily wisdom, to create a set of questions that captured the essence of the participants lived experiences of the body in clinical settings. The researcher continued to engage in epoché throughout data collection and analysis as well.

The process of organizing and analyzing phenomenal data includes *horizontalizing*, listing the *meaning or meaning units*, clustering the units into common *categories or themes*, removing overlapping and repetitive statements, and using the clustered themes to develop a *textural description of the experience*. Structural descriptions are derived from the textural descriptions and both are then integrated into the meanings and essences of the phenomenon (Moustakas, 1994).

Moustakas (1994) developed 2 methods of data analysis. The researcher of this study chose to use Moustaka’s Modified Stevick-Colaizzi-Keen Method (1994). This method begins with the researcher experiencing the full treatment of data collection and analysis

prior to interacting with participants. The researcher, with the help of a colleague, engaged in a mock interview with researcher as participant. This technique provides the researcher the opportunity to examine her experiences and is essential for ferreting out researcher bias (Moustakas, 1994). The researcher began data analysis by carefully reading the transcribed conversation. She then focused on each statement, noticing and staying present to anything arising internally in the form of biases, judgments, and any other habit of the mind, until a sense of clearing was achieved. This process of noticing and clearing was repeated until a sense of closure was attained with respect to each statement. Epoché was maintained as the following steps were applied to the researchers and co-researcher's verbatim transcripts:

- 1) Each statement was considered with respect to significance for a description of the experience.
- 2) All relevant statements were recorded.
- 3) Each non-repetitive, non-overlapping statement was listed. These were the invariant horizons or meaning units of the experience.
- 4) The invariant meaning units were clustered into themes.
- 5) The invariant meaning units and themes were then synthesized into a description of the textures of the experience. Verbatim examples were included.
- 6) The researcher reflected on her own textural description of the phenomena. Through imaginative variation, the researcher constructed a description of the structures of her experience.
- 7) Finally, the researcher constructed a textural-structural description of the meanings and essences of her experience.

With a beginner's mind, the researcher considered each statement in the verbatim transcripts from multiple perspectives, reflecting inwardly on all that arose in consciousness. Horizontalization was utilized as the researcher remained open and receptive to each statement as an equal and valuable contributor to the understanding and meaning of therapist embodiment. A portion of the interview was conducted as the participants watch their video recorded session. As the researcher continued to focus at center of the experience, the descriptions of embodied processes and information acquisition was reduced to the qualities of embodiment that stood out. To determine the invariant constituents, each expression was tested based on the following criteria:

- 1) Does the expression contain an aspect of the experience that is necessary and sufficient for understanding?
- 2) Is it possible to abstract and label it? If the answer to both questions is yes, the expression is an invariant horizon. Expressions that do not meet the criteria for an invariant constituent will be eliminated. Expressions that are vague, overlapping, and repetitive will also be eliminated.

The invariant constituents were clustered into themes and units of meaning related to the experience of embodiment. The researcher engaged in the process of reflection and imagination to construct thematic portrayals of experience that are representative of distinct processes inherent to therapist embodiment during the therapeutic encounter.

Hussurl (1931) describes imaginative variation as "the free play of fancy." Moustakas (1994) states that the task of imaginative variation is to seek possible meanings by varying the frames of reference, using polarities and reversals, and approaching the phenomena from multiple perspectives, approaches, roles, and functions.

The themes and meaning units were then synthesized into a description of the textures of the experience. According to Patton (2002), textural descriptions illustrate experience by providing content while omitting the essence of experience. Images woven throughout the data helped convey the feelings and sensations that arose in the body of the researcher. Verbatim examples that evoked clear images of what happens during a session were included.

After the individual textural descriptions of psychotherapist embodiment was obtained for each co-researcher, reflection and imagination was again used to construct individual descriptions of the structures of embodiment, as experienced by the researcher and by each of the co-participant/psychotherapists. Structural descriptions provide a deeper understanding of the dynamics of the experience (Moustakas, 1994). They are the bones of the experience and a way of understanding *how* each individual co-researcher experiences embodiment while working with clients.

Each of the Individual Textural Descriptions were combined to develop a Composite Textural Description. The invariant meanings and themes were integrated into a description of the experiences of the group as a whole. From the Composite Textural Description, imaginative variation was employed to produce a Composite Structural Description. The Composite Structural Description is an explanation of how the group of co-researchers experience embodiment in the therapeutic environment. In the final step of phenomenological analysis, the researcher constructed a Composite Textural-Structural Description of the meanings and essence of the experiences of the group of participants. This step involves integrating and synthesizing the composite descriptions into an overall

account of mindfulness-trained psychotherapists' acquisition of client information during the counseling process.

Limitations

The initial participants were recruited by the researcher so selection bias was a possibility. Selection bias was also a possibility regarding the participants being able to choose which client and which session to video record. For example, bias could have occurred if the participants chose a highly emotional client or one that generates high emotionality in the participant.

CHAPTER IV: FINDINGS

We but mirror the world. All the tendencies present in the outer world are to be found in the world of our body. If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him. This is the divine mystery supreme. A wonderful thing it is and the source of our happiness. We need not wait to see what others do.

--Mahatma Gandhi

The purpose of this study was to explore the lived experiences of 8 psychotherapists' bodily communications during the therapeutic encounter. A transcendental phenomenological qualitative framework was employed to gather and analyze the data. Participants were chosen based on the criteria that they had a minimum of two years working as a psychotherapist and a current and ongoing mindfulness practice proven to increase the capacity for sustained bodily awareness.

In semi-structured interviews, the participants described their experiences of their internal bodily sensations and the subtle bodily communication that takes place during the therapeutic encounter. The relationship between their mindfulness practices and embodiment was also discussed. The invariant constituents, or meaning units, that emerged from the transcribed data of each participant were clustered into themes. While each participant described a wide variety of experiences, 6 core themes emerged from the data. The themes are: 1) *mindfulness/mindlessness*; 2) *metacognitive awareness*; 3) *bodily communication*; 4) *resonance*; 5) *self-care*; and 6) *expanded awareness and growth*.

Data collection consisted of two conversations. The first conversation was a formal interview in which participants answered a series of open-ended questions. Following the interviews, the participants were given the opportunity to amend their responses. Both the

researcher and participants had ample time to clarify and explore information relevant to the study. Each participant described, as best as they could, the role of their body as a tool for understanding and informing client interactions. The participants also described the effects of their mindfulness practice on their ability to engage deeply with their bodily communications, both in and out of counseling sessions. Although their explanations of bodily knowing were as variable as the participants themselves, the main themes appeared consistently, to one degree or another, across all eight participants. This chapter begins with textural descriptions of each participant's experience of his or her mindfulness practices, followed by an explanation and examples of the five main themes that emerged from the data. A summary of the data concludes the chapter.

Textual Descriptions of Participants' Experiences of Mindfulness Practices

This research explored embodiment from the perspective of psychotherapists with a mindfulness practice. Each of the participants in this study shared their personal experiences of mindfulness, the specific techniques they have used throughout the years, and their purpose for pursuing a mindful life. What follows are the participants' textural descriptions of the ways in which they practice becoming more mindful.

Bobbi

Bobbi appears relaxed and calm as she engages in the interview with full and sustained attention. Bobbi describes the body-based technique that she uses to help her remain mindful and present throughout her work day:

I kind of prepare myself between each session and before the next session in terms of just kind of just being in my body. I kind of shake it around, take some deep

breaths to kind of clear the old, ready for the new, and then when I sit down with that person they're the only on earth.

Bobbi is dedicated to her meditative practices and to her spiritual growth and evolution. Bobbi describes a sense of obligation regarding her quest to know herself more deeply. As she states below, Bobbi believes that she is only effective as a therapist to the degree that she herself is mentally healthy, present, and aware.

I believe that my ability to be present and self-aware is only as much as I can help the person. So, by my practice of constantly working on anything that needs to be healed and meditating and really knowing myself at the greatest level, I can based on my evolution, that's what I have to offer in the moment.

It is evident from the conversation with the researcher that for Bobbi, practicing mindfulness through present moment awareness has become a way of life. The inclusion of dream work, visual imagery, and essential oils, activities not normally considered mindfulness practices in and of themselves, confirms that Bobbi infuses mindfulness, or the act of paying attention on purpose, throughout her daily life.

Amal

Amal practices Ashtanga Yoga and explained that the word Ashtanga means 8 limbs or branches. The Yoga poses, as traditionally practiced in the United States, are but one of those branches. The other branches are breath work, moral codes, self-purification and study, withdrawing the mind from the senses, concentration, deep meditation, and union with the object of meditation. Amal confirmed that she practices all 8 limbs of Ashtanga Yoga daily.

Although pleased that mindfulness and meditative practices have become mainstream in American culture, Amal believes that the word “mindfulness” is overly simplified and misleading. For Amal, to be “mindful” implies something “other” than the mind. It is an entity that is aware of all facets of itself. Amal calls this entity “the observer:”

I think the word mindfulness has been the one that, this movement is attached to that word but it’s not full of mind, it’s not ... I could use a different word for it. I’m going to call it the observer. I am the observer of my thoughts, my mind, the observer of my emotions, and the observer of my physical body and my energetic body and my spiritual body.

It seemed apparent from the discussion that Amal approaches her mindfulness practice with a degree of reverence and formality. She was concise in her explanation of Ashtanga as if to abate any possibility of misunderstanding. Her demeanor toward her mindfulness practice seemed to reflect the concern espoused by some (Rosenbaum, 2009) that mindfulness is at risk of becoming tainted or a watered-down version of early formulations. Mindfulness, as conceived of in Buddhist traditions, is intended to alleviate human suffering and promote enlightenment. Traditionally, mindfulness meditation is taught in structured environments by a teacher or guide. The concern is that mindfulness has become a commodity and a technique rather than a practice that leads to enlightenment.

Sam

Sam aspires to meditating more regularly and stated that his days go better when they begin mindfully. Sadhana in Sanscrit means effective. Here it is used to describe one of several spiritual practices—in this case meditation, that leads to enlightenment.

My practice is a morning sadhana, a morning meditation where I just sit and breathe and most of it is just attempting to just pay attention to my breath. Attention is a huge part of it. Where are we putting our attention, right? It seems like most of the time many of us, our attention goes to our thoughts and so when we can actually turn that spotlight of attention away from what is happening within our mind and our thinking and all our thoughts and put our attention more onto what is happening within the sense, in the room, in our bodies, just turning the attention to what is happening in the present moment away from our thoughts.

For Sam, mindfulness is associated with decreased mental activity. He described the challenges of meditation.

In the mornings when I'm disciplined enough to get up early enough to meditate, I simply attempt to turn my attention to my breath which is very challenging, of course.

Sam is a husband and a father to two very young children. Along with his efforts to build a private therapy practice and support his growing family, Sam tries to make time for meditation. Sam's schedule prevents him from practicing as often as he would like, nevertheless, starting his days mindfully seems to make a substantial difference for Sam in terms of creating a foundation for his day that begins by being calm, grounded, and aware.

Ella

During the interview, Ella used the words "at my best" to describe the periods in which her formal meditative practices played a significant role in her life. Although never formally diagnosed with Attention Deficit Disorder (ADD), Ella believes that her attention

deficit tendencies are greatly reduced when actively engaged in mindfulness practices on a regular basis. She talked about her wondering mind and her lifelong difficulties with focus.

I don't think I ever met the full criteria for ADHD as a kid, I wasn't hyper but I did certainly have an attention, as we all do to some degree, but more than average, that wanders. I think I've always known it would be a helpful thing, and it's a very challenging thing. I think that's true for everybody, but for those of us who have attention that tends to want to jump around... it's just unnatural.

Like medicine for the mind, Ella knows the value of mindfulness but doesn't always take the time to engage it. She describes her efforts to engage on a regular basis.

My ideal mindfulness practice would include sitting for half an hour every day and reading for 20 minutes, half an hour every day, something in that general realm. I don't know, it's so hard to quantify. I've really been working in the last year at making it more consistent, and consistent can be a 10-minute sit each day. Just something that gets me to stop and focus.

During the interview, Ella described silent retreats as the foundation of meditative practices. She talked about the difficulty of being alone with her thoughts for 2 or more days at a time. The mind is naturally curious. It compulsively seeks to understand, resolve, and figure things out. Without constant engagement with others, the compulsive tendencies begin to unravel making room for stillness and peace to arise. In Buddhism, this is called "noble silence."

Joy

Joy described her practice of Vipassana Yoga which is the oldest of the Buddhist traditions.

I didn't get into Vispassana meditation for fun. I got into it because I was struggling, because I'd used drugs and alcohol my whole life. After eight years of being clean and sober, I couldn't stay in the moment to save my life. I was like, 'Fuck.' I was worrying all the time. I thought, 'What's this?' I'd been self-medicating my whole life, so it was like, 'I have to learn a technique, or else I'm not going to make it.' I was much more comfortable when I had my eyes closed. I could just sort of go into my body, but coming into a relationship, there's much more at stake.

Joy regards herself as a highly sensitive person, a trait that she believes is both a blessing and a curse.

The human condition is not easy. That's what I like to say. It's is not easy being a human being. In relationship come on, it's all the hurt and sensitivities we have. Some of us are more sensitive than other, not to give you an excuse, but some people are more blocky. They look like they're having an easier time of it. Maybe they don't get to have the magic that some of us that are more sensitive have.

Bodily sensitivity affords Joy the ability to peer easily into the experiences of others. Her challenge though, is to not feel so deeply as to become overwhelmed and lost in the bodily and emotional states of others.

Empathic or sensitive to the point that if I don't have a strong inner commitment, I can get thrown off. I have to really stay committed to a spiritual path. If they hurt me, because some of my clients, they are probably hurt. I have to sort of say, 'Ow, that didn't feel right. I didn't like that.' Yeah. It can be a curse because I'm not able to settle or feel safe as easily maybe as somebody else, but I know for me it's hard sometimes.

Like some of the other participants in this study, Joy could be considered a “wounded healer.” Psychologist Carl Jung created the term “wounded healer” to describe an individual who is compelled to help others because of their own suffering. The wounded healer is transformed through the process of helping others. Joy described turning to meditation as an alternative to self-medicating with drugs and alcohol.

Chet

Chet practices transcendental meditation™. Practitioners of TM recite a sound or mantra that was designed specifically for them by the teacher. Chet gave up his practice after only one session because as his mind slowed and movement ceased he became acutely aware of the pain that he had been trying for so long to deny or ignore. This proved too much pain for him to acknowledge at the time. It wasn't until 1999 that Chet listened to an audio tape featuring Vietnamese monk Thich Nhat Hanh, and learned to practice a walking meditation. From there Chet began practicing more regularly. His current practice consists of MBSR, 3-5 times/week. Like Joy, Chet described his history with depression and anxiety and talked about using alcohol and substances to manage his emotional states.

There's negative emotions, positive emotions, and neutral emotions and after being in extended periods of time where I've been in very negative states, getting to neutral is pretty darn good. So the idea of just being calm and neutral, can be almost euphoric, in a sense. Not seeking a high necessarily, but just being content within that “life being a miracle” place.

Discovering mindfulness has been a godsend for Chet enabling him to step away from debilitating habits of the mind.

When I found mindfulness, that was the first time I realized I had something that I could do that was tangible and that could really make a difference. The mindful piece to me came after years of doing so much internal exploration. It was very mental stuff and I realized, oh, thoughts are just thoughts and they come and go. I like Jon Kabat-Zinn's concept that we secrete clouds. They just happen chemically. Mindfulness gives me the power or ability to disengage more when I feel like I'm getting stuck in a certain kind of thought pattern.

MBSR helped Chet step back from stories that were based on the past, and tell a new story for himself. Rather than being a hopeless addict, unable to control his impulses, he began to recognize that it is possible to reprogram his mind by envisioning himself as a healthy and fully functioning man.

Theo

Theo began studying contemplative practices 45 years ago. In this case, contemplative refers to a variety of techniques including prayer, meditation, the arts, and observation of the natural world, designed to elevate awareness. Theo described his extensive mindfulness practice.

I started contemplating practice like 45 years ago. Which included mindful meditation and contemplation on different types of scriptures and things that were inspirational. Then contemplating that, relating that to my life, what it meant to me. Probably more in the last 15 years, more of a Vipassana type of meditation. Depending on the day, probably most mornings I'll do 10 to 30 minutes of a Vipassana meditation ... and then throughout the day I take time to get grounded and centered and balanced is what I call it. I might take a few minutes to take some

deep breaths and get grounded in a moment and bring myself here in that moment. I do that several times a day. I usually do it before a therapy session or before a class, or a group that I'm doing. I do it with some frequency throughout the day.

For Theo, mindfulness is a way of life and a way of living life with intention and integrity.

I really like experience it (mindfulness) as a way of life. I'm very intentional in my psychotherapy practice with this, and I try to be intentional in my life with this.

Throughout my daily life, throughout my weekly life. It's really a way of living.

Theo described his efforts to maintain present moment awareness throughout his day. For most of the participants, mindfulness is a pool that can be dipped into at various points throughout the day. Whereas Theo strives to function mindfully as a base-line experience, recognizing when he has gone off track and bringing himself back to the present moment, again and again.

I guess the metaphor that ... spoke to me was about when guys were going to the moon. They never go straight to the moon, they're always headed toward the moon, but they're off track. They're always correcting. That's what I'm doing for me with to the present moment, knowing that it's natural to start to get off track. my contemplative and mindfulness practice, I'm continually like reorienting myself

Theo's commitment to his practice can be felt immediately. He seems to possess a depth and a calmness that is contagious. When the researcher articulated this to Theo, he replied simply: "I've made some progress with that."

Maya

Maya described her daily mindfulness practices which include yoga, meditation, and chanting.

It's daily and even my practice of mindfulness happens when I come home. I do almost a similar thing which is either if it was a particularly hard day, sometimes it's running, but if it's just a regular day, it's typically walking or yoga depending on the night. If I can get a meditation in the evening, that is a gift. That's been a big practice for me, taking care of myself because I know when I am not, then I am also less effective with my clients.

Maya stated that she noticed a shift in what she perceives as client connectedness when she committed to daily practices. She described her daily ritual of grounding and aligning in preparation for the day.

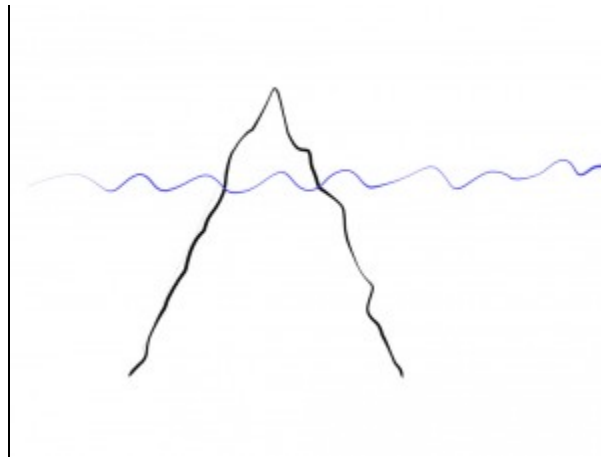
I would say in the last few months to almost a year, I kind of shifted and set an intention to have a daily ritual. Every morning I wake up and I do something physical. Either walking, running, or yoga. Those are my three typical ... but I always end with some sort of meditation. Finding that meditation, that quiet place at the beginning of the day. Setting my intention, giving myself that space and getting myself grounded and aligned. That's really what I call balancing and aligning every morning because I know if I'm not aligned, it's hard for me to help my clients get into alignment. Sometimes, if I notice that I'm having a particularly anxious morning or not being able to get into alignment as easy as I thought, sometimes I'll do oms in the shower. That help me a lot. That really just clears space, clears energy. I feel more connected.

Chanting, also known as Kirtan in Hindu traditions, is one path of devotional yoga. The act of chanting is itself an act of presence and clarity. Often associated with the divine, the word "om" can be used as a tool for meditation. "Om" was first seen in the Upanishads,

mystical texts associated with Indian philosophy. Om's many meanings include that which is "mysterious and inexhaustible," and the "essence of breath, life, and everything that exists." Alignment as an outcome of present moment awareness and mindfulness practices. Being aligned is related to the felt-sense experience of being grounded, or solidly rooted in the body. Balance between the emotional, physical, and spiritual realms result from this

Theme 1: States of Mind: Mindfulness/Mindlessness

The participants described various states of conscious awareness or levels of mind. Consciousness can be conceived of as an iceberg in which subconscious material is all that exists below the water line (or fold line) and conscious awareness is represented by the portion above the water line (or fold) (see Table 4.1). Previous chapters explored the relationship between the conscious and subconscious mind and discussed the estimate that roughly 95% of human functioning is an expression of subconscious programming. Mindfulness can be thought of as awareness turned inward toward the *self*. The term *self* has many meanings depending on the context in which it is used, however in this research, *self* refers to the totality of the psyche that is transcendent and unchanging in nature. The shift in focus represents an increase in levels of consciousness, or higher levels of mind. In other words, the more mindful one is in any given moment, the less they are bound to automatic, reactionary functioning. Mindlessness, on the other hand, is related to ordinary consciousness whereby attention is directed outward. Mindless states of being are related to our default conditioning and subconscious programming.

Table 4.1: States of mind iceberg

Mindlessness consists of subconscious programmed information represented by portions of the iceberg below the water line. The vast majority of human functioning stems from the activity below the water line. Mindfulness consists of conscious awareness and higher states of mind represented by portions of the iceberg the water line.

Mindfulness can be induced by focusing on the breath, mental activity, and/or bodily sensory experience. Mindfulness training enables a perceptual shift into a state of ‘decentrated’ awareness. Decentered awareness, or deceneration, refers to a state in which mental and physical experiences are perceived as events rather than as a direct reflection of reality. Decentration is the modality that offers the capacity to be deeply ‘in’ experience while remaining unmoved by experience—regardless of intensity. Thus, the invariant constituents of mindfulness are decentration and non-reactivity, decreased mental activity, a sense of openness, spaciousness, and receptivity, increased alertness, and feelings of relaxation and peace. The invariant constituents of mindlessness are reactivity toward self and others, automaticity, and rigidity.

What follows are the participants' textural and composite descriptions of mindful and mindless states of consciousness.

Bobbi

Bobbi strives to maintain a "beginner's mind" when working with clients. Rather than approaching a session with an attitude of knowing, beginner's mind is an attitude of not knowing, of not having answers or solutions. As a psychotherapist who supposedly possesses expert knowledge regarding the alleviation of suffering, remaining open to whatever is unfolding in a session can be intimidating. However, Bobbi remains present to her own feelings of insecurity, mindfully, without trying to do or say something to mitigate her anxieties. This process of stepping back and trusting the process, informs the client that he or she is wise and ultimately knows what is best for his or her life.

Her specific trauma, a large portion is there. So I didn't want ... I'm just mindful of, I don't want to upset or ... it's not my experience, it's hers. It doesn't need to be any certain way.

Bobbi described a sense of ease associated with mindful states of consciousness.

I'm really into their story and the nuances of the words they're using, any hesitation they may have in their words or their body. It just comes naturally when we're really present minded.

Bobbi described engaging in mindfulness as a way of being respectful of her client's process and talked about recognizing the difference between her goals for her client versus her client's readiness to move forward.

Amal

Amal described a pervading sense of peace and presence associated with mindful states of consciousness. She brings this peace and presence into her therapy practice.

With all of my yoga and personal growth and awareness of my internal being and my external world view, I feel as though I've come to a very peaceful, centered place. You know when we're talking about being with a client and sometimes you just don't know what to do, and we say 'well, you know what, you could just be with them.' (Italics added for emphasis). Just be there. You don't have to do anything. You don't have to change anything, nothing has to move, just be there, and there's that presence, whatever it might be. Just being present.

As a psychotherapist, Amal described "holding space" for her clients. Rather than getting overwhelmed or withdrawing from painful emotions, Amal creates a sense of safety for her clients by demonstrating the ability to experience intense emotions without reacting to the feelings themselves. "Holding space" is an example of decentrated awareness.

That lends a lot more hope and lot more appreciation and a lot more acceptance of pain for myself. I don't think without that, that I would be a very grounded therapist because I am very sensitive to other people's pain and what's going on with them when I'm in session. If I didn't have that hopefulness of 'this is going to be okay, because you're going to learn a lot from this,' then I don't think I could hold that space for clients while they're going through that. I think I'd get caught up in it and I'd be like 'oh god this really sucks.'

Human beings are hard-wired to avoid pain. However, Amal believes that pain and discomfort can be growth producing. The heartache and disappointment in Amal's life has

been a blessing. She has a deeper capacity for compassion and empathy because of her own difficult experiences.

Sam

Sam talked about practicing mindfulness “sporadically.” Although he recognizes the importance of mindfulness, for both his personal and professional life, it is difficult to make time to practice on a consistent basis. He is working on it though and described the many roads that lead toward increased states of mind or mindfulness. Sam focuses on his immediate surroundings to help him move beyond his overactive mind. Sam talked a lot about the struggle between thinking, or having too many thoughts, and being mindful.

Mindfulness or awareness for me is this very physical realm of what is happening right now. The colors in the room, the smells, the sounds. The physical senses are really it, mostly. Felt, touch. It’s mostly actually dropping out of our cognitions as much as possible. When I find myself thinking too much or if my thoughts become too active, it seems that the mindfulness aspect or being present is not there as much. Actually, it’s kind of not thinking. It’s kind of really just being so present and taking in all the physical senses that they can almost override the mind.

Human beings have several thousand thoughts per day; therefore, quieting the mind can be a daunting task, even for seasoned mindfulness practitioners like Sam. Sam described the ‘challenges’ of meditation and attempted to quantify his success in terms of quieting the mind. He described the difficulty of withdrawing from incessant mental chatter by focusing exclusively on his breath.

In the mornings when I’m disciplined enough to get up early enough to meditate, I simply attempt to turn my attention to my breath which is very challenging, of

course. I'm lucky if I can get 10% of my morning Sadhana to where I'm actually just putting my attention to my breath and so that if just 90% of my attention is going toward my thoughts, that's actually pretty successful because its way better than 95% or 98% of my attention going to what I'm thinking about. That's my practice. I associate too much thinking or too many thoughts or too much mental activity with a not calm state and when I actually decrease the amount of my mind or all the thinking that is occurring, I find that being mindful or aware, present, is much more peaceful than what happens within the thinking mind. I feel more at ease and more at peace. I'm more mindful and present when I am in a more calmed, relaxed, and peaceful state.

Sam mentioned the word "calm" often during his interview. Sam determines which mental state he is in by the calmness he feels in his body in any given moment. It works both ways: mindfulness creates feelings of "calm" and intentionally self-calming induces mindful states. Mindlessness for Sam, is related to an overactive mind.

Ella

Ella described focusing on her bodily sensations as a way of accessing and maintaining present moment awareness. The word equifinality or the idea that multiple entry points lead to the same state, can be applied to Ella's description of 'centering.' Singular focus, whether on the breath, the body, or some other facet of experience, leads to deeper levels of the mind.

My body can be a kind of centering. I can use my body as a way of centering my attention, as a way of bringing myself back into the moment. It's very useful for me.

Ella talked about her profound lack of focus and how she struggled most of her life to remain singularly engaged on a project, person, etc. Ella credits her mindfulness practice as means of cultivating sustained focus. She described her goal of remaining mindful of her body as a way of picking up subtle information during therapy.

(Mindfulness) is about awareness. It helps me focus my intention, it helps me be aware of where I'm placing my attention. It helps me read what is going on in my body as well as whatever's going on in the room. It's really about fine tuning awareness, and adding to awareness. I think there are a lot of therapists who are very, very aware, and very skillfully so, about process and content, but not necessarily their own bodily experience of it. I'm just trying to strengthen that as an additional place of information. One of the gifts of therapy for me is that it is something that in itself is a kind of mindfulness practice. It's very much about being in the moment with someone, focusing on that person.

Ella talked about the similarities between practicing mindfulness and psychotherapy. Both require sustained focus.

Joy

Joy regards herself as a highly and sometimes overly sensitive person. Joy talked about being overwhelmed emotionally during client interactions. Something said or done will "trigger" a bodily response which interferes with her ability to function effectively as a therapist. Being "triggered" by experience plunges Joy into mindless states of consciousness. In the extreme, the boundaries that separate Joy from others seems to dissolve.

Sometimes I worry if I am using myself too much, because this one psychologist, it's kind of like that person's is just a case, but I'm experiencing them in my body sometimes.

Cultivating mindfulness creates feelings of safety. This level of presence is one of the most important therapeutic attributes Joy can offer her clients.

I've felt that with people, I feel it with you right now. You're really present and grounded. I'm kind of like, 'oh, I can be here. I feel safe.' It feels relaxed and of course I stay alert. I'm present and not spaced out. Yeah, there's like open space, allowing, and accepting.

Joy understands the importance of therapeutic presence but admits that her own insecurities hijack her efforts and interfere with client connection. Joy practices deep, mindful breathing to activate the parasympathetic nervous system and mitigate feelings of fear and anxiety.

I like the idea that mindfulness is heartfulness. It's body, heart, mind. Fear takes me into that place of 'Oh my gosh. Am I doing it right?' Heart is just like, 'Just be compassionate to yourself and the other person.' Body is sort of like being more like nature, it's cyclical. You know what I'm trying to say? The fullness of the whole consciousness. When I finally got my MFT, (my mentor) said, 'Joy, what people need more than anything is for you to be grounded and present.' It kind of scared me, in a way, because it made me go 'I can't. I get nervous.' I noticed that, at least a couple of times in a session I'll go 'Stop. Just be here. That's all they really want. That's what they need most'.

Like Bobbi, Joy described being present and open, and in a space of not knowing—in Buddhist tradition this is called ‘beginner’s mind’.

The greatest thing you can give them (clients) is to let them know that you’re not a guru. In other words, I don’t know. I don’t know what’s best for you. In fact, I don’t even know what is best for me. The feeling of, ‘I don’t know,’ – it’s a vulnerable place to be.

Joy talked a lot about trust during the interview. Trust allows her to remain open and receptive to experience. Joy had a difficult childhood, and the pain followed her into her adult life. Since Joy grew up in an emotionally unsafe environment, she internalized a sense that the world is not a safe place to be. Cultivating a sense of trust and creating and maintaining safe and trustworthy relationships has been her life’s work.

Chet

Chet described being overwhelmed by his physical, emotional, and/or mental processes. Similar to Joy’s descriptions of situations that hijack mindful states, Chet talked a lot about being ‘triggered’ by certain events causing his brain to release a chemical called cortisol. Cortisol is responsible for the fight, flight, freeze reaction. Of course, it is not events themselves that “triggers” Chet but rather his interpretation of the event that sets off a cascade of bodily reactions. Cortisol impairs the function of the prefrontal cortex which makes comprehension difficult if not impossible depending upon the amount of cortisol released in any given moment. Chet described being “triggered” while facilitating a men’s domestic violence group and the mindless interactions that ensued.

Some thought happens in a way based on what’s going on at the moment, or relationally gets triggered and then that creates a biological, chemical release that

my body is now experiencing either as stress, or maybe happiness, or whatever. I see it as a whole chemical process going on in the body regularly, so how do you work with that? Being conscious but not so oversensitive to it that that's all you're doing.

Once Chet realized that his internal responses were reactive rather than intentional, he attempted to calm himself down and reengage with the group. Mindlessness, in this case, caused a break in client connectivity and threatened his relationships with the men.

While I'm fielding those reactions, and while I'm still coming down from this burst of fight/flight adrenaline cortisol stuff going on, to be able to be okay, that it's all right. Yes, I've been here before, I know the feeling, but what's more important right now is that I stay engaged with the group.

Chet described the back-and-forth motion of engagement and disengagement and mindfulness and mindlessness, and the toll it takes on the therapeutic alliance. When asked how he handles being overwhelmed by his internal experiences during a session, he stated the following:

At that point I'd be more likely to pull back and not bring that into the session as much, so I'd feel a little cut off at that point like I'm not totally present with him. I'm always trying to be aware and trying to be fully present with the client. But I have my role as a therapist to process and bring in some therapeutic interventions stuff too, but he's telling me something and so I've become more aware of certain physiological tensions that I'm experiencing, but mentally I'm juggling like three or four different things here between listening, thinking about my role as a therapist. I get hijacked and miss something that he's saying.

Chet described several instances in which he was “triggered” during client interactions. Despite his understanding that bodily reactivity has taken over, it is still a struggle for Chet to calm himself down enough to gain the perspective to respond therapeutically in the moment. Upon reflection, however, Chet can recognize that his (over)reactions are driven by his personal history.

Theo

Theo described his experience of mindful and mindless states of consciousness. As an advanced mindfulness practitioner, Theo strives to maintain higher states of mind throughout his life. Theo talked about having an internal system that informs him that he has been triggered into mindless states of consciousness. This system of communication with the *self*, signals to Theo that he has entered a state that he calls “off to the races.”

I might become aware of a feeling in my body. I might become aware of my guts being tight, or churning. My heart beating faster, my muscles being tense. And that might like bring me into an awareness. Like, ‘Wait a minute, what’s going on here?’ That’s one thing. And then another thing I’m thinking is with social interactions. I become aware that I’m not being as fully present in the moment with someone. Or let’s say if it is a social stimulus or trigger and I’m realizing that I’m off to the races because of the interaction that has occurred here. Again ego, or fear, or past. And I just happen to notice that I’m missing this moment with this person. That will bring me back. And I have a decision to make then about am I going to be present.

Of the 8 participants, Theo was the only one to include social interaction in the totality of his *self*. Theo recognizes the natural tendency in himself to be triggered by an

event. For Theo, the way out of this predicament is awareness. Theo described mindlessness as his “default state.”

Well the key thing for me is awareness. Times when I’m really not aware, when I’m more reactive. I’m really not aware, so I’m like off to the races. Something has pushed a button in me, and it’s got to do with ego or fear. And I’m knee-jerk reacting in a situation. It has to do with present awareness. So when I’m not being mindful, I might be perseverating about the past with negative ruminating thoughts. Or I might be projecting in a worried way out into the future. I might be caught up in resenting someone, or being afraid of something. But I’m really not aware in the moment. I’m like not aware, I’m in a mindless state. In my default state.

Like Bobbi and Joy, Theo believes that his mindfulness practice throughout the years lead to increased self-awareness and the ability to recognize his “stuff” versus that of his client(s). And the greater the awareness in any given moment, the more connected and effective he is in his work as a psychotherapist.

I think it’s (years as a mindfulness practitioner) helped me be a better therapist because of course I ... when we bring our own stuff into the session or we get in our own way, rather than just being present to them, and help them work through their stuff, without my agenda or my judgment, or my ... without getting in the way.

Theo described becoming aware that he has slipped into default mindlessness. Reestablishing more mindful states of being is a choice. There are myriad dimensions that signal to Theo that he needs to pay attention and to be present with whatever is going on. Mental states like perseveration and worry, and emotions like fear and anger are

indications of mindlessness. Thus, realization is the back door into mindful states of consciousness.

Maya

During her interview, Maya talked a lot about ritual and about using mindfulness tools as a way of preparing herself to be with clients. For Maya, preparation is key. Although it doesn't always happen, Maya states that her efforts to become "grounded" and "present" pay off in terms of being more effective as a therapist. Maya described being grounded and present as a way of deepening client connectivity.

I know I'm connected when I'm feeling grounded ... I feel in (*italics added for emphasis*) my body. I feel calm. Even when there's anxiety in the room or high emotions, I can stay present with where I'm at.

For Maya, increased levels of mind lead to perceived increases in therapeutic effectivity.

Oftentimes I notice that the session will go somewhere else. Maybe for 15-20 minutes. I feel like I'm more effective and the client gets more out of the session when I'm able to be more present. It's really about presence for me. That's my practice of being present with my client. I feel that when I am more aligned, grounded, and connected, I feel a better sense of empathy as well.

Maya uses ritual to facilitate mindful states of awareness. She described defaulting into mindless states when she fails to engage in her pre-session rituals of grounding, centering, and aligning. She talked about cultivating deeper understanding.

I think that what often happens is that if, for some reasons, that step (grounding and centering) gets missed ... it's hard when they're going from story to story to story and they're up here (points to head). It's hard to really know what they're feeling,

what they're connecting with, what's really important, and I feel that when they connect and when I connect with them, it becomes clear for them and it becomes clear for me and we have much more clarity and understanding and it's actually a deeper sense of understanding.

In situations where Maya is unable to prepare mindfully for the upcoming session, she engages her clients with techniques to help them and to help her access mindful states of being. She described how easy it is to get caught off guard by mindless activities. Like Theo, Maya believes that mindlessness is her default state of consciousness.

I notice that if I don't have my typical grounding ritual ... if something else comes up, usually it takes a lot longer to get to that space in the session and sometimes I'll have to do it right there. I'll do it (grounding and breathwork) with them. Obviously, it's clearer if I start from the beginning with the preparation but doing it with them also helps me. It's nice. It gets us to a deeper place because if I go from one thing to the next, whatever life is bringing, walking through the halls or the phone call that's right before or whatever distraction that I've had prior to seeing that client, if I don't have that prep time, it takes me a lot longer to get to that space of clarity.

Like Bobbi, Maya teaches mindfulness to her clients as a way of deepening client connection. Maya works primarily with adolescents. She believes that in general, younger populations are more open and accepting of practicing mindfulness and other alternative methods than are adult populations. She and her clients engage in visualization and breathing into areas of tightness in the body. Maya also invites her clients to "leave" any (mental) baggage in her office to be addressed the following week.

The participants recounted instances in which they felt a sense of peace, ease, and openness. These feelings were related to mindful states of consciousness. Some of the participants, Chet and Joy, described situations in which they were triggered during a client session causing them to become less mindful in the moment. The participants described their experiences on the continuum of mindlessness to mindful states of being. They noted that when the body is relaxed and the mind is quiet, they were more likely to maintain decentrated and non-reactive awareness when encountering difficult and/or intense experience.

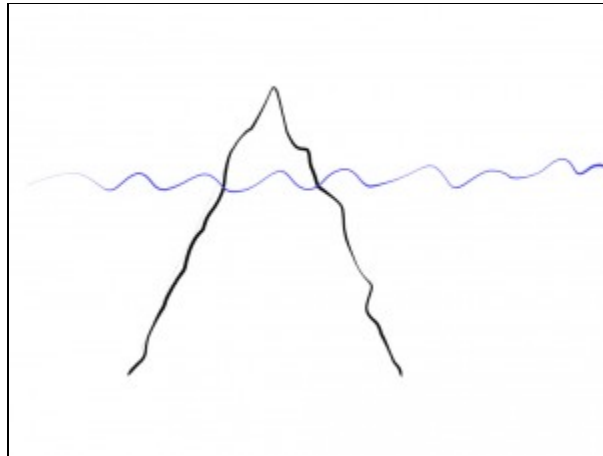
Theme 2: Metacognitive Awareness

Sustained mindfulness induces a metacognitive mode of information processing or metacognitive awareness. Metacognitive awareness is a sustained decentration of thoughts, feelings, and bodily sensory experiences. While mindfulness is the practice of becoming aware, metacognitive awareness is about how we perceive and interact with what comes into our awareness in any given moment. Holding awareness of one's entire experience generates holistic understandings and interpretations of information.

Like many voices speaking at once, a cacophony of sound indecipherable to the human ear, the participants described this deeper awareness, or metacognitive awareness, as almost a movement in time and space, a step above and away from the noise and confusion of mental, emotional, and bodily activity. From this vantage point, participants described a pervading sense of quietude that allowed for the emergence of clarity and wisdom (see Table 4.2). The invariant constituents of metacognitive awareness are holistic perception of experience, increased clarity, a sense of time slowing down and right timing,

i.e. knowing when to respond, feelings of compassion for self and others, and deep contact with experience without trying to change anything.

Table 4.2: States of mind iceberg



Metacognitive states of awareness can be conceived of as the view from the top of the iceberg. From here the eye can see far distances and in many directions.

Bobbi

Bobbi practices metacognitive awareness to help her determine where her client is at in terms of readiness for change. Bobbi described the dance between engaging intellectually and topically versus going deeper with the process. Bobbi recognizes the value of accessing emotional and bodily realms as a condition of healing and yet she recognizes too that she cannot move her client before he/she is ready to go. She described teaching a meditation to a client.

I've got clients who have experienced trauma and so going very, very deep meditatively, I can tell that they are hesitant toward that ... what would be the subtlety of that? It would feel very cognitive instead of relaxed if I kept taking them

on a deeper journey, deeper relaxation if I knew they were frightened or stuck behind.

Bobbi described her efforts to gently move her client toward deeper levels of mind by relaxing and calming the body.

So, we stayed there for a little while and just kind of talked about the breath and relaxing the belly with the breath, relaxing the shoulders. Just kind of worked on the body a little more. I take a few really deep breaths and talk through the breath to extenuate that level of letting go for her. And I'll say, 'Let the breath in and let it go.' We'll do that a few times until I feel my cadence slows.

Bobbi maintains a stance of deep respect for her client(s) journey and takes care not to push her needs ahead of her client's readiness to change. Metacognitive awareness enables Bobbi to feel and sense both her own states simultaneous to the client's states. Moving too quickly would disrupt the therapeutic connection.

Amal

Like Bobbi, Amal teaches mindfulness to her clients as a tool to help them to move beyond their own suffering. Again, the stance of the "observer" provides a level of distance from direct experience bringing with it a new and elevated perspective.

Sometimes I'll ... I have a few clients that want to do this right and it just comes up that I talk to them about the observer and the mental body, the emotional body, the physical body, energetic and spiritual body. Especially when they're so stuck inside themselves in so many layers and layers of stuff they feel trapped in.

The word "observer" is used to describe sustained decentration and the movement from direct contact with experience to the awareness that experiences are aspects of mind.

Metacognitive awareness involves the direct observation of the self. The “observer” is inclusive of the totality of experience but is described as a separate entity operating beyond the experience. The separation or distance allows for a new and more elevated perspective.

I feel these different bodies. Then there’s my observer, which I kind of like because it observes all of those (bodies). I’ve spent a lot of time teasing those apart so that they don’t all just blend together and make up my totality. Instead of getting caught up in the big tangle ball of all of it existing and it being me, I can taste just a part of it.

Amal described her experience when in the state of observer or metacognitive awareness. This stance enables her to manage greater bits of information that become available via thoughts, feelings, and bodily sensations. While fielding the information, she is also doing therapy, i.e. listening to client narrative, reflecting, refocusing, etc.

Time slows down a little bit. I don’t feel overwhelmed by it. I think I have a sense of ... I have the power to control how much is coming in too, if it seems overwhelming then I can just focus on one thing or listen to just one thing and I don’t ... I’m trying to think if I get overwhelmed by all of it. Maybe that has something to say with how much space we have to give attention to each of each one (aspects of whole-self information).

The movement into metacognitive awareness is no movement at all. It is a state that arises instantaneously with the acknowledgment of its existence. Experience is no longer overwhelming once it is included in the totality of the moment.

Sam

Sam talked about “calming the waters of the mind” and accessing a state of detachment and clarity or metacognitive awareness. While his felt-sense experience of

metacognitive awareness is the same as mindfulness in terms of feeling calm, Sam described receiving information that is 'pure' while in sustained states of mindfulness.

It has been written and it really made a lot of sense and helped me in my practice, that non-judgmental, unbiased mind, it's all these things are simply as they are.

There's no judgment in any of them. There's no attachment to any of them. There's no bias. It's just pure information, just pure objectivity. You're just taking it in.

Period. That is calming the mind, keeping the attention here.

For Sam, there is an openness and a oneness associated with deeper levels of mindfulness—as if he and his experience are the same.

They really, in those rare moments when I'm feeling very connected and dropped into that deeper mindfulness or awareness or presence, kind of just taking it all in.

It's just pure absorption of what is happening immediately in my present surroundings.

Sam's experience of metacognition seems to be related to inclusion of all and a sense of oneness with the environment.

Ella

Ella practices metacognitive awareness during client sessions. This stance provides the distance that enables her to sort through mental, emotional, and physical information, and to ferret out the source of the bodily sensory experiences as it would occur during a counseling session.

I experience a bodily awareness of an emotion that does not match my current inner life and seems to fit with something in the client's experience, and I recognize that this feeling relates to the client's experience, not mine, hypothetically. I allow in

awareness of the feeling as much as I can, while acknowledging inside that the emotion does not belong to me. I ground myself with awareness of my breathing and continue to hold the emotion in my awareness without letting it take over my whole view.

Like Amal, Ella described the challenges of being a psychotherapist. It takes enormous skill to be able to be present to what is being said, to what isn't being said, simultaneous to the communication occurring within the therapist on mental, emotional, and bodily levels.

One of the challenges with sitting with somebody is to be able to both observe and whatever else that may encompass. Observing the interaction between me and the client, observing the client on a physical level, what's going on, observing the tone of voice and the way he or she is holding themselves, and then listening to content.

When exploring the messages of bodily communication, it is critical that the receiver of the information can discern between her own feelings and the feelings of others. Without a baseline of self-awareness, thoughts, feelings, and sensory experiences can easily become a jumbled mess of information.

Joy

Joy works on a psychiatric unit with severely mentally ill patients—which is interesting given her highly sensitive nature. She talked about the difficulty of creating a sense of safety for herself and her clients under such extreme conditions.

I think that sensitivity can be skillful too. As long as I know what I'm doing. That I'm letting myself feel, just stop and ask, 'What is (client) going through right now'? A lot of times they're severely mentally ill and so it's a lot of paranoia. They're seeing

something weird in me. They're seeing something. Somethings is going on. If I can feel that in me, then I can be more compassionate about it. In other words, sometimes when someone's acting crazy, it's easier to think, 'stop acting so crazy'. but for them it's really real.

Accessing a stance of metacognitive awareness involves a movement focally to a location in the back of her head.

One teacher used to say, 'Put your energy into the back of your head like the high priestess. Bring that quality to the experience'. It sounds kind of egotistical, but I don't mean it like that. It's more like I'm going to hold the space of a spiritual center for you.

Joy described mindfulness practice as a means of maintaining a non-reactive and compassionate stance in the face of intense client interactions. Metacognitive awareness moves her beyond direct experience and provides access to an elevated perspective—even during intense experience.

Chet

Mindfulness practices help Chet transcend mental and bodily reactivity. Like Amal, Chet conceptualizes the "observer" as a metacognitive stance that provides distance from overwhelming experience.

I'm this point in the universe that things happen around, and I's not all about me and how people react to me. They're bringing it to me as well, it's not just me causing reactions. That happens, and I'm a conglomerate of all the things I've interacted with or the experience I've had or been taught, whether it's spiritually from others, or

psychologically, or relationally. Being at that point allows me to step away as the observer and not feel so isolated as a self that is flawed.

Like Ella, Chet's mindfulness practice helps him ferret through his immediate experience to ascertain the origins of whatever is happening in the room. Again, he described stepping outside or away from direct contact with thoughts, feelings, and bodily sensations, to obtain a clearer picture of the experience.

I think that part came with the mindfulness practice, that when I could be aware of what was going on inside of me and not make it a mental process, deciding whether this (feeling) is mine or theirs. Before that took over, and coming back, taking a breath, getting that kind of a reset and then proceed with whatever is going on at the moment.

Metacognitive awareness of mental and bodily reactivity encourages integration and healing. Equanimity has been described as a state of mental composure during difficult situations. Per Mirriam Webster's dictionary, the word "equanimity" comes from the combination of "aequus" and "animus," meaning soul or mind, in the Latin phrase "aequo animo" meaning even mindedness. In Buddhist traditions, even mindedness can be cultivated through meditative practices.

The self has to be calm, and I think internal family systems talks about the seven seas, or five seas or something. To be calm, centered. That sense of integration comes from a place of just being conscious of all the other parts that are getting triggered at any moment. I think that's a big part of the awareness with mindfulness. Whenever anything is going on, ...I can't think of the word ... Equanimity. That sense, it's not just being calm, it's the idea that I can be conscious and aware and work with

whatever is going on at whatever level, and it's not necessarily a catastrophe or a crisis. It's just what's happening. In the midst of the storm.

Chet spent years of his life submerged in deep despair. Thus, the cultivation of sustained states of mindful awareness have been a gift to Chet enabling him to experience other's pain without being pulled under by automatic, bodily reactivity.

Theo

Theo described becoming aware of and listening to the messages being received from the *self*. Like Bobbi, Theo engages in deeper levels of mind to gauge client readiness. Non-directivity assumes a stance that all humans, regardless of their current circumstance and/or level of functioning, has their own inherent wisdom. The non-directive therapist attempts to get their own agenda out of the way which encourages the emergence of the client's own knowing.

So if I can clear that out (his judgment, agenda, etc.) and be present with them I can help them work through from where they're at. And sense where they want to go and let them go where they want to go and help that process. Instead of like processing it the way I think they should process it. I do rely on my, I guess I would call it a visceral reaction, it's a combination of emotions, bodily sensation, and mental thoughts, thoughtfulness.

Again, awareness is key.

Also, if there's an agitation or a block, I'm aware of it. And I do my best to process it and look for information about which way to go with this person.

Theo's intention is to be a receptacle that is as open and as clear as possible when sitting with clients. He described being free of "stickiness" as a way of creating safety for client experience.

I think (stickiness) is a good way to describe it, where my intention is to be rather empty and clear. And in a space that person feels safe to walk into and be with. And again, I do that as much as I can to get my stuff out of the way from the day, or from the previous client, just to be fully present to them. In a safe place where they can walk in, and I want them to feel that way every time they come in. So again, I think there is that interaction. I believe that occurs between my clients and myself.

Theo described his process of clearing out his "stuff" which includes intention and the willingness to let it go. Although not always possible to clear completely, recognition and acknowledgment hinders the adulteration of the client interaction.

I think it's willingness, it's not like I can willfully do it, it's like a willingness to let go. It's like my intention to be present to this person. And I prefer to be as present to them as I can. But then I also realize that I'm a human being and if there's something really difficult or painful happening in my family life, or being part of an organization, and sometimes organizations can be rather toxic and violent. Maybe that just happened an hour ago and I haven't quite let go of it yet. If I can't completely let go of it, either mentally or emotionally, maybe there is still a seed residing in my stomach or maybe my heart, to allow that to be there. But just acknowledging it, knowing it's there, I think, allows me to not allow it to contaminate being with this person.

Acknowledgment and acceptance are tools that enable Theo to maintain compassion and presence for his client(s) no matter what is happening in his own life. Even during times when he is unable to fully let go of his “own stuff,” Theo describes his commitment to showing up and being wholly available for his client(s).

Maya

Maya described her felt sense experience of mindfulness and the clarity that comes with metacognitive states of consciousness. Like Ella, Chet, and Theo, Maya is better able to ferret out her stuff versus that of her client when firmly rooted in metacognitive states of awareness.

I practice meditation and so it’s kind of the same feeling I get when I meditate which is stillness. Quietness within. Calm. Ease. When I’m in that place, I can better pick up what’s happening with them and know if it’s not mine. When my nervous system and my own anxieties are able to quiet, I’m able to be more present with my client and pick up on whatever they’re experiencing so if it’s anxiety, it’s a lot clearer, if its sadness, if it’s anger, it just comes to me in a clear space when I’m mindful.

Mindfulness facilitates connection. Maya described metacognitive states of awareness in which she is “picks up” information from myriad sources.

When I’m truly grounded and connected, even from the moment I see them, I’m picking up on where they’re at. The moment they sit down, how we start, what comes up first. Really the connection between their body language, their energy ... There’s so much that is there and that is not there.

Of the 8 research participants, Maya has been a psychotherapist for the shortest length of time—2 years. It is normal to experience pressure and anxiety related to helping

others especially among new therapists. Maya described the clarity associated with metacognitive awareness.

I think as I quiet my anxieties and whatever I bring into the room ... mostly anxiety and fears because that's like 'Am I going to be able to help this person? Am I going to be able to be present with this person'? These are the typical feelings that I would say is this mine or is this yours? When I'm clear, I'm able to pick up on what's going on with them. Typically, my reflections are way better.

Metacognitive awareness is the tool Maya uses to manage anxiety and understand client interactions. Maya's mindfulness practices seem to supplement her experience as a psychotherapist.

Sustained mindfulness was associated with more clarity in terms of the origins of the experience as well as what was being communicated. Furthermore, client connection and effective timing were conceived of as products of metacognitive states of awareness.

Theme 3: Bodily Communication

This research asked the question "how does the body communicate to psychotherapists that have been trained in mindfulness practices, both in and out of clinical settings?" While bodily communication was the focus of this project, embodiment, as a receptor of information, could not be conceived of independent of the other information receiving faculties. Of the 8 participants in this study, 6 described embodiment as a holistic process of receiving information that involved the mental, emotional, and bodily realms of experience.

Although, for the most part, the body was conceived of as one aspect of a system that is in continuous interaction with environmental factors, both internal and external, the

8 participants made great efforts to describe their experiences of the ways in which their bodies inform them both in and out of the therapeutic encounter. It is evident from the participants' descriptions of bodily knowing that the body speaks in the language of sensory experience. These acquisitions seem to arise spontaneously and often instantaneously. In the textural and composite descriptions below, the participants describe their understanding of embodiment and their unique interpretations of bodily communication. What follows are textural descriptions of bodily communication as experienced and interpreted by each participant.

Bobbi

Bobbi ascribed an almost elevated stature to bodily information. She described the body as a "... wise old tree" and added "... the body has more wisdom than the mind. That's my personal belief." Although body and mind interact, they have different jobs that contribute to understanding.

The purpose of the mind is to be busy and to think and it does a good job at that. I think the purpose of the body is more to know. It moves at a slower pace so I think there's more awareness and clarity without all the chatter.

Bobbi described her interpretation of physical sensory experiences as they might arise during a typical counseling session. It is evident that the language of the body is quite different than that of the thinking, rational mind.

Mostly it comes in the solar plexus and then translates up. Therapeutically speaking, it (bodily information) usually comes on quickly and doesn't necessarily have a linear reason.

While metacognitive awareness doesn't cause or increase bodily communication, it allows for clearer reception and interpretation of the bodily information being received.

I would say that as I practice this (mindfulness) longer and get my own language in terms of what nausea means, what I think nausea means, and what a headache means. Because I'm kind of creating almost a dream interpretation language so to speak.

Bobbi described the sensations that correlate to emotional experience while working with a client. Bobbi recognizes, interprets, and uses her bodily messages during a session. This is quite a feat given everything else that goes on in a typical counseling session and an indication that Bobbi has cultivated the capacity to remain in a state of metacognitive awareness, even in the face of what could be considered intense emotional experience.

Anger feels like porcupine quills. Anxiety feels like a sense of urgency, not calm. I can tell the energy is a little high. My cadence may be a little quicker. I feel a little disconnected and so I know she is too. So nausea is fear, something heavy, maybe a memory, a wound. For me, a headache usually means intense rumination so we need to talk about thoughts, right? 'How long have you been thinking about this?'

Bodily sensations are communicating important information and once acknowledged and expressed, the sensations themselves shift in some way—as if the messenger has relayed the message and can now go home.

But the more that I discern what's coming through, it's let go immediately after it's acknowledged and then I feel energized. I believe that the information is meant to be spoken, its meant to be shared, it's meant to be used in some way.

Bobbi described how bodily information can provide relief and healing to clients, particularly, in this case, clients that have a diminished capacity to connect with themselves on a bodily sensory level.

I have some clients who are extremely shut down in terms of being connected to their body. Some due to chronic pain, others just maybe a long cognitive heavy existence or experience. However, that being said, when I do get some kind of information and ask them about it, they release the most quickly in terms of just going straight to tears.

Individuals who have experienced significant trauma often manage the pain by shutting down their connection to the body. They may ignore, deny, or disregard bodily sensations as a defense mechanism. Bobbi talked about the connection between trauma and the lack of bodily connection. She hints at the idea that she is feeling *for* traumatized clients.

I mean, I guess if I thought about it, it probably correlates with, many of them correlate with trauma. Well, to think is a little safer than to feel sometimes when you've felt a lot of trauma. Or after a trauma some people tend to just feel way too much and so they'll try to think their way through it.

Again, once the feeling is acknowledged and expressed verbally, and, in this case "owned" by the client, healing occurs.

So usually we have a little bit of feedback time just for them to give verbal affirmation of how that was and solidifying for them to own that with their own words. That's my confirmation and for them I think it's their owning of what happened. They were experiencing my words, I mean, typically, although I'm taking

cues from them. I think that they are able to talk about their experience and ‘oh, this is what I felt then’, and, ‘this is what I saw then’, it solidifies that as their own experience and not something I created for them.

The body is a messenger of client material. Bobbi interprets the messages and relays them to the intended individual. Once the information is shared and received, a sense of ease and finality infuse the experience. This is especially relevant when working with individuals who are disconnected from their bodily sensations due to trauma or overidentification with the mind and intellectual pursuits.

Sam

Sam described the body as an aspect of the self that is intertwined with emotional and spiritual realms of experience.

It’s a circle. It’s a continuum and it’s a circle. It’s like a clock. It moves forward or it moves deeper so much so until it comes all the way back around and then ties you right back to where you began—at the physical. For me, the physical is very much part of the emotional and the spiritual just at the spiritual is very much part of the physical and the emotional. It just continues around and around.

Sam discussed the circular nature of experience while at the same time, he emphasized the spiritual aspect of experience as central or fundamental to life.

At a certain point, I guess we do cross the plane from our body more into our spirit, and they are very much connected. Yet for all this talk about embodiment, the spiritual aspect is where it begins and ends.

Focusing awareness within the body is an entry point to an experience that is beyond the body.

To go within is almost to go beyond our body and touch our emotions. Then using it to experience our emotions more or to gain more awareness around our experience and then from there it will eventually cross into our spirit.

While bodily information is one aspect of a system of whole-self communication, Sam ascribes priority to bodily knowing.

The body is the most effective tool we have because it is the most explicit. It's right there. It's very visible. We all experience it. It's hard to argue with.

Sam's description of embodiment differed from the other participants. Rather than noticing internal sensory experiences, changes in bodily position and movement of parts relative to other parts, is the beacon that summons his attention.

For me (embodiment) is the change that occurs because I would have a more difficult time feeling what my body is doing without the perception of this is where it was, what it had been doing, and now this is what is changing or this is where it is now, this is what it's doing now, this is the direction it's going. I'm growing more tense or I'm relaxing. It is not a static thing for me. I experience bodily sensations in relation or context to the movement of it and the passage of time and the change.

Sam relies heavily on his external physicality, or proprioception, as his initial source of information. Contrasted with interoception—which refers to the sense of the physical condition of the body as arising from within the body, proprioceptive awareness relates to the sense of the positioning of bodily parts relative to other parts and the strength of bodily movement.

A lot of it for me is even the space it takes up, like physical movement. That seems very rudimentary or basic, it seems obvious. Yet when in the room with clients, that

provide me a lot of my best information or clues as to what I'm experience. (I will notice) oh wow, I just wanted to cross my legs there, I just leaned forward there, I just sat up, I just became more animated or my hands are now more active. All these are very visible, even to my clients.

For Sam, he and his client are in constant communication with or without the expression of words. Here he talks about the power of primary communication, i.e. the communication taking place on subtle levels of experience. Like Bobbi, bodily forms of communication are elevated above verbal forms of communication.

I see it more as even the primary form of communication beyond words often. I mean yeah okay, we're talking about this or that and yet my expression, my demeanor, my energy in the room, what my body's doing, my posture, my breath, my eye contact, that speaks volumes. Even the minute little facial expressions, the grins, the grimaces. Those are huge forms of communication that I believe in many ways are more powerful than words.

Sam interprets sleepiness as a message that the client is off track. Here he describes a scenario of a client interaction in which the client is resistant—in this case, either unwilling or unable to move toward the desired outcome. In this situation, it seems that the client is not yet ready to proceed on the prescribed path. Sam may be describing a situation in which he is pushing his agenda and not, as Bobbi stated earlier, respecting client readiness to move forward.

Okay, we've all been in the sessions where we're almost fighting sleep because it is just so non-engaging and the client is so stuck and they're so off track and after repeated attempts to move them a little closer, get them a little bit more in the

direction that we believe would be productive and beneficial and yet they can't get it.

Sam described the ways in which his body signals to him that something important is happening in the session—that a significant change is about to occur.

This is what all this work has been for because there's a lot that occurs just to get to that moment. They are important to me. They feel opportunistic like 'Oh, excellent. Here's change. Here's an opportunity'. It's a quickening and an urgency. I feel a quickening or an excitement like 'Oh, here it is'.

Using a football metaphor, Sam attempted to describe his felt-sense experience of an "ah ha" moment in a counseling session. This is the moment in which the client grasps an important concept or is willing to embrace a new understanding.

It's like a football game. You got your team, your 11 guys out on the field, they're in their huddle, they make their plan, they call the play, they come up to the line, they set in their formation, they snap the ball, the play goes live. Quarterback drops back, the wide receivers are running their routes. All the linemen are blocking and everyone's doing their thing. Quarterback's reading the defense, about to make a decision, he sees an open guy. He throws it deep. The guys in full sprint down the field. The ball's in the air and it's not until those microseconds of when that ball is landing in the receiver's hands that that receiver, all his concentration, all of his being, everything is about catching that ball. He's not thinking about it. Everything at that point is pure reaction. That's kind of what it feels like.

For Sam, the body and bodily knowing seems to possess a level of honesty not necessarily contained in other aspects of the self. Bodily communication is related to physical motion and change.

Amal

Amal described bodily information acquisition as a whole-*self* process. The body is one avenue of communication working in conjunction with all her other “bodies.”

And it’s not just my body. It’s all those bodies. The mental body, the emotional body, the physical body, the energetic body, and the spiritual body. All those bodies that are in my space. I use a combination of information from all of those. They all add up to pieces of information in order to put definition and words and usefulness to it for me.

Amal described the process of interpreting bodily messages. For Amal, bodily information is insufficient as a means of understanding. Bodily messages must interact with mental processes to be useful.

I couldn’t use the information just from my body. It has to go through a process that starts out as sensations in my body, then becomes an emotion, then a thought. I wouldn’t be like ‘wow! My stomach can feel it right here’. That would make no sense.

Amal attempted to locate the starting point of information acquisition but the process occurs on subtle levels and at lightning fast speeds.

Picking up stuff physically, I think there’s kind of a ... it goes very quick. The information, the knowing, it goes very quick. Often, I don’t give my body as much credit as I would because I think that’s like the first wave of information. The first thing that I pick up is something in my body, and then that goes to my ... somewhere

in my heart and then I process it through my brain and finally to language—which gives it logic.

She adds that emotional information is acquired mostly through her heart before it travels to her head where she can then make sense of and use the information. The whole process occurs instantaneously.

A lot of my emotions in my heart center, like most of my emotional pick-up, I think is here (points to chest). That's also a physical piece and I don't know which one comes first. It very quickly goes in that fashion. Once it gets to my mental body and allows me to put words to it and I can explain it and be logical about it, then I can respond, label and explain what's going on.

Amal described correlating specific bodily sensations to specific emotions. Anxiety, rather than being felt as a global sense of urgency, is in her heart and hands.

Anxiety is an easy one to pick up for me because I feel it in my heart. My heart and in my hands. I relate it to when I'm nervous, and it's usually in my hands and so I know when I'm in session with somebody and they're talking about something anxious and ... Even if they're not using words, it's just their body posturing, maybe it's mirrored, I don't know. Even if I didn't hear what they were saying, if I was just to watch their body I would sense the anxiousness in my hands and in my stomach and it feels like I've had a lot of caffeine.

Amal correlated sadness with sensations located in the throat and eyes.

That's a lot in my throat, I think. My throat and my eyes. I can feel that one in session mainly if we're talking, that's where I would pick up the sensation in my body for sadness.

Bodily sensations are viewed as a single component in a system that communicates vital

information about the client interaction. Amal attempted decipher bodily messages and, like Bobbi, reported a sense of closure associated with acknowledging and expressing emotional content.

Ella

Ella too, sees the body as but one modality of reception. Bodily communication offers a key element of information.

(Embodiment) is a radio signal kind of thing, where I'm becoming aware of things that I wouldn't necessarily know by my intellect or analytical abilities, that I'm listening to something tightening, or my bodily experiences inform me in ways that ... provides another source of information. I think of it as an integrated thing. It's the collective of those things. What I'm seeing, what I'm hearing, the content, what I'm experiencing. All that process stuff. I'm trying to piece it back together, looking at the big picture that is made. It's like a puzzle, or a mosaic, of different data.

Unlike Sam and some of the other participants who conceptualize bodily knowing as more honest or efficient than other aspects of the self, Ella sees the body as an equal but "helpful" contributor in the process of receiving information.

I don't think it's (the body) is my lead source, and I think it's a really helpful part of the information that I'm gathering.

Ella recognizes bodily wisdom as an important aspect of whole-self functioning.

I've always been interested in exploring the connection between mind and body and always wanted to enrich or strengthen that connection between the body wisdom and the mind wisdom.

Ella uses subtle bodily communication to recognize erotic attraction in therapy. This acuity signals that clearer boundary setting may be indicated.

I think it would be negligent to not talk about erotic transference and countertransference when you're talking about bodily awareness in therapy. I think with that, if I notice any kind of erotic transference then I going to be more aware of holding any kind of professional reserve, and just being clearer with m boundaries. No shame on the person who's having whatever feelings, but being able to hold my own boundaries clearly. Not allow a sort of flirtatious response, even subtly. We have to watch for that, because it's a natural give and take if other things align.

Ella described the experience of sexual attraction and the bodily wisdom that informs her that clearer therapeutic boundaries may be necessary. Her body also informs her of the potential for client reaction in response to her boundary setting efforts.

I can have that bodily experience of knowing that it's time to set a boundary of some kind, and knowing that the person on the other side of that boundary is likely to an emotional reaction, and bracing myself for that.

Ella described her bodily sensory experience of fear regarding how her client might respond to explicit boundary setting. Unlike Bobbi and Sam who ascribed an elevated stature to bodily knowing, bodily sensory information is not smarter or wiser than other information receiving faculties. Wise mind, a term coined by Marsha Linehan (2015), refers to the combination of emotion and reason.

My wisdom may be saying I absolutely need to set this (boundary), and my body may be saying 'no, that's scary' in terms of bodily wisdom, it's that wise mind idea of

combining what my body's telling me ... My mind might say this is always going to be a little frightening, and this is what's best for me, for the client, for the work.

Ella described her interpretation of bodily messages.

Tightening usually. Shorter breath, muscular tightness. My body's so irregular in temperatures. My hands get more cold than at other times. Tense, and the ways that shows up in breathing. Anger I can feel sometimes with a surge in circulation. That I think can feel sometimes temperature in my face, in my hands. Heat in my chest. A different kind of energy.

Bodily sensory experience communicates information regarding the client interaction as does a lack of bodily sensory experience. Ella interprets not feeling as an indication that something is not quite right. She described her experience of engaging metacognitively during a hypothetical client interaction to explore possible reasons that she is *not* feeling during a session.

I think one of the things my body can tell me is that I've protected myself too much. If somebody's sitting there in their sadness, and I don't feel even a little bit of it, then I worry. Then I might be tired, it might be a theme that's too close to one of my signature themes, it might be that I'm just too distracted for some reason that has nothing to do with what's going on with the client. It's almost like a lack of reading, like reading and saying, 'what's going on'? There's not enough there. I'm not connecting in ways that I want to connect. I don't want to adopt, I don't want to absorb the client's feelings, but I do want to feel at least a tinge of them, so that I'm attuned and responsible and empathic. If I don't get anything when I check in with my body, that's a signal to me that I've disconnected in a way that is problematic.

Ella interpreted bodily communication. Like Amal who views the body as but one component in a communication system, bodily sensations, for Ella, are not her lead source of information. Bodily communication facilitates client connection.

Chet

During the interview, Chet talked a lot about fielding his internal reactions during client sessions. His pattern is to be initially overwhelmed and caught up in an emotional and bodily response, and then once he recognizes his reaction, he sets about trying to manage the feelings and bring in a therapeutic response. In this case, Chet's interpretation of his own "explosive anger" during a men's domestic violence group is only available to him once the shift into decentration has occurred.

That kind of explosive anger was telling me that 'this is important'. It's an alarm when your body gets swept up with this huge angry reaction during a counseling session. It's kind of like, 'wow'.

As someone with a history of panic attacks and anxiety, Chet is well acquainted with the felt-sense experience of stress. Chet described bodily indicators of stress. His bodily reactivity to a perceived threat is identical to that of an actual life threatening situation.

I can't relax, and I think that's more physiological response from the flight/fight running. Being chased by a lion, you're screaming and running, and trying to get the blood and tension into your arms and legs.

Chet described his ongoing battle with stress and anxiety.

That happens differently at different times. I'll get a tightness around my stomach. I probably associate the stress tension on my head being more about when I'm not

feeling on top of it mentally. The tension can grab ahold of me for an amount of time, maybe even throughout the day.

Due to heightened bodily reactivity, Chet struggles to notice and make use of bodily communication during client interactions. Clarity increases with parasympathetic nervous system activation.

Joy

As is typical of Joy's etheric nature, she described embodiment in holistic and metaphysical terms.

(Embodiment) is like a field. I don't want it to be just my physical, it's more like a field around me and inside me. It's like spirits inside my body and breath.

During the interview, Joy talked about her sense of being "out of her body." This out-of-body experience seems to refer to a state of mindlessness or non-awareness of her *self* as an embodied being. Joy believes that her overly sensitive nature makes her susceptible to energetic overwhelm. Like Chet, Joy has a particularly difficult time remaining embodied when she feels overwhelmed with emotion.

I usually have to remind myself to come down into my pelvis and my feet and legs and to get as quiet as I can be, otherwise I'm kind of in this almost too much energy. My belly, if I can remember to breathe in my belly, that helps, or to relax my shoulders or soften my face.

Joy wants to be able to use her highly sensitive bodily knowing without becoming absorbed by her sensory experiences. And like Ella and Theo, Joy recognizes the importance of bodily awareness as a means of client connectivity.

It's important not to get thrown and swept up in all that stuff, but at the same time, I don't want to be so distant that I can't tell what they're going through—that I can't feel it.

Struggling for balance between “letting in” too much or too little sensory information, Joy described the feelings she associates with trust. Trust arises when she remains is open to, and not overwhelmed by, the sensations she experiences. For Joy, trust is related to her level of mindfulness in any given moment.

When my body is tense and tired, I'm realizing that I'm not trusting. I'm not letting go. I'm not saying it's okay. (Trust) feels relaxed and of course I stay alert. I'm present and not spaced out. Yeah, there's like open space, allowing, and acceptance. Joy explained her interpretation of the sensations that she correlates with fear. Like Ella, Joy recognizes that certain feelings, in this case fear, interferes with client connection. It feels like there's a screen, that reality is out there, and I can't quite contact it. It's fear. The fear is there. I'm conscious but it's not like I go 'I'm scared'. It's more like all of a sudden I feel like I can't connect, because I'm too scared. I could say that much but it does feel like a trance. Like I keep wanting to say there's a curtain there, like a curtain that I can't get through.

Joy described her felt sense experience of anxiety.

I love Tara Brach's idea of trance, because I actually asked a client yesterday, 'describe what your anxiety feels like.' And she goes, 'I feel like I'm in a trance'. And I said, 'yeah, that is what it feels like'.

Joy's over-feeling tendencies may motivate her to want to fix or save others as a way of helping herself. When they feel better, she too feels better. Joy described being "overly nice" as, at times, unhelpful for her clients.

Yeah, they need that pain to figure out what they want to do next. If I'm all, 'oh, you're ok, you'll be all right. Don't worry honey'. I can give too much. I feel like being nice is not nice. Being too nice is ... what's that word ... obsequious. Too syrupy, and it doesn't really help anybody.

Joy vacillates between too much and too little sensory awareness. Too much is overwhelming and too little equates to client disconnect. She described her interpretation of various sensations and talked about cultivating feelings of trust which allow her to remain open and receptive to bodily communication.

Theo

For Theo, embodiment is one aspect of whole-person awareness. He includes the environmental/social factors in his description of embodiment.

(Embodiment) means where I have an awareness, a consciousness of what's going on in an integrated way between my mind, and my emotions, and my body, and my spirit. Actually, I should have included social as well. The body is part of it. That's my experience of myself.

Theo described the process of entering awareness and dialogue with whole-*self* communication.

I might become aware of a feeling in my body. I might become aware of my guts being tight, or churning. My heart beating faster, my muscles being tense. And that might like bring me into an awareness. Like, 'Wait a minute, what's going on here'?

That's one thing. And then another thing I'm thinking is with social interactions. I become aware that I'm not being as fully present in the moment with someone. Or let's say if it is a social stimulus or trigger and I'm realizing that I'm off to the races because of the interaction that has occurred here. Again ego, or fear, or past. And I just happen to notice that I'm missing the moment with this person. That will bring me back. And I have a decision to make then about am I going to be present.

During the interview, it was apparent that Theo has cultivated the capacity for sustained mindfulness. His presence was calm and clear and he did not appear distracted in any way. His metacognitions were clear as well, i.e. he seemed to maintain awareness of his mental, emotional, and bodily states concurrent to his interaction with the interviewer. Theo described myriad sensory experiences, his interpretation of the sensations, and the mental dialogue that ensued, during a recent client consultation.

If someone's describing something and I'm not understanding it, then I'll have some tenseness in my body. Like a client I'm working with recently, very complicated case. And I'm not quite sure which way to go. I'm asking, 'should I get a second opinion'? So I feel that in my body, that compassion for the person and some tenseness, some anxiety.

Like the other participants in this study, Theo described bodily sensations as a form of communication.

I might become aware of a feeling in my body. I might become aware of my guts being tight, or churning. My heart beating faster, my muscles being tense. And that might like bring me into an awareness. Like, 'Wait a minute, what's going on here'?

Theo talked about “non-therapeutic reactions,” or for this study, mindless reactions, as those that are reactionary and unhelpful for the client. Again, Theo’s commitment to mindful states of consciousness is evident in his ability to remain engaged and metacognitively aware of his automatic reactions, while simultaneously clearing and processing his “stuff,” and then reacting with clarity and integrity, all within the span of seconds.

I’m aware of a reaction, what I would consider a non-therapeutic reaction in myself. That registers in my gut, too, and then I’m processing that in the moment, like this is my stuff. So I’m clearing that out and processing that. I’m glad I have that sensibility so that I can respond rather than react. And like, this is my stuff, maybe it’s a judgment, or maybe it’s something I feel uncomfortable with.

Theo continued by describing the feelings and sensations he correlates with judgment. Pointing downward toward his abdomen, he stated:

I think it’s more of a judgment. I think I’ve heard enough that I’m not shocked very often, but still ... where it’s like a judgment. Maybe it might be even like a visceral reaction, like, ‘How could you do that to your child? How could you treat someone like that?’ I think I feel it primarily in the gut, and sometimes in my heart.

Theo described a felt-sense experience of unconditional positive regard for one of his clients.

I know I felt that warmth for her. And I felt actually warmth like very much in my torso. There is some kind of connection with my mind, too. Just in terms that I’ve gotten to know this person. So there’s an experience of feeling warmth. Because that’s a feeling and it’s a bodily sensation at the same time., I translate that into

compassion, care, empathy. My intention to be there for her and to be helpful as much as I possibly can.

Theo's bodily and emotional awareness, and his intuition, informs and directs the client session. Theo talked about "care-frontation" as an act of confrontation that is motivated by kindness and compassion.

I look to my own responses to them for some guidance about which way to go, in terms of responding to the client. In terms of being quiet and letting them talk, or if I might say something that is compassionate or empathic. I might ask a question for clarification. Or ... if we have a real solid relationship I might do a little care-frontation with them in the moment. I rely on that connection with them and listening to my own feelings about which way to go here.

Bodily sensations were described and understood in the context of client interaction. Clarity is facilitated by years of sustained mindfulness practices. Theo's connection to self and client are evident in his descriptions of client interactions.

Maya

Like Amal and Ella, Maya describe bodily communication as one aspect of a system continually interacting with the internal and external environment. She described the transfer of energy that takes place when in proximity to a client.

There are so many ways (of receiving information). There's a sense of energy from the moment I see a face in the waiting room to them walking by me. I pick up on some of that. The walking into the room. How they sit down.

During the interview, Maya talked about 'tuning in' which is the act of consciously directing attention inward. In this paragraph, Maya described preparing her body to receive messages about the client interaction.

I have to say the best time I can find embodiment is when I prep myself before session so I start off with really good connecting, grounding breath, breathwork. Through that tuning in, which is breathing, connecting, I also get to that space where I can be more connected to whatever is going on with them so I feel that feeling in my body.

The body communicates its messages in the cryptic language of sensations and emotions. Bodily communication can be difficult to decipher and even more difficult to explain. Maya struggled to describe her felt-sense experience of emotional pain as it might arise during a client session.

It's like, 'Yeah, that was what it was' because I can pick up that this is coming from a place deeper where it's maybe something on an attachment level, abandonment. Feeling hurt ... a lot of the human conditions that we all experience, I can feel that at a deeper level. It's so hard to describe.

Like Theo who described his body as a vessel that can be cluttered by his own "stuff," Maya talked about stickiness and the need to engage physically to clear her "stuff" out of her body. As a therapist, Maya can feel heavy and weighted down by client emotion.

We feel what our clients are feeling so it can get heavy. I feel it mostly in my chest and my tummy. Those are the two places that I feel it. It just feels heavy. That's how I describe it. It feels heavy and sometime I have to ... that's how I have to run it off sometimes so it doesn't stick. So it doesn't stay.

Maya described her felt-sense experience of joy and excitement and the continuum of heavy to lightness in her body.

I definitely feel all the different emotions that are in the room. Excitement, joy.

Those feel different in my body. I would say that those are lighter so it's kind of heaviness to lightness within the body.

It is evident that Maya is sensitive to internal bodily cues. She acknowledged what she experiences and how she works with the feelings that arise as a result of client contact.

The body communicates through emotions and physical sensations. The participants explored their sensations and described the process of interpretation that occurs either during the session or at a later time. Bodily sensations facilitate client connection and inform the course of therapy. Metacognitive awareness mediates the balance between overwhelm and disconnection during client interactions.

Theme 4: Resonance

Resonance refers to the capacity for shared bodily sensory and emotional states with another with whom we are in relationship with. Supported by mirror neuron theory, resonance encourages empathy and non-verbal communication in mammals. Resonance in psychotherapy is considered innovative and a core competency of client effectivity.

Resonance facilitates client connection and leads to emotion integration and well-being.

The participants described their experience of resonance as the transfer of energy and information that occurs in the therapeutic environment. What follows are the textural and composite descriptions of resonance:

Bobbi

Bobbi described her experiences of resonance during client interactions. Bobbi correlates her physical sensations to her client's mental ruminations. Some of Bobbi's clients get "stuck" in their stories about events. Talking *about* events can be a strategy used to avoid uncomfortable emotions and bodily sensations. However, feelings must be *felt* to be healed. Bobbi described her efforts to move the conversation away from the story about events by shifting focus to the body, the home of subconscious memory and information.

If I have a difficult moment say moving from cognitive down to the lower part of the body, I know that they're (the client) having a hard time with that. So I'll stay there for a bit, I'll talk about the tension in the neck, tension in the shoulders, letting go of the way-of-the-world sort of thing. Then it's easier for me to move on.

Bobbi extrapolates information from her bodily knowing and uses that information to change direction during the session.

So then I would be prompted to talk about their stomach, how they're feeling and find out what they were thinking, what they had just seen in their mind, something along those lines to get to that point that is asking for attention. Yeah, that would be a big red flag for me to look at that even if I had other questions or directions already set up in my mind.

Resonance involves the subtle bodily sensory exchange of information that occurs in a relationship. As a therapist, awareness is required to recognize what the body is communicating and where the communication originates. In other words, what feelings/sensations belong to whom? When asked how she differentiates her own experiences from those of her client, Bobbi responded:

So if it's mine there's usually a reason for it. So my first protocol is okay, I'm feeling this. Did I eat something weird? Did something just happen? No? Okay, then, it's not mine.

Bobbi described experiencing client resonance, or a sense of bodily sensory communication, even before the actual client encounter.

Nothing happened prior to coming into it that tells me it's mine. So it's usually a red flag or a sign to pay attention to who I'm with or to who's coming in ... I'll kind of know 'oh, it's going to be my afternoon client,' or something like that.

Bobbi seeks validation that her assessment or interpretation of her bodily experience is an accurate reflection of client experience.

And it usually ends up being valid. I'll ask, I'll say, 'Gosh, do you have a headache right now'? And they'll say, 'Yeah, how did you know'? I'll say, 'You're thinking so hard about that, that would hurt my head too'.

Bobbi recognized that the energy goes both ways. She described her efforts to promote well-being in the session. It seems by her description of resonance, that the energy and information exchange occurs primarily on a sub-conscious level. Bobbi talked about making more effort to be aware of resonance as a way of deepening client understanding.

I'm trying to relax for her or for us. And I'll tell you now that we're talking about it, there's usually a moment where I can tell they've let go. And I can't say that the correlation is the same with everyone. But now that we're talking about it, I think I'm going to start paying attention to that, because that's probably good information about them.

Bobbi explored the sensations that arise because of the client interaction. Sensory experiences, from stress and pain to peace and relaxation, are exchanged, seamlessly and automatically, between counselor and counselee.

Amal

Amal described an interaction in which she noticed suddenly feeling “stupid.” Amal and her sister had listened to a TED talk together. Afterwards, Amal wanted to discuss the talk and brainstorm ideas about the talk. However, her sister abruptly withdrew from the conversation. Amal’s description of “picking up” feelings from her sister confirms the exchange of energy and information that occurs subtly, and sometimes not so subtly, between human beings.

I picked up a few things from her, in which the way she was taking to me or the way that she was acting with me and I had this overwhelming sense of feeling stupid. Which is not me. That’s not my core being. I don’t often feel really dumb or insecure or ... I’m a pretty confident person and that’s not how I ... it’s not how my ego attaches to as being stupid.

Amal described her sensory experience of happiness. And like Bobbi, Amal attempts to discern whether the joy stems from her or from her client.

The emotion I would say would be one of joy. That would be my own. I know that wasn’t his. Maybe it is his, I don’t know. Maybe it’s both of ours and we’re moving in the same direction.

Amal described using her bodily knowing to ferret out what may be underneath or driving client experience. As indicated by Sam and Bobbi who described similar

experiences, there is an honesty inherent in bodily communication that cuts through the obscurity that can be present with mental activity.

I think part of what I do with clients is find those inconsistencies, when they're saying one thing but I'm sensing something kind of different, underlying, maybe a powerlessness and they're talking about being angry. While they're talking about being angry they might be looking like they're angry or whatever that might be, and for me I can sense somewhere in my body or whatever my observer is picking up on, any of my bodies, that it's really about powerlessness. It's not about you being really angry.

Amal checks in with her clients to confirm the accuracy of bodily communication.

Then talking about that and usually pretty on point with that. As far as what they tell me back like, 'Yeah, exactly' or whatever they say back.

Amal described a bodily felt-sense experience of flow that occurred with one of her clients. There seems to be a sense of resonating harmony that develops and builds between the two of them.

With this client ... not all clients, but with this one specifically, I get a sense ... I get a lot of energy in my stomach because I feel like we're on it and we're moving. We're moving and we move so fast and we're both on point and we're both seeing the same thing and then, yeah, it's a really easy experience.

Amal pointed from her stomach up to her throat as she described her experience and understanding of the movement of energy that was happening during a client session.

It's a climbing energy. I'd say the overall thing that I feel in my body when I'm in session with him is what we talked about, the energy and ... I want to say it's the

gathering of my own energy as well as momentum and a sense of movement. Overall there's still energy that vibrates.

Amal described flow as energetic movement. She uses bodily wisdom to uncover content that exists on subconscious levels of consciousness and confirms her findings with her client(s).

Sam

Sam described using bodily awareness to direct client interaction. Here he attempts to deepen the client's experience by "looking within" or focusing his attention inward. Like Bobbi, Sam understands that retelling the same story repeatedly, is ineffective in terms of healing. In this situation, Sam is modeling to his client the behavior that would allow a deeper conversation to emerge.

I noticed more recently how I'll shut my eyes more, like going internal when I'm describing a client's more internal states or trying to get them a little more in touch with their emotions as I'm deepening it for them. I will even, as I'm explaining things, close my eyes and look within. I believe that what occurs within us they can experience, they sense as well so I'm modeling, of course.

Like the other participants, Sam is sometimes unclear as to the source of the experience. The obscurity seems to be related to Sam's own level of exhaustion.

I don't want to put too much on the client, I must own my own. Often, I'll have five back-to-backs and that is tiring. I have a young daughter and so sometimes sleep is at a premium and so often it's just my own fatigue. It's both, of course. It's where we're at, it's where our clients are at, and it's the big in-between.

While the other participants described the experience of feeling clients' feelings internally, as an awareness of an interoceptive physiological condition, Sam does not feel client emotion in his own body. He described empathy as a mental process rather than a physical and/or emotional process.

Although I don't actually experience the pain that they experience in the moment of the story they're telling me about, as they are telling me the story this is a new experience for me and their telling of it is like hmmm, you know? I think that's pretty common. I think most of us if someone describes something painful we can imagine it and we almost can't help ourselves. We automatically like, 'Oh, ouch. That sounds really painful'.

Sam recognized his own proprioceptive and involuntary bodily reaction to a client's sad story.

Often when I have a client telling me a story of something that is painful for them I will grimace. I don't want to say its involuntary, but almost at times it is. It just happens. It's not intentional, it's just often when clients are telling me about these painful experiences, I'll grimace or even kind of tighten up.

Sam described his own bodily resistance to his client's resistance and his sense of release and relief when moving toward the same goal.

It is resisting the direction they are going and trying to get them back on the more beneficial, healing, helpful (track). We're just slowly trying to move them a little bit more in this direction and it's right when we're in that rub of it, our bodies almost spring into action. I find that I become like 'Oh, we're in that sweet spot. We're in that little window. How can we now just kind of change'?

Flow is the bodily recognition that both the therapist and client are connected and moving the same direction. From here, healing is possible. Sam described his felt-sense experience of being in the flow with a client.

It's different with every client and even in every moment. It's often even unexpected. We kind of know where it's at and so we're continually trying to guide toward it or search for it and then suddenly you land in it, like something comes up, they tell a story, you're like 'Oh perfect, wow. Here it is'. Then as you described it, you kind of spring to life and it's almost an excitement. For me, I become much more engaged. You just feel it, almost a tingling. It's almost a warmth. There's some bodily sensations, chills, and shivers.

Similar to Amal's explanation of client flow, Sam described flow as a deeper engagement that feels like a vibration or buzz occurring between two bodies. Sam recognized his own resistance to his perception of non-movement during a client interaction and the tension that occurs when therapy is stalled or stuck.

Ella

Ella described the exchange of energy and information as it might occur during a client session. Not only is there an exchange occurring during the session, Ella talked about the transfer of information that occurs on bodily sensory levels of experience. Ella described an interoceptive awareness of picking up and "holding" subconscious client emotions in her own body.

If I get tears welling up it's not just an empathic response, it's also a bodily response, and an energetic exchange, I believe. That's the easiest place to point to, like 'oh, I'm feeling this'. Sometimes that's something that my client isn't feeling, so there's that

unfelt emotion ... Some of the research on mirror neurons tells us that's what's happening. I certainly have that experience where I'm feeling sad, my client is talking about something sad, but they're not showing their sadness. I translate that to be that I'm holding that feeling for them, temporarily. I certainly don't want to keep it.

During the interview, Ella talked about erotic transference and countertransference as a normal human reaction. As a therapist, she must be hyper aware and wary of erotic transference with one client in particular.

There's an exchange of energy. Somebody sends out an energetic message. I have one client that I need to be extra careful with.

Like the other participants, Ella does not always know whose feelings belong to whom. Metacognitive awareness is the tool she uses to ferret out the origins of the experience.

I experience a bodily awareness of an emotion that does not match my current inner life and seems to fit with something in the client's experience, and I recognize that this feeling relates to the client's experience, not mine, hypothetically. I allow in the awareness of the feeling as much as I can, while acknowledging inside that the emotion does not belong to me. I ground myself with awareness of breathing and continue to hold the emotion in my awareness without letting it take over my whole view.

Ella seeks confirmation from her client that she has correctly identified their experience.

I might explore, I'm getting this and so I'm going to ask, 'I wonder if you're afraid about that?' 'Kinda scary, huh'? Just a basic reflection and then they can reject it if it's not on point.

Ella described a sense of transference or exchange, or the shifting or preconscious feelings from her body to her client's body, once the client acknowledges and accepts the feeling as his or her own. There seems to be something magical and healing that occurs when previously unconscious feelings come into the light of conscious awareness. And like some of the other participants, Ella talked about an interoceptive sense of 'stickiness' associated with other people's feelings.

I work at not chasing it away, and if the client seems prepared, I offer a gentle reflection of the emotion, such as 'So, frightening, huh'? And the client then has a chance to clarify, reject, amplify, or ignore my reflection. Whether or not the client takes in the feeling, I continue to be aware that the feeling is not my own. If it seems sticky, I might shake it off after session by literally shaking my limbs, doing a stretch, imagining releasing it, or talking to a colleague about it. If the client accepts the reflection as accurate, I am much less likely to need to do anything to let it go.

Helping people connect to their own bodies encourages healing and self-growth.

I work with a lot of people with eating disorders and trauma survivors, and so very often there is a disconnection from body. I've always been very interested in body image ... it's been something that has interested me for a while. I think it's so important for personal healing for people to learn how to reconnect to their bodies. There's this stuff that Van der Kolk says about the body being the seat of identity as

well, so that people really need to be connected to their bodies to know who they are.

Ella believes that her bodily responses are expressions of the client's subconscious material that, once acknowledged and accepted by the client, are relieved from her body. This idea was echoed by Bobbi, Amal, and Ella who described a sense of closure related to the transfer of bodily information.

Chet

Like Sam, Chet described a felt-sense of flow when he and his client resonate in the same direction or toward the same goal.

I reintroduce it, or keep following the thread of a patron that he (the client) is talking about. At some point I'm actually happy and I realize that it's because he's getting it and he's bought into it. There's this flow that's going on with me and him (the client). We're interacting with each other, simulating flow.

Chet described his bodily awareness of mirror neural activity.

You see somebody anxious, and you start feeling anxious. The person might be today more stressed by things that are internal or in the mind. They were imagining, or anticipating a bad time with the boss, or something else.

Although Chet is in a mindless state during this exchange, upon reflection he recognizes the bodily connection that exists between him and his clients.

I look back and think there were some people that were pretty intense and asking me some specific questions, and I realized later that they had some similar stuff going on. So maybe on some physiological level, I was responding to their subtle anxieties that I'm not conscious of at that moment. The catastrophizing that goes on

because we're all connected, and that sense of safety has been sabotaged in some way, or contaminated.

Flow was described as movement toward the same goal. Upon reflection, Chet acknowledged that his emotions and bodily felt-sense experiences are often hijacked by the emotional states of others.

Joy

Joy described her experience of connecting deeply with her clients. She talked about a sense of oneness that arises spontaneously through shared experience.

We're interconnected, what they're going through, I've gone through. You know what I mean? There is no separation.

Joy talked about setting an imaginary boundary between herself and her client as a way of protecting herself from their experiences. Again, as someone who is hyper-sensitive to the emotions of others, Joy has had to work at maintaining composure in the face of intense experience. Furthermore, Joy must guard against her own co-dependent tendencies.

When I was taking that training in L.A., they're all into the boundary thing. They say that the anxiety pattern of trying to fix and help and worry about the person, one of the ways to counteract that is to meet them halfway and don't go into their space. I was just thinking about that, that when I'm more mindful I can do that. I cannot think that I'm supposed to make them feel better right now. I can just sort of let them have their pain.

Joy described the acquisition of client emotion, in this case defensivity. She also talked about the inherent vulnerability of being in resonance with others.

I start feeling it. I start getting more and more tense and scared and weird. I felt like, 'Is this me or them'? Then kind of recognizing that this is hard for them. I have to realize that it's not easy for them to be in relationship.

Joy described an energetic dance that occurred between herself and one of her more mentally disturbed clients. She talked about "chasing him around the room." When asked if she meant this literally, she responded:

Not exactly running around, but you have the sensation of chasing him down. Then I kind of gave up, and I just stopped. I did that the other day where I just didn't do anything and got really, really, quiet. Finally, he stopped running. Oh god, it makes me sad. It makes me cry, but it's almost like he finally realized that he didn't have to fight me anymore or something, like he just sort of, 'Oh, I don't have to do anything right now'. He took a breath and got quiet. I was focusing on settling down, so he finally settled down. I think it was really that he just finally stopped talking.

Joy talked about the exchange of anger that occurred with one client and the use of metacognitive awareness to maintain client connection.

I think his anger creates some defense mechanisms in me that is not good. I think as far as what you're talking about, if I can let that inform me, like he's just a scared little boy right now, then I can try to stay open to him.

In the following example, Joy was talking about a woman who struggles with severe depression. Joy recognized feelings of anger in her own body and could make the connection that her feelings were related to the suppressed emotions underneath her client's depression. This is an example of the way bodies implicitly communicate vital subconscious material.

That was our third session, and I kind of felt that she had anger. I did the anger thing, but I really didn't plan it. It just came to me that she's depressed because she's suppressing all that anger. If she really let herself feel her anger, she could kill somebody, she could kill herself.

Like Ella, Joy describes a sense of release and healing once the subconscious emotion is brought into the light of conscious awareness. Change takes place as the feeling is recognized, acknowledged, and expressed.

(The client is) keeping it down, down, down. I felt a lot of confusion. It's hard to be with this person. It's like 'Ew'. I finally got to that place, 'Oh, it's just about anger that she needs to express'. It was a release.

Like the other participants, Joy can't always recognize the origins of her bodily sensory experiences in the moment. Metacognitive awareness provides an avenue for deeper clarity and understanding. Joy's yoga practice is cultivating deeper self-awareness that enables her maintain composure, even when working with highly disturbed populations.

Theo

Theo described the "mysterious" thing that occurs when in relationship with his clients which again, refers to the transfer of salient information is passed between he and his client(s) in therapeutic settings.

My observation is it seems like the clients that I'm working with, there's something going on between us. And that's part of the therapy process, it's part of the healing process. As they describe their struggles or share their struggles with me, I think they know in looking at my face and my posture and the feelings. I think they're

aware that something, they're being touched by that and they realize that I'm being touched by them. That will show up maybe in my posture, or maybe some a smile, or some tearfulness in my eyes, or some expression in my face, or some reaction that just ... It's just a spontaneous thing but I think there's something that goes on between us beyond the verbiage, the spoken word.

Again, the energy and information is experienced as a two-way exchange.

I think I am feeling what they're feeling, frequently. And I think they're feeling what I'm feeling frequently.

The state of flow is not always experienced as a sense of ease. Flow is related to the moment-by-moment connection that occurs with sustained awareness.

You know, I think flow is a good way to describe it. And when I'm mentoring or supervising interns or residents, or whomever, I'll talk with them, that frequently when I'm doing therapy I feel like I'm in a flow state. Just like Magic Johnson, playing basketball. And I feel that frequently. And when I'm not in a flow state that tells me something too.

The felt-sense experience of flow is akin to a well-choreographed dance.

Flow with the client is connection. It's like dancing. It's like yeah, it's like dancing a really good dance.

Flow is a state of balance maintained by meta-awareness. Theo described the dance of intimacy.

If I find myself going from compassion and empathy to sympathy or some other reactive state with a client, that's part of being in the flow too. It's being aware when you're getting out of it or there's a temptation maybe, like in sympathy or over-

identification or some other things where ... You know that flow is a balanced state, and when there's too much, too much of this, that's a caution too. There's a balanced state of being with, and not being overly with and not being underly with.

Ella described lack of bodily sensations as critical information regarding the client interaction. For Theo, *not feeling* is communication something vital as well. He described it a sense of non-connectivity and an indication that something is amiss.

If I'm having a difficult time making that connection and feeling that flow, especially like in the first one or two session with a client, it'll bring me pause, and I'll say, 'What do I need to do to expand myself to be able to include that?' Or it might tell me, maybe this is not a good match, maybe someone else might be a more effective therapist for them because somehow we're just not clicking.

Unlike Sam, Amal, and Chet who described flow as a sense of energetic ease and movement, Theo had a different interpretation of flow. Flow was described as a state of balanced connectivity—a dance that occurs in the exchange of two or more individuals in relationship.

Maya

Maya described a two-way "tuning" in that occurs when both she and her client have accessed more mindful states of being. She also talked about the clarity that accompanies higher states of mind.

Truly I think the best times that I'm getting information is after we do breath-work or closing their eyes if they feel comfortable. And then when we open our eyes, when I check in with them at that point, that's the most honest face and feeling and

clarity. I think that when they tune in as well, it comes a lot easier. That's probably one of the most clear moments if I can get them there. If they buy into that.

Maya talked about her 3-part process for accessing mindful states: Breathing, grounding, and aligning. Here she describes the difference between normal conversation and resonance. Resonance can be obtained when both parties connect on a deeper, "embodied" level.

We get so much more done when they do (breathe, ground, and align). If they don't, we stay on a surface level for a long time or not on an embodied level for a long time. The process is much more difficult for them because they're up here (points to head). If I can get them to connect, and I typically just make it part of what I do, but there are some people who are just not ready for that yet. They tell me and I respect that and I try to slip it in every once in a while.

Maya described her felt-sense experience of being weighed down by the client(s) unresolved baggage and the lifting and lightening that occurs through increased awareness, understanding, and compassion.

You could start the session really heavy and end really light. It fluctuates throughout as there's more awareness or more understanding or more self-compassion and love that is present in the room. I feel like as clients are able to kind of work through some of that heavy stuff, it gets lighter and when they drop it off, they drop it off in my office all the time.

Maya differentiated between her "stuff" and her client's stuff. In this case, she had been discussing "helper anxiety" stemming from her desire to be helpful to her clients.

The anxiety often comes from me, just from whatever I'm bringing into the room.

The heaviness comes from them.

Maya described the experience of deeper connection and resonance in which energy and information is exchanged on bodily levels. This depth of intimacy is experienced as the felt-sense of relief. She used the word "we" to indicate shared experience.

I think that when I'm picking up and reflecting back how we're feeling and just feeling what they're feeling and we're in tune with each other, sometimes that can be relief. I think that's what I'm giving back to them. Some calming understanding and empathy. I think that's really what it comes down to. If I'm right on target with my empathy and understanding where they're coming from, it can be very validating and relieving.

Like Ella and Joy who described a sense of relief and release once subconscious emotions are recognized and expressed, Maya recognized a sense of dissipation that occurs once the feelings have been consciously acknowledged and verbalized.

If I'm anxious about what they're experiencing, I've had situations where I'm scared and if I don't say it in the room, what I notice is if I am just feeling it in my body but I'm not really saying, 'okay, this is some pretty scary stuff that you're talking about'. If it's something that I'm worried about if they're going to hurt themselves. 'Im worried about you'. If I don't say that and I just feel it, I think they pick up on it even more. If I say it, I feel like it dissipates a little bit, if that makes sense.

Maya brings a wealth of compassion and love, cultivated by mindfulness practices, into clinical settings.

If it's not said, it's felt but it's not clear about what it is ... They feel something. I imagine that they feel scared ... so if I say it and oftentimes I start with a phrase that has helped me to ground and stay calm, and I'll say, 'Let's have this conversation from a place of love and not fear'. And the moment I say that, I feel like everybody's anxiety is calmed down because I am coming from a place of love.

Maya's stance of metacognitive awareness allows her to remain present to the shared experience of heaviness, what she is holding on to and what she is letting go of, as well as the energy in the room. There's a lot taking place in the following exchange.

'Let's experience this together because this is scary for everybody. Stuff that you're talking about is some big stuff, some heavy stuff. You've been thinking about this for a long time'. So being able to say it out loud and just be present with them and not hold onto it in my body. Feels a little lighter in the room.

Like the other participants, Maya described the exchange of energy and information that arises spontaneously during the therapeutic encounter. Verbalization is an important aspect of the healing process. Resonance occurs easily when both Maya and her client(s) are engaged in mindful awareness.

Resonance is the two-way exchange of energy and information that occurs on subtle levels between counselor and counselee during the therapeutic encounter. The participants described instances in which they felt on *behalf* of their client and other instances in which they felt *with* their client. Once the feelings and sensations were acknowledged and verbalized, the participants reported feeling a sense of completeness and peace.

Theme 5: Self-Care

The focus of this research is on the acquisition of bodily ways of knowing. It makes sense then that caring for the body and giving the body what it needs in terms of sleep, nutrition, as well as calming the central nervous system through meditation and other mindfulness practices, would greatly impact bodily awareness and the ability to tune in and receive bodily messages. The participants in this study described various practices designed to attend to the needs of the whole person, body, mind, and spirit. Although textural descriptions of self-care were less prevalent than those described in previous themes, self-care is included in this chapter because of its perceived importance to the participants in terms of bodily receptivity. Textural and composite descriptions of self-care are described in the paragraphs below.

Bobbi

Like Amal and Theo, Bobbi described her body as a “channel” of reception. Bobbi engages in between-session ritual as a way of preparing her body to be a receptive and open “channel” throughout the day.

I kind of prepare myself between each session and before the next session in terms of just kind of being in my body. I kind of shake it around, take some deep breaths to clear the old, ready for the new, and then, when I sit down with that person, they’re the only person on earth.

Like Joy, Bobbi considers herself a highly sensitive person. As such, Bobbi is cognizant of the fact that she requires a high level of physical, mental, and emotional self-care. She talked about addressing any personal stressors that might be present as a way of maintaining resonance and client connectivity.

Being sensitive I require a higher amount of self-care in terms of diet and a larger amount of sleep and making sure I center myself or take care of any business I need to take care of in my personal life.

Bobbi mentioned sleep deprivation as a hindrance to client connection throughout the interview.

Tired usually is my biggest trigger. If I'm too tired, then I'm just not as open maybe ... if I'm too tired, I feel less connected. My tool is not as sharp.

Experiential embodiment is a channel for accessing salient subconscious material. For Bobbi, self-care and the therapeutic attributes of resonance and connection go hand in hand.

I would say on that note that I think there is even a small difference between if I have say just a lot going on. I've got billing going on. I've got my own personal bills. I've got cognitive stuff going on. It's easier to compartmentalize that, set that aside, be in the present moment, still be as effective. But if my body isn't feeling 100% or close to it, that's the difference for me.

Acknowledging and expressing bodily communication seems to clear it out of the body. In the absence of expression, the acquisition of bodily information can be detrimental for Bobbi's well-being. And again, Bobbi is only effective to the degree that she feels empty and open on the inside.

As the language grows for me, I'm less depleted by the end of the day. I think where it was before, it wasn't necessarily an active resistance, but because it wasn't as openly flowed there was some resistance and so I would leave ... I felt like I was a better therapist on Monday than I was on Thursday. Resistance isn't the best word.

Maybe it is. If you've got all these feelings coming in and I wasn't always so sure if they were mine or someone else's, it would deplete me and I would create my own story of what I was anxious about or upset about.

Bobbi is a sensitive person. Experience has taught her that self-care must be a priority in her life. Sleep deprivation impairs her ability to receive and interpret bodily communication. Bobbi's therapeutic effectivity is dependent upon her level of self-care.

Sam

Sam described physical fatigue as an indication that the client is stuck in ruminations and storytelling. However, Sam later admitted that he is often sleep deprived due to family obligations. He relies on his understanding of his own bodily states to decipher the cause of sleepiness during a client session.

Interestingly enough, just recently, like my first 2 or 3 sessions I could tell I was just, it had been a long, hard week. I was pretty exhausted going into the day but you do what you have to do, you clutch up. We're always striving to be our best for our clients but in the first few sessions I was just kind of tired. I was doing my job but it felt like I was just doing my job. You could tell that I wasn't totally on my game.

Bodily fatigue informs Sam that the session has veered off-track and that he needs to reroute toward a more productive path. On the other hand, sleepiness could also be telling Sam to get more sleep. In either case, connection and effectivity are diminished when the body is tired.

Ella

Ella expressed concern by the absence of bodily sensory experience. Self-care is a critical component of maintaining client connection.

If somebody's sitting there in their sadness, and I don't feel even a little bit of it, then I worry. That's why it's important to get good rest and exercise, and fulfilling relationships. It's a lot. It's a lot that we're working with here.

Chet

Unhealthy lifestyle choices like excess sugar consumption, and prolonged exposure to high stress situations, can have negative consequences for Chet. He described the factors that destabilize his body and mind.

I slept through the night but it wasn't all that restful. I was probably tossing and turning a little bit, when I finally got up I didn't feel all that rested. By the time I got up and ready to go to this other meeting, I noticed that there were some other stressors too and looking back over the previous day I recalled that I had had some sugar. By the time I got to the meeting I started feeling a tension in my head. Then I actually did start to feel panic coming in.

Without adequate self-care, Chet is more inclined to find himself caught up in mindless states of being. He is then unreceptive to bodily knowing and therefore less connected and less effective, therapeutically speaking.

Joy

Joy talked about having "taken on" her client's emotions. The emotional layering seems to have a negative impact on her well-being.

I will not realize it at the time that I'm taking it on or it's glucked me up until I'm all alone finally. Everybody's out of the picture. It's time to do my paperwork, and I'm just, 'Ugh'. Then I really have to go for a walk. I usually have to go outside and look at the sun and just move around.

Joy talked about the sense of trust that accompanies mindful states of awareness. However, Joy has a difficult time trusting her experience when she is deprived of adequate sleep.

When my body is tense and tired, I'm realizing that I'm not trusting. I'm not letting go. I'm not saying 'It's okay'.

Like Chet, Joy struggles to remain mindful and responsive versus mindless and reactive, when overly stressed.

If I'm rested and healthy, God, I feel like I can be the best therapist in the world. But if I'm a little stressed or I've got my own shit going on, it's like, 'Ugh'.

Joy is a massage therapist as well as a psychotherapist. Both jobs are highly demanding and require sustained focus over time. Joy reluctantly acquiesced to the limitations of her body and mind.

It's hard to admit, because it means that maybe I can't do as much as I think I can. I want to be able to do massage and private practice and that job, but maybe all I can handle is the job. Then I need time to be doing things like yoga and having fun.

Lack of sleep, in and of itself, does not impair therapeutic effectivity. What decreases efficacy is the absence of mindful bodily awareness. Metacognitive awareness facilitates compassion and non-reactivity. It is a state of supreme inclusivity in which every feeling and sensation, from bliss to despair, is welcomed and valued equally.

I have to be conscious. I have to remind myself what is my role, but it's also am I extending compassion right now, or am I extending judgment? Am I extending, 'I wish you'd get out of here because I'm tired'? I have to be really careful. If I am tired

and crabby, I can let them know, 'I'm a little tried and crabby, but I really want to be there for you right now. What do you need?' Without even having to say it.

As a highly sensitive person, it is crucial that Joy attend to her bodily needs. Joy described simulating client material to her own detriment. Physical movement helps to loosen and release these unwanted acquisitions.

Theo

Theo described radical self-care as a consequence of the choices that are made throughout the day.

Besides being part of the present moment, I really think it's part of our, for me, I think it's part of my lifestyle. It's part of my life. Like, am I living an ethical life of integrity? Am I clear about my intention throughout the day? Am I eating well? Am I sleeping well? Am I exercising? Am I having nurturing, social and spiritual interactions in my life?

Theo's assiduousness toward body, mind, and soul are notable. He seems to be continually striving to be his best self in all areas of life.

Maya

Maya described her technique of 'shaking' as a means of facilitating bodily receptivity. Like Bobbi, between-session ritual is an important element of self-care for Maya helping her maintain connection and resonance with her client(s).

I do a lot of shaking ... I got it from another clinician who told me about it. It's shaking your chest which is a lot of where you carry anxiety. And then I do some handshakes and just kind of calming the nervous system. I'll go wash my hands, I'll

take some breaths. If it's a really tough session, sometimes I'll just sit and breath through it or maybe I'll go get fresh air and get grounded.

Maya provided more evidence of the acquisition of clients' emotional and bodily states. It is imperative that she intentionally cleanse and clear energies that are accumulated throughout the day.

Adequate self-care seems relevant for the 7 participants included in this section. Five participants, Bobbi, Ella, Joy, Theo, and Maya, highlighted the importance of maintaining the body as a precondition of bodily receptivity. Sleep deprivation impairs bodily connectivity and perceived self-efficacy. Balance was described as an aspect of self-care.

Theme 6: Expanded Awareness and Growth

In its most simplified definition, mindfulness is compassionate and intentional awareness. Expanded awareness, as conceived of in this research, can be thought of as increasing levels of mind. Bringing awareness to subconscious information, via internal bodily focus, is a shift in perception that encourages deeper contact with the *self*. Meeting the unknown and stretching to include more aspects of the *self* is the definition of expansion and a benchmark of spiritual growth. Therefore, it makes sense that the participants in this study would describe signs and symptoms related to expansion and growth resulting from their mindfulness practices.

Although there are many ways to conceive of expanded awareness and growth, the invariant constituents related to expansion for this research are: An emphasis on wholeness and connectedness, a belief that suffering is inescapable aspect of the human experience, meaning making and finding a purpose that extends beyond the individual,

transcendence or otherworldliness, belief in a deity(s), and notions of an eternal soul. Each of the 8 participants described experiences that can be described as expanding or expanded, and/or spiritual in nature. What follows are the textural and composite descriptions of expanded awareness and self-growth:

Bobbi

During the interview, Bobbi talked a lot about healing and self-growth. Bobbi's willingness to maintain contact with the parts of herself that are less desirable encourages their integration and healing. In the following paragraphs, Bobbi references the notion of "oneness" regarding healing.

Anything that I can't look at within myself, I can't look at in others. So I look at my darkness, as difficult as it may be, because that just heals us all like a ripple in the pond.

The more that healing occurs within her body and psyche, the more she becomes a clear and open channel of higher consciousness.

And as I continue to heal because of my outside work, I'm constantly doing healing things and paying attention to my body in terms of what it needs. Maybe old beliefs that have manifested into some type of ache or pain, and healing or acknowledging that. Then that channel just becomes more clear and flows more easily. Maybe like a dam. The rocks in the dam are things that I need to heal, things I need to learn, life stuff. So every time I heal something or I learn something new, it creates a flow that more unobstructed.

Bobbi subscribes to the belief that increasing self-awareness is a professional obligation.

I believe that my ability to be present and self-aware is only as much as I can help the person. So by my practice of constantly working on anything that needs to be healed and meditating and really knowing myself at the greatest level I can based on my evolution, that's what I have to offer in the moment.

Bobbi seems dedicated to increasing self-awareness and growth. Sustained attention to aspects of the *self* that are uncomfortable and/or difficult to acknowledge promotes their healing. Self-awareness leads to increases in perceived self-efficacy.

Amal

Amal described pain as a facilitator of self-growth. Amal's mindfulness practices and her experience as the observer has facilitated a different relationship to pain and suffering. Discomfort, rather than something to be avoided or gotten rid of, is a teacher on the path to enlightenment. Healing painful aspects of the *self* increases hopefulness. Amal brings this hopefulness into clinical settings.

I think the switch came for me when I realized that a lot of our enlightenment comes from our own sufferings and our own pain and experiences in life. When I started getting into yoga and understanding that concept, it changed how I experience pain in myself. Which I'm sure in turn has changed how I experience other people's pain in session. There's more hope I guess.

Metacognitive awareness, as a state and perspective change, transforms Amal's relationship with pain—she can be *in* the pain without being consumed *by* the pain.

The painful things that I've gone through in my life before I had this understanding ... I remember them being very ... in the moment so consuming and devastating and feeling hopeless and just shitty. Now, since I've had a different perspective change

through my yoga practices, I can appreciate pain because I know that even if I can't get there in this moment, I know that tomorrow or next year I'll be very appreciative of it because it is through our suffering that we find enlightenment and things move and things switch and our mind changes and our perspectives and our position with people, relationships, and the world changes. They all come from those type of experiences, which are painful. Pain is a gift.

Amal related self-growth to increased levels of self-awareness. Through years of "personal work" on expanding self-awareness, Amal can discern her own mental, emotional, and bodily reactions from those that she acquires through contact with others.

Then I had another experience at work where one of the admins had a lot of anxiety about a situation that she made a decision on and it wasn't within our policies. She came to talk to me and oh man, a wave came over me ... So now I'm working on teasing apart what it is because I know it's not mine. I think the only way I know it's not mine is because I know who I am. I've done a lot of self-growth and personal work and it's not consistent with who I know myself to be. That's how I know it's somebody else's stuff.

Pain is a gift that leads to enlightenment. For Amal, increased self-awareness, cultivated over time, has advanced the ability to clearly recognize who's "stuff" belongs to whom.

Sam

Sam described deepening his experience as a way of modeling depth to his client. Deepening can be achieved through intentional focus on internal and sensory experience.

For Sam, there is no end to the exploration within. Ultimately, inward focus is a spiritual endeavor with no beginning and no ending.

Well, at a certain point I guess we do cross the plane from our body into our spirit, and they are very connected. Yet for all this talk of embodiment, the spiritual aspect is kind of where it begins and where it ends. To go within is almost to go beyond our body and to touch into our emotions. Emotions, it's all so connected. Now we're getting a bit more implicit and yet as it goes even deeper, okay, these are the emotions that we're going toward. We can get into some very deep philosophical conversations very quickly when we start going from body to emotion to spirit. Although they are very connected. It is a continuum as I see it.

Sam talked about spiritual "oneness." Sam subscribes to the notion that everything is energy and therefore we are all 'one' at our source. The "I-thou" is a reference to the work of Martin Buber (Burbules, 1993) who discerned between the world of objects and the world of relationships. The "I-thou" relationship is characterized by an attitude of generosity and kindness toward whomever or whatever we are in relationship with. In the following paragraph, Sam attempted to describe his understanding of spirituality and the nature of "oneness."

That is my experience. That is what I experience almost day in and day out. With my clients, within me, I'm still learning all of this. This is all still pretty new to me in a way within the context of being a therapist. To have that, to be able to recognize what's under there and I mean what is spirituality? What is it? In our very limited human capacity, at a certain point, the word spirituality escapes cognitive understanding. Words are not sufficient to describe it. It goes deeper. We're

touching the divine because then our connection with a source is where we all start becoming one. So in session, the I-thou meeting, when developed, can lead toward the unification of all.

Sam is grateful for his chosen profession. Psychotherapeutic work demands the attributes of presence, sustained attention and focus, and increased self-awareness, all of which further self-growth. Psychotherapy is about relationship with *self* and others and ultimately leads to deeper connection with the Divine.

We develop through our work. This is one of the professions which facilitates spiritual growth, more so than most other professions.

Spiritual growth and connection with the divine are fundamental aspects of a healthy, happy, and fulfilling life. Psychotherapy, as a profession, amplifies feelings of oneness and provides access to spiritual realms of experience.

Ella

Like Amal, Ella maintained that self-growth is the product of sustained self-awareness. Practices that increase self-awareness such as receiving regular peer consultations, is a professional responsibility and obligation.

It's incumbent upon us as therapists to be aware of our own processes and what's going on in our lives emotionally. And if I'm ignorant of that then I'm much more likely to confuse those two things (her mind/body experiences versus those of her clients), project them, or misinterpret the experience. Overidentifying, or being angry with a client, or impatient. Self-awareness is key, and of course I don't do that perfectly. That's why I consult. It's really important to me to have ongoing consultations, and I do that.

Ella loves her job as a psychotherapist which, she believes, forces her to face herself and to come to terms with whatever she might otherwise avoid or deny. For Ella, increased awareness leads to spiritual growth. When asked how she chose her profession, Ella stated the following:

It was for me a hope of spiritual growth. I think it's important for me to use as a way of becoming more aware of how I'm living my life. It helps me to reflect.

Chet

Throughout the interview, it became apparent that Chet is no stranger to life's sufferings. Chet no longer manages discomfort through avoidant strategies such as substance abuse. Instead, Chet faces psychic pain directly and respects discomfort as a messenger that fosters spiritual growth. Chet's experiences have increased self-compassion and compassion for others.

As they're describing something, it touches an experience I have had in my life that I might become aware of the fear or the sadness that is underneath. I think maybe a big part of the problem that we all experience in life is not being aware of the emotions that haven't been acknowledged. It's okay that we have sadness. I think that acknowledgment gives us value, we feel more connected and not as isolated and caught up in the stress response of self-judgment or judging others.

Acknowledging and accepting pain and suffering, in ourselves and others, is the definition of compassion.

Joy

During the interview, Joy talked about "getting out of the way" so that healing can occur. This idea bears some resemblance to Bobbi's conception of healing "the rocks in the

dam” to create more flow. Moreover, Theo and Maya described being clear channels to effect change. These descriptions seem to imply the activity of an omniscient intelligence. In the following sentence, Joy had been talking about her work with a client whose mother had attempted to burn him to death.

Sometimes I have to remember I’m not the one doing the healing. I’ve got to bring in some energy into this, it can be scary.

It seems that Joy has spent most her adult life working on self-healing and spiritual growth. Like Chet, the painful experiences Joy has endured have become reminders of her own strength and ability to survive. Discomfort, often associated with anxiety, provides the impetus for growth.

If a person’s really focusing on being with me, and they have a purpose, and it’s meaningful for them to be there with me, it actually creates a little anxiety. (My supervisor) believes in anxiety. He thinks it’s growth producing. And it is.

Pain and suffering leads to growth. Psychotherapy is a partnership formed between two or more individuals for the sole purpose of client betterment. Psychotherapists do not alleviate client suffering but rather they aspire to walk alongside their clients during difficult times. Joy’s comments point to the idea that healing is the domain of the divine.

Theo

During the interview, Theo expressed his conviction that we are spiritual beings having a human experience. As such, he describes his practice of connecting inward and maintaining flow with the ineffable. Logotherapy, developed by Viktor Frankl (1985), is a theory of counseling based on the notion that human nature is motivated by the pursuit of making meaning in one’s life.

Recently, when I was teaching a class on Logotherapy, what came to my mind, in my consciousness so far is that living a meaningful life is about being connected. Using Viktor Frankl's creative value is this connection between what we give and the experiential value of what life gives to us—a connection with a deeper part of ourselves, and a transcendent self when we're suffering.

For Theo, connection with the *self* arises when his awareness is focused on the here-and-now experience, irrespective of whatever is occurring in the moment. This is flow. Theo described his commitment to being intentional and purposive in his practice and his life.

There's being in the present moment and being in the present moment there's a connection. There's emotional, mental, spiritual, social connection. Again, I experience it as a way of life. I'm very intentional in my psychotherapy practice with this, and I try to be intentional in my life with this.

Finding meaning in life provides a set of standards by which to evaluate our progress and thus increases feelings of self-worth (Frankl, 1985). For Theo, meaning is about connection with the *self* and others. Theo's commentary is a demonstration of his intentional commitment to making meaning out of life's experiences.

Maya

Maya talked a lot about balance which refers to her present moment connection to her *self*. When asked to extrapolate on 'balance' in relation to embodiment, Maya stated the following:

The spirituality piece is a big piece for me. For me, spirituality means that I'm not alone in the room. There is a higher power or something beyond myself. The

universe, whatever you want to call it, that is helping me to best feel my client and best hear whatever the right message is that they need to hear in that moment.

The presence of an omniscient spirit, energy, etc., is a force that can be called upon to enhance therapeutic efficacy. This idea mirrors Joy's conceptualization of a divine force as the supreme medium through which healing occurs.

Expansion was conceived as the outcome of sustained focus and awareness on attributes of *self* that are uncomfortable or painful to acknowledge and have thus been previously repressed, denied, or at the very least, minimized. Suffering was valued for its contribution to spirituality and enlightenment. Due to perceived increases in counseling efficacy related to increase self-awareness, it is incumbent upon psychotherapists to engage in activities that increase expanded awareness and growth.

Table 4.2 summarizes the 6 themes that emerged from the transcribed interviews.

Table 4.2: Summary of participant themes

Theme	Therapist view
Mindfulness/Mindlessness	Theo: "I might become aware of a feeling in my body. I might become aware of my guts being tight, or churning. My heart beating faster, my muscles being tense. And that might like bring me into an awareness. Like, 'Wait a minute, what's going on here?'"
Metacognitive Awareness	Amal: "Time slows down a little bit. I don't feel overwhelmed by it. I think I have a sense of ... I have the power to control how much is coming in too, if it seems overwhelming then I can just focus on one thing or listen to just one thing."
Bodily Communication	Bobbi: "Mostly it comes in the solar plexus and then translates up. Therapeutically speaking, it (bodily information) usually comes on quickly and doesn't necessarily have a linear reason."

Resonance	Ella: "I experience a bodily awareness of an emotion that does not match my current inner life and seems to fit with something in the client's experience, and I recognize that this feeling relates to the client's experience, not mine."
Self-Care	Ella: "If somebody's sitting there in their sadness, and I don't feel even a little bit of it, then I worry. That's why it's important to get good rest and exercise, and fulfilling relationships. It's a lot. It's a lot that we're working with here."
Expanded Awareness and Growth	Amal: "I think the switch came for me when I realized that a lot of our enlightenment comes from our own sufferings and our own pain and experiences in life. When I started getting into yoga and understanding that concept, it changed how I experience pain in myself. Which I'm sure in turn has changed how I experience other people's pain in session. There's more hope I guess."

Table 4.2 shows the consistency of the themes across the participants. With one minor exception, i.e. Amal did not discuss self-care during the interview, virtually every theme appeared, to one degree or another, in all 8 of the participants' narrations. Two of the themes, mindfulness/mindlessness and bodily communication, arose directly from the questions themselves. The remaining themes, metacognitive awareness, resonance, self-care, and expanded awareness and growth, emerged from the transcribed conversations with each of the participants.

The participants of this research project were required to provide a short, 5 to 10-minute video recording of themselves during a counseling session. The muted videos were watched during the interviews. Although it is impossible to ascertain visually the sensory and emotional experience taking place within the body of the therapists, the body language of the participants seemed to support the themes of *states of mind*, specifically *mindfulness*,

and *metacognitive awareness*. The invariant constituents of mindfulness are increased alertness, receptivity, openness, and relaxation. All 8 participants appeared relaxed, alert, and receptive while engaging with their clients. Additionally, metacognitive awareness is characterized as a state in which deep contact and compassionate regard are maintained. All the participants maintained a steady gaze and seemed deeply attentive to their clients during the video snippets.

Summary

This chapter highlighted the themes that emerged from a transcendental phenomenological analysis of the interviews of 8 practicing psychotherapists. The 6 themes that emerged consistently throughout the data represent the participants lived experiences of mindfulness and bodily knowing. Textural and structural examples were used to outline the participants' descriptions.

CHAPTER V: DISCUSSION

The cultivation of compassion begins with two motivations. The first is a compassionate wish to alleviate the suffering of oneself, others, and the world. The second is the desire to see reality clearly, to observe how phenomena arise, and to know how to manifest our essential nature. We all possess the potential to be compassionate in this limitless way and to awaken this potential in others.

--Martin Lowenthal and Lar Short

The lived body paradigm, as represented by the phenomenological school of philosophy, emphasizes the idea that perception is crucial to the acquisition of knowledge. Furthermore, understanding occurs through bodily sensory experience interacting with the environment (Merleau-Ponty, 1962). Therefore, this study sought to explore the lived body experiences of 8 psychotherapists, who were also seasoned mindfulness practitioners, in clinical settings.

Overall, there has been a dearth of research on non-verbal phenomena in counseling education (Akin, 2014; J. Sletvold, 2010; Young, 2006). However, preliminary research on embodiment confirms that psychotherapists use their bodily sensory experiences to procure salient subconscious material emanating from their clients (Booth, Trimble, & Egan, 2010; Shaw, 2004). In addition, mindfulness has received a great deal of attention in the field of psychotherapy over the past several decades. Mindfulness practices have been found to increase well-being among mental health care professionals (Poulin, Mackenzie, Soloway, & Karayolas, 2008; Schure, Christopher, & Christopher, 2008), enhance bodily awareness (Mehling, et. al., 2011), increase mental clarity, and promote the ability to tolerate uncomfortable emotions and sensations (Schure, Christopher and Christopher, 2008). This study explored the experiences of psychotherapists who engage in regular mindfulness practices and their understanding of their bodily experiences as a means of

obtaining client information. Unlike previous studies that have explored psychotherapists' bodily sensory experiences, this research looked at bodily knowing from the vantage point of therapists trained to maintain bodily sensory focus and to tolerate any discomfort that may arise during the therapeutic encounter.

Contextualization of the Findings

Preliminary research on the body of the psychotherapist sought to explore the incidence of psychotherapists' empathic bodily countertransference in therapeutic settings. Results of research confirm that psychotherapists experience feelings, physical sensations (Booth, Trimble, & Johnson, 2010; Egan & Carr, 2008; Samuels, 1985), and apperceptions (Samuels, 1985) thought to emanate from the body and psyche of the client(s). The participants in this study described symptoms of embodied countertransference arising during client interactions. Reported bodily symptoms mirror those found in a sample of Irish clinical psychologists (N=87) (Booth, Trimble, & Egan, 2010). Specifically, participants described sleepiness, nausea, headaches, bodily tension, and aches and pains located throughout the body, all of which are delineated on the Egan and Carr (2005) Body-centered Countertransference Scale. The results of this study confirm the assertion that embodied empathic responses are present in all therapists (Booth, Trimble, & Egan, 2010; Pearlman and Saakvitne, 1995).

A transcendental phenomenological framework was used in this study to explore the lived experiences of psychotherapists' bodily reactivity. This research sought to understand not only *what* was experienced but also *how* these bodily expressions were interpreted and used by each of the psychotherapists. Bodily sensations were seen as communication of vital client information rather than as symptomatic expressions of the

therapeutic encounter; the participants described bodily sensations as unresolved emotions emanating from the body of the client. For example, Bobbi noted that pain or tightness in her head was an indication that her client was engaged in non-productive mental rumination. Sam made similar observations and described the techniques he uses quiet excess mental activity, both his own and that of his client, to deepen the therapeutic encounter. Overall, the participants described bodily phenomena as providing rich and valuable information regarding client experience, information that is inaccessible to the mind alone.

There is a movement away from viewing embodied phenomena as countertransference or reactions to transference, both of which involve a one-way redirection of thoughts, feelings, and in the case of empathic bodily countertransference, bodily sensory experience, onto another during therapy (Fuchs & Koch, 2014; Glenburg, et al. 2013; Hudak, 2007). This research confirms notions of inter-bodily resonance (Fuchs & Kock, 2014) in which our bodies are affecting and are affected by the bodies of others with whom we are in relationship with. The participants in this study each indicated that counseling involves the exchange of energy and information moving spontaneously and fluidly between therapist and client.

Based on mirror neuron research, Gallese, Eagle, and Migone (2011) proposed that “embodied simulation” is the functional mechanism through which information is transferred from the observed to the observer and back again in a circular and fluid motion. It has also been proposed that embodied simulation provides the biological infrastructure for mind/body reading of unconscious and automatic communication. Drawing on the work of Kohut (1984), Gallese et al. (2011) assert that elevated empathy is

not only related to understanding the mind of another, but to healing as well. The participants in this research described instances of heightened empathy in which they perceived thoughts, feelings, and bodily sensations, as shared states of consciousness. Although the concept of psychological repair is beyond the scope of this research, some of the participants noted a sense of abatement and/or completion as the previously subconscious material was acknowledged and expressed.

The previous chapter outlined 6 common themes that emerged from the transcribed interviews. The themes are: (1) states of mind, mindfulness/mindlessness, (2) metacognitive awareness, (3) bodily communication, (4) resonance, (5) self-care, and (6) expanded awareness and growth. Some of the themes are congruent with previous embodiment research. For example, in a study conducted by Shaw (2004), 14 psychotherapists described using their bodies as a receiver of client information. Bodily communication and somatizations were seen as something being communicated to the therapist. Additionally, proprioceptive and interoceptive sensory experience was described as expressions of the here-and-now moment. The 8 participants in this study made similar observations. They described bodily and emotional phenomena as communication often emanating from within the body of the client or as emerging from the interaction and the space in-between therapist and client. These results confirm Shaw's assertion that bodily reactions to client information are common occurrences amongst psychotherapists. Likewise, this research supports Shaw's contention that psychotherapists use their somatic experience to help them deepen the therapeutic alliance and increase client understanding and the process of therapy.

Shaw's theme of "therapist health" is supported by this research. Of the 8 participants, 7 commented on the importance of self-care. One of the participants in Shaw's study (2004) described self-soothing as a technique for managing a gut reaction during a client session. Similarly, 2 of the participants in this study, Joy and Chet, described undertaking similar tactics to quiet hyper reactivity and decrease cortisol when "triggered" by client interaction. Furthermore, Shaw expressed concern that intense physical responses would hinder effectivity and suggested that a high degree of self-awareness on the part of the therapist would be needed to make a clinical judgment. Thus, this study explored self-awareness via mindfulness practices, as a moderator of psychotherapist perceived self-efficacy. The participants in this study discussed various levels of mind and concluded that expanded self-awareness associated with mindfulness induced decentrated states of awareness and increased clarity and judgment related to bodily communication.

Results of this study adds to the body of mindfulness research confirming that mindfulness practices are effective for increasing well-being and decreasing stress among health care professionals (Boellinghaus, Jones, & Hutton, 2013; Newsome et al., 2005; Poulin, Mackenzie, Soloway, & Karayolas, 2008; Schure, Christopher, & Christopher, 2008; Shapiro et al., 2005). Each of the participants described the benefits of their mindfulness practices in terms of increased feelings of well-being. Additionally, mindfulness was used to counteract the fight-flight-freeze response related to high stress situations. The participants also expressed heightened feelings of compassion for self and others, and increased self-care, as a consequence of their mindfulness practices. These findings confirm previous mindfulness research (Boellinghaus et al., 2013; Christopher et al., 2008; McCollum & Gehart, 2010).

Mindfulness has been proven a positive predictor of counselor self-efficacy (Bentley-Greaseon & Cashwell, 2009) and is correlated with better therapeutic outcomes (Grepmaier et al., 2007; Razzaque, Okoro, & Wood, 2015; Ryan, Safran, Doran, & Muan, 2012). Similar research corroborates that counselors perceived themselves as more present and effective following a short mindfulness intervention (Dunn, Callahan, Swift, & Ivanovic, 2013). The participants in this study reported increased awareness, attention, and empathy during mindful states. Mindfulness practices were found to increase positive therapeutic attributes leading some of the participants to conclude that practicing mindfulness is an obligation of their profession. Furthermore, some of the participants described prior to and between-session mindfulness rituals to facilitate therapeutic presence.

Mindfulness practices have been found to decrease cognitive distortions (Sears & Kraus, 2009), and generate re-perceptive or de-centered states, both of which involve shifting one's relationship to experience (Carmody, Oledendzki, Baer, & Lykins, 2009). This research supports these findings. Furthermore, researchers have implicated mindfulness practices in the cultivation of metacognitive states of consciousness (Jankowski & Holas, 2014; Vago & Sibersweig, 2012). The participants described metacognitive awareness arising in conjunction with states of sustained mindful awareness. Overall, this study adds to the literature on psychotherapist embodiment as client communication during the therapeutic encounter. As expected, mindfulness practices encouraged deeper bodily awareness and understanding of bodily communication. The participants expressed that the cultivation of mindfulness is a critical component of accurate listening, interpreting, and interacting, with bodily ways of knowing.

Social Meaning and Relevance

Results of this study provides vital information about psychotherapists' acquisition of higher states of consciousness. In an era of global warming and economic and political destabilization, the threat of annihilation looms in the collective unconscious. The capacity for clear and rational thinking decreases as anxiety increases. The problems currently faced by humanity are unprecedented and demand thoughtful consideration. The participants described their experiences of sustained states of elevated mind or metacognitive awareness. This involves accessing prefrontal regions of the brain—the seat of higher order thinking, clarity, and rational mind. The participants' descriptions of resonance confirm shared states of consciousness in which there is a continual and largely non-conscious 2-way exchange of energy and information. This is an indication that accessing higher states of awareness positively affects others around us.

The participants in this study demonstrated their ability to tolerate bodily and emotional discomfort as it occurred during client interactions, as an outcome of their mindfulness practice. This has significant implications for society at large. In general, pain and discomfort can be thought of as the product of unexpected change. Whether that change is related to something occurring in the physical body that causes discomfort, or the emotional pain that arises when we don't get our way or cannot continue our desired trajectory, pain forces us to slow down. Sometimes pain stops us dead in our tracks as we try to understand its causes and cures. Perhaps the purpose of pain is to slow us down. In this day of technological advances, the world and its inhabitants are moving faster than ever before. We are continually bombarded with disquieting news about our friends, families, and others, raising cortisol levels and negatively impacting our responses to

events. However, healing can only occur when the body-mind are in a calm state, untethered by stress and the fight-flight-freeze response (Van der Kolk, 2015). Mindfulness as a meditative practice of awareness, is no longer relegated to the personal domain, something to be immersed in as time allows. Instead, mindfulness and metacognitive awareness are viewed as a way of life and a way of living that increases our sense of connection and responsibility to ourselves and others.

Implications for Mental Health Professionals

Shared neural activation suggests that psychotherapists can and do read the minds and hearts of their clients (Gallese et al., 2011). As confirmed by this study, psychotherapist's bodies automatically and non-consciously "pick-up" subconscious material emanating from their clients during therapeutic interactions. It seems obvious that these findings would be widely relevant for mental health professionals. Accurately identifying client mental, emotional, and bodily states enhances therapeutic connectivity and creates a sense of not-aloneness for the client. Also, bodily resonance encourages the recognition, expression, and more importantly, the re-experiencing of suppressed material, a crucial element in the healing process (Van der Kolk, 2014).

Bodily resonance as communication could also impact therapists working with atypical populations. For example, bodily communication could facilitate understanding and connection with cognitively or verbally impaired individuals. Children could also benefit from an interaction with a therapist trained to listen to and interpret bodily content in clinical settings. Similarly, persons diagnosed with Alexithymia, a condition characterized by the inability to describe emotions and bodily sensations, and others who, due to environmental or historical circumstances, e.g. traumatized individuals, are unable

to access their own bodily information, may benefit from the help of a professional that is prepared to work with simulated embodied content.

The research results confirm that the body of the therapist is a receptor of client information and yet bodily ways of knowing are not a topic in most contemporary counselor training programs. One way to advance discourse and inclusion of bodily communication in education may be through the incorporation of mindfulness training in counselor education curriculum. Mindfulness research points out the neglect of the body “in favor of therapeutic techniques” (Grepmaier et al., 2007). Most mindfulness training programs, including the widely researched and practiced MBSR (Kabat-Zinn, 2005), incorporate bodily focus as an element of practice. However, regardless of the program, mindfulness practices have been consistently shown to increase bodily awareness (Carmody et al., 2010; Christoher et al., 2011; Dreeben et al., 2013; Khoury, 2015; Mehling, 2011; Michalack, 2012; Nichols, 2015; Schure et al., 2008; Shapiro, 2005), and are highly relevant to the topic of psychotherapist embodiment.

Counselor education programs, responding to the research, are increasingly integrating elements of mindfulness practices into counselor training curriculum (Campbell & Christopher, 2012; Shapiro, 2009). However, some researchers have emphasized the challenges of including mindfulness practices in education programs (Campbell & Christopher, 2012). For example, Campbell & Christopher (2012) suggest that teaching mindfulness effectively requires self-awareness that can only be cultivated over time. They further suggest that faculty interested in teaching mindfulness but without sufficient training partner with meditation teachers to provide mindfulness curriculum to counseling students. Due to the far reaching benefits of mindfulness training on counseling

students, it seems imperative that standards be developed to ensure that educators are qualified to teach mindfulness effectively to students.

Implications for Future Research

This research confirms the importance of the body of the therapist in clinical settings as a means of accessing subconscious client information. Although the topic of psychotherapist embodiment is off to a good (re)start, much more research is needed to understand how bodily communication works in conjunction with the intellect to facilitate client connection and understanding, and how these combined instruments of perception can be used in clinical settings. Study participants interpreted bodily communication and sought confirmation from the client. Future studies should explore the veracity of psychotherapists' bodily communication, as well as the effects of psychotherapist embodiment on the client, by including client perspectives. These studies should be carried out across a variety of settings and populations.

The concept of resonance, or shared bodily states, is ripe for exploration. Due to recent scientific discovery, there is rising speculation about the intersubjective nature of embodied affectivity in therapeutic settings (Fuchs & Koch, 2014; Gallese, et al., 2011; Nakata, 2013). However, there is currently no literature on how to teach embodied ways of knowing to beginning or even seasoned psychotherapists. According to the findings of this research, bodily communication is something that just happens. Furthermore, bodily sensations are interpreted according to the lens and level of mindfulness of the therapist in any given moment. Research further exploring mindfulness as a facilitator of embodied self-awareness could be obtained by between-group research exploring embodiment from the viewpoint of psychotherapists with and without mindfulness training.

Finally, according to Van de Kolk (2015) and others (Truman, 2003; Winer, 2014), emotional healing occurs through the bodily re-experiencing of the initial psychic injury. Subconscious fragmented material can be integrated once acknowledged, felt, and expressed in a direct and healthy manner. Given what we are learning about shared neural networks and intersubjective bodily and emotional affordances, (Fuchs & Koch, 2014; Gallese, et al., 2011; Nakata, 2013), future inquiry might explore the possibility that the body of the therapist could feel and thus heal, on behalf of their clients. Although measuring these phenomena would be difficult, the topic is notable nonetheless.

Closing

Current interest in embodied communication in psychotherapeutic settings seems to be an attempt to counter Western science whereby the body is not capable of thinking (Levin, 1985). According to this tradition, thinking belongs to intellectual domains and occurs exclusively in the brain. However, with reaction comes its opposite, denouncing the mind as an information processor, whereby the output depends upon its programming. This researcher has tried to represent the participants as unique and whole individuals in relationship to themselves, other people, and the environment. A holistic perspective acknowledges and values equally the contributions of mental, emotional, physical, and relational aspects of perceiving and understanding the world. The participants echoed this holistic perspective throughout the interviews. The qualitative research design has been helpful in this regard in encouraging the participants to describe their bodily experiences in rich and meaningful ways.

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APPENDIX A

Letter to Participants

Date: _____

Dear: _____

Thank you again for your willingness to participate in my study on the experience of embodiment during the therapeutic encounter. As you know, I am trying to understand the ways in which psychotherapists utilize bodily processes as a means of acquiring subconscious client information. The purpose of this letter is to offer further clarity on the subject matter and to secure your signature on the release form (attached) should you agree to participate.

I will be using a qualitative research model through which I am seeking detailed descriptions of your experience of bodily communication during the therapeutic encounter. I hope to answer the question, "How do psychotherapists that have been trained in mindfulness practices interpret and utilize embodied ways of knowing during counseling sessions?" To that end I will be asking you to speak about your experience of bodily ways of knowing. I will also ask you to speak about your mindfulness practice and how it has influenced to connection to bodily awareness. Finally, I will be asking you to speak about your experience of your body during the therapeutic encounter.

The body, as the foundation of the self, has been called the "surface on which therapy stands" (Totton, 2014) and yet there is little known about the complex subconscious interactions between the body of the therapist and client during the counseling session. As a practicing psychotherapist and a mindfulness practitioner trained in sustained bodily focus, you are uniquely positioned to explore this topic and to shed light

on the ways in which psychotherapists can and do use their body as a means of accessing client information. I am deeply grateful for your commitment of time and energy on this project and I look forward to collaborating with you.

If you have any questions regarding scheduling or the research itself, please do not hesitate to contact me. I can be reached either by phone or email.

jjenkinsmft@gmail.com

(775) 846-5681

Kind regards,

Jaye Jenkins, MA, MFT

APPENDIX B

University of Nevada, Reno Social Behavioral Research Consent Form

I agree to participate in a research study conducted by Jaye Jenkins, MA, MFT, from the University of Nevada, Reno. I understand that the project is designed to gather deeper understanding about the role of bodily processes during the therapeutic encounter. I will be one of 8 people being interviewed for this project.

- 1) My participation on this project is voluntary. I understand that I have a right to withdraw at any time and discontinue participation without penalty. I will not be compensated for my participation.
- 2) I understand that most participants will find the interview interesting and thought provoking. However, if I feel uncomfortable for any reason during the interview, I have a right to decline to answer any question or end the interview.
- 3) Participation involves interacting with Jaye Jenkins 3 times. The first meeting is a breakfast meeting with myself and the other co-researchers. The purpose of this meeting is to gain information and a common language of the experience of embodiment. The second meeting consists of a formal interview with Jaye Jenkins during which time we will be watching portions of a video recorded client session. I understand that I am to record the short, 5 to 10-minute video prior to the interview and that I am to focus the camera exclusively on myself. I understand that I will be using my I-phone or I-pad to capture the recording and that I am to obtain no identifying information of my client. I understand that I am to download the application "Video Mute" onto the I-phone or I-pad that I will be using to record the video and that I am to load the video into the application prior to meeting with Jaye

Jenkins. Video mute is free and can be downloaded from:

<https://itunes.apple.com/us/app/video-mute/id820647150?mt=8>. Video Mute

permanently erases sound which will ensure the maintenance of client confidentiality. The purpose of the video recording is to provide a visual representation of my bodily reactivity during the therapeutic encounter. This meeting will last approximately 1 ½ hours. The final interaction with Jaye Jenkins will consist of a phone conversation between Jaye Jenkins and myself. I understand that I will be provided a copy of the interview transcripts and that I will have the opportunity to amend my responses or add information at that time. Finally, I understand that I will be compensated for my efforts on this project. Jaye Jenkins will provide breakfast as well as \$150 for my participation.

- 4) I understand that confidentiality guidelines will be strictly adhered to on this project. Pseudonyms will be used in place of names. Research records will be stored in a secure, locked filing cabinet. Visual and audio recordings will be erased and disposed of upon completion of this project.
- 5) I understand that this research study has been reviewed and approved by the Institutional Review Board (IRB) for studies involving human subjects. For research problems or questions regarding participants, the Institutional Review Board may be contacted by phone at (775) 327-2369. More information can be found at <http://www.unr.edu/research-integrity/participating-in-research>.
- 6) The researcher has fully explained the project to me and has answered all of my questions.
- 7) I have been given a copy of this consent form.

The researcher on this project is Jaye Jenkins. All questions or concerns should be directed toward her. I can reach Jaye Jenkins via phone (775) 846-5681 or email

jjenkinsmft@gmail.com.

Participant Signature: _____ Date: _____

Participant Printed Name: _____

Researcher Signature: _____ Date: _____

Researcher Printed Name: _____

APPENDIX C

Participant Demographics

Name: _____ DOB: _____

Address: _____

Email contact: _____ Telephone: _____

Marital Status: _____ Children: _____

Ethnicity: _____

Occupation: _____ How Long: _____

Mindfulness Practice Type: _____ How Long: _____

How Often: _____

APPENDIX D

Definitions

Body centered awareness refers to the act of focusing one's consciousness on bodily sensations (Campbell & Christopher, 2012) and being responsive to internal cues (Martin, Prichard, Hutchinson, & Wilson, 2013). Most mindfulness training protocols such as MBSR and its variants, include body centered awareness as a means of cultivating sustained focus and increasing self-awareness (Goleman & Gurin, 1993; Kabat-Zinn, 2005; Salmon, Lush, Jablonski, & Sephton, 2009).

Body psychology is an alternative and holistic form of psychology that includes somatic experience and body-based treatment approaches such as yoga and tai chi to address psychological issues.

Embodiment has been described as a state of being in which awareness is focused on internal bodily sensations. It is a holistic, meta-level process of receiving and interpreting information (Mehling, 2010; Michalak et al., 2012).

Embodied perception emphasizes the continual dance between the body and mind. Merleau-Ponty stated that "all human perception is embodied" and that we cannot perceive independently of our bodies (1962). The oscillation between body and mind (self) has been called a body-self dialectic (Gadow, 1980) in that they co-exist in a constant state of tension. Hudak et al. (2007) suggest that awareness of embodied processes lie on a continuum between the extremes of no awareness of body, a sort of taking the body for granted, and the full integration between body and mind. In the integrated state, individuals recognize and appreciate the wisdom, values, and purposes of bodily experience.

Felt-sense is a term developed by Gendlin to denote the complex, underlying bodily states of awareness.

Holistic is a philosophy characterized by the notion that the parts of something are intrinsically intertwined and can only be understood in the context of the whole. Holistic treatments take into account the whole person, which includes the mind, body, and spirit, as well as environmental and social factors, in the treatment of physical and psychological ailments.

Interoception refers to the acquisition of information via internal bodily signals. Interoception is the awareness of one's body as being linked to self-identity or of being a separate "me."

Intersubjectivity has been defined as the sharing of subjective states by two or more individuals (Scheff, 2006). In modern psychoanalysis, intersubjectivity does not refer to a sharing of subjective states, but rather to the construction of a field through which the personal interacts with the social environment (Benjamin, 1988).

Lived body paradigm is a way of looking at or thinking about the living body. The term lived-body was first used by Husserl (1931, 2002) to distinguish the existential and bodily nature of human beings. According to Husserl, human consciousness is bound to the body.

Mindfulness has been broadly defined as a way of being. It is sustained, moment-by-moment awareness that can be characterized by the intentional, non-judgmental acceptance or acknowledgment of one's experience as it unfolds (Kabat-Zinn, 2005). Mindfulness stems from Buddhist traditions and was popularized in the West by psychologist Jon Kabat-Zinn and his mindfulness based stress reduction (MBSR) program.

Clinical studies have documented the application of MBSR and its offshoots in the mental health field proving it effective for alleviating a wide variety of psychological and physical health symptoms across diverse populations (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Michalak et al., 2012; Shapiro et al., 2005; Shapiro et al., 2008).

APPENDIX E

Semi-Structured Interview Questions

- 1. What is your experience of embodiment?**
 - a. In what ways does your body communicate with you?
- 2. In what ways, if any, has your mindfulness practice affected your experience of your body?**
 - a. Are you more or less aware of your body as a result of practicing mindfulness?
- 3. When working with clients, how does your body communicate to you about the client?**
 - a. Does your body reflect specific the emotional states of your client?
 - b. If so, how does this information inform the session?
 - c. Does noticing your bodily states during client sessions interfere or take away from the encounter?
- 4. Discuss the video recording of your client session in terms of embodiment as a means of communication during the therapeutic encounter.**

APPENDIX F

Letter to Participants and Brief Client Information Script

Date: _____

Dear: _____

You have agreed to participate in the research project Embodied Relating and Mindfulness: a phenomenological study. The project includes an interview with you on your experiences of embodiment during the therapeutic encounter. The final portion of the interview will be conducted while watching a short, 5 to 10-minute video of you as you interact with a client. In order to address ethical and privacy issues for your client, I am providing a brief information script to discuss verbally with your client. Please sign and date this form indicating that you have spoken with your client and that you have obtained their verbal consent to record yourself during your therapy session.

Thank you again for your willingness to participate in my study on the experience of embodiment during the therapeutic encounter.

To your client:

"I have agreed to participate in a research project on my body-based experiences during the therapeutic encounter. Part of that agreement is to record a 5 to 10-minute portion of a client session and I would like to record part of our session today. As you know, I take client confidentiality very seriously and therefore I intend to take every conceivable measure to protect your anonymity. To that end I will focus the camera solely on myself. The sound of our voices will be muted to further ensure that your privacy will be maintained. I am providing no information that could identify you in any way. If you agree to let me video myself during our session, I will ask you to provide verbal, rather than written, consent. Your level of comfort

and safety is critical to our work together so whether or not you agree to the recording is completely up to you and will not affect our session either way. Thank you.”

I have obtained verbal consent from my client to video record a 5 to 10-minute segment of myself during our therapy session. I will be using my I-phone or I-pad to record the segment and will download the app “Video Mute” onto my device. I will strip the sound from the video by downloading the video into the Video Mute application on my device following my client session and prior to meeting with Jaye Jenkins.

Participant Signature: _____ Date: _____

Participant Printed Name: _____

Researcher Signature: _____ Date: _____

Researcher Printed Name: _____