

In Search of a Lost Self: Reclaiming Our Missing Experiences

By Shai Lavie

It sometimes seems as if there isn't a psychotherapy seminar or workshop anywhere in the country that doesn't have "mindfulness" in the title, yet most therapists these days are still vague about how they can use mindfulness techniques, minute-by-minute, in sessions, and how guiding clients through mindfulness exercises can help resolve difficult, long-standing issues. So what follows is a brief primer on the specifics of incorporating mindfulness into therapeutic practice.

Let's start with a basic question: what is mindfulness? According to Jon Kabat-Zinn's pathbreaking 2005 book, *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*, mindfulness is awareness with intention and without judgment of what's happening—as it's happening—in the present moment. As with other forms of therapy, the application of this concept requires the structure of selected tools and techniques.

In my work, I draw on two body-oriented mindfulness methods, Hakomi and Somatic Experiencing: the Hakomi Method, originated by Ron Kurtz, helps clients tap into core beliefs held below the level of conscious awareness; Somatic Experiencing, developed by Peter Levine, focuses on resolving traumatic activation in the nervous system. Using these methods, I guide clients into deeper states of body awareness. In the moment-to-moment experience of sensation, movement, and images, clients learn how their nervous system organizes itself around old patterns, and how to experiment with new ways of being.

Through mindfulness-based therapy, my clients gain three essential skills: self-regulation (the ability to be self-aware and to self-soothe in situations of emotional intensity); self-state awareness (the ability to identify habitual coping strategies and step out of them); and self-compassion (the practice of diffusing shame and self-criticism through a deeper form of self-acceptance).

Introducing Mindfulness to Clients

My work with Suzanne began two years ago. At the time, she was in an emotionally abusive relationship with Ken, who raged at her regularly. Over and over again, she tried to walk away from his tirades, but panicked every time about losing him, caved in, and accepted the abuse. She came to therapy, in her words, "to learn to value myself."

For about five months I worked with Suzanne using my own style of talk therapy, informed by my training in Self Psychology. Suzanne experienced me listening to her carefully and empathically, implicitly valuing her needs and feelings. Through this and other supports in her life, especially a group of devoted friends, she finally found the strength to leave Ken. "I really want to be happy," she declared, "and I won't let myself be squashed anymore."

"Suzanne," I said, "can I invite you to try something that may help you take in the words

you just said much more deeply?” She looked at me curiously and nodded. I explained that certain experiences go deeper into the nervous system when we apply mindfulness. I invited her to close her eyes (assuring her she could open them anytime she needed to), and to feel her feet on the floor, her hands on her knees, and the breath entering and leaving her body.

After about five minutes of guiding her through the awareness of different bodily sensations, I said, “OK, Suzanne, I’m going to invite you to repeat the words you spoke earlier—‘I really want to be happy’—and to notice how you feel in your body as you say this.”

Slowly, she repeated the words then, after a pause, said, “I feel my shoulders just drop way down. And my belly is breathing more fully. This feels good, like how I want to feel...solid. What is this called—what we’re doing now?”

“We are using ‘mindfulness’ to help you really take in this new possibility of solidity, to anchor this very important way of experiencing of yourself.”

“Great,” she said, opening her eyes and smiling, “whatever it is, let’s do more of it.”

For the next few months, we practiced mindfulness techniques—integrated into regular talk therapy—that taught Suzanne to “resource” positive experiences of herself. She began looking forward to the times she could close her eyes, go inward, and feel better inside herself.

Why did I choose this particular moment to introduce mindfulness to Suzanne? First, I was looking for a moment that would likely yield a positive experience of mindfulness, so as to set the stage for future mindfulness-based work. Second, I was waiting for the therapeutic relationship to feel strong enough. In doing mindfulness-based work, the therapist is essentially inviting the client to explore a whole new way of experiencing themselves, so there must be sufficient trust and rapport.

For clients who like to understand what we are doing, I educate them about how mindfulness works. I explain that the part of the brain we use to think about our world, the pre-frontal cortex, is only a recent evolutionary development. The thinking brain gets eclipsed by the limbic (“emotional”) brain, which is patterned by early experiences in relationships, and by the reptilian brain, which is concerned with basic survival. Then I translate to clients a simplified version of Daniel Siegel’s theory of the mindful brain, explaining that mindfulness allows access to parts of the limbic/emotional brain not engaged as effectively just by talking. (*The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*, 2007).

Self-Regulation

It wasn’t long, however, before Suzanne’s enthusiasm for this first foray into mindfulness work began to wear thin. “I come in here, and have these great experiences, feeling

relaxed and clear,” she said one day, clearly frustrated. “But then I go out on a date with a guy, and I can’t find that calmness in myself anywhere.”

I acknowledged her frustration and suggested that we start to apply mindfulness in a new way, one that might help her in her dating life. She was skeptical, but also curious.

“Suzanne, can you tell me what your experience is like when you are waiting to hear from the man you just have just had that first date with?”

“Oh, I can tell you. It’s like I can’t stop going. I get edgy and fidget and clean the house and just keep thinking, ‘if I don’t call he will make plans with someone else.’ It’s terrible.”

The things we do in life that get us into trouble we usually do when our nervous systems are highly charged or “activated.” Outbursts of anger, compulsive behaviors, sudden decisions—these reflect an over-activated and temporarily dysregulated nervous system. In mindfulness-based therapy, we teach clients to track their level of activation as a first step towards self-regulation.

“I can see that even as you talk about this, you seem agitated. How would you rate your level of agitation, on a scale of 1 to 10, with 1 the calmest you’ve ever felt and 10 the most agitated.”

“I’m about a 6 right now--not nearly as bad as I get when I’m at my worst, waiting for the phone call. Then I’m about an 8 or 9.”

“OK, so it’s not as bad as sometimes... Do you feel OK about exploring this?”

“Yes,” she said, “I’m good to stay with this.”

“OK, can you identify where in your body you feel the agitation?”

“It’s in my belly—that awful grinding feeling. And also in my jaws—I’m clenching them. And my breath is shallow and tight. It feels crappy.”

“Yeah, not such a good feeling. Is it OK to stay with this?” I wait for a nod. “So, let yourself bring a gentle awareness to the grinding feeling in your belly, the clenching in your jaws, and the tightness in your breath. Stay with all that and notice what happens next.” I waited in silence as Suzanne went inward.

“I notice things start to ease up,” she said. My breath returns. It’s like another part of me is saying it’s just going to be OK.”

These are powerful moments. We often find that by simply staying with an uncomfortable experience and bringing a gentle awareness to it, the experience shifts on its own. We start to realize we don’t have to fight against what has been scaring us.

For several more months, Suzanne practiced this kind of mindfulness. I assigned homework: for example, to track her level of activation after the next date with a man. She used the 1-10 scale, and she tracked the sensations in her body. When she noticed herself getting over a 5, she practiced resourcing herself. First, she tried just bringing awareness to a part of her body that is not agitated. If that was not enough, she called up an image that was powerful for her in the therapy session, for example, her grandmother who was always there for her. Or, in the most difficult situations, she engaged in an activity, like going for a walk, which actively disrupted the downward spiral.

All good therapies use the therapeutic alliance as an opportunity for the client to internalize positive relational experience, to learn self-soothing from the soothing that comes from the relationship. In mindfulness-based therapy, we also develop the client's capacity to attend directly to disruptive internal experience and bring their own self-regulation capacity on-line, in the present moment.

Self-State Awareness

Suzanne could now track her activation after a first date and resource herself so she did not alienate her potential partner. But how would we address the underlying vulnerability that triggered her intense anxiety in the first place?

The search for a way to change core developmental patterns could be described as the Holy Grail of psychotherapy. Siegel, in *The Mindful Brain*, suggests that mindfulness has the capacity to build bridges from the limbic centers of the brain, which store emotional patterns from childhood, to the observing and contextualizing capacities of the pre-frontal cortex. Siegel is pointing us in the direction of the Grail: the possibility of witnessing old emotional patterns without being compelled by them. But how do we actually apply mindfulness to achieve this integration? And what do our clients take from psychotherapy to make this meaningful in their lives?

Several weeks later, now a year into our therapy, Suzanne staggered into my office, tears in her eyes. She dropped onto my couch in despair. "I'm in the middle of it now. This is how I get. I'm just waiting to hear from Harvey, the guy I told you about last time. I can barely keep myself from calling him." She identifies a pounding in her chest and a "terrible, warm, dead feeling" in her legs.

I asked, "Do you remember when I suggested to you, a few sessions ago, that we could drop even deeper into this experience, find out what it is really about for you, and perhaps unwind the knot that keeps you bound in this pattern?" I had planted the seed for this deeper level of work, knowing that only Suzanne could decide when she was ready. All the resourcing we had done so far had prepared her for this next step.

"Yeah," she said sullenly, "I'm ready to try that."

“OK Suzanne, I’m going to invite you to tune into your body, close your eyes if that helps, and become aware of the simple sensations of sitting on the couch, your feet on the floor, the air touching your skin. I know you’re feeling a lot of distress, the pounding in your chest, that ‘dead’ feeling in your legs. See if you can also be aware of something slightly pleasant, or even just neutral.”

“I guess my hands feel OK,” she said. “They’re just touching each other, kind of soft.”

“Great, let yourself just be with that OK feeling in your hands.” I saw the tension in her face start to ease up.

To go deeper into the caverns of the psyche, we need anchors. That she could locate this place inside and respond somatically to it gave me the sign we could go forward.

“So now let yourself feel the pounding in your chest, and the warm, dead feeling in your legs, knowing you can come back to your hands any time you want to.”

“It’s like a throbbing in my chest. A deep, red color goes with it. It feels like a bottomless pit. It’s all I can do just to feel it, without freaking out.”

“But you are with it now; it’s not overwhelming you completely... You’re doing great... Stay with it... and notice if something feels familiar about it.”

“I have an image of the nanny I had when I was two-years old. The one who left abruptly.” Tears are coming down Suzanne’s face. “I loved her so much.”

Suzanne had told me about this nanny, and later nannies, who had left. Another key part of the picture: a mother who was not usually attentive to her emotional needs.

I notice that Suzanne’s right hand is extending slightly, palm rotating just a little towards open. “Your hand is coming out,” I say gently. “I’m right here with you.” She nods.

“What do you notice as your hand starts to open in this way?” I ask.

“My other hand is coming out now too, to comfort the first hand.”

“Yes...” This was a very tender moment. “It’s holding that hand the way I like to hold my cat’s paws when she is sleeping,” she said.

“It’s so gentle,” I said, before a long pause. “Suzanne, can you feel how you hold the cat’s paw?” She shifted into a posture to do this. Silence, calm.

“It’s like the way I hold an infant.” Her left arm and hand were now contacting her heart.

“Yeah, let’s stay with this a while. Feel yourself holding that infant.” More gentle silence. “Now, see if you can feel yourself as the infant being held.”

We had dropped into what the Hakomi Method calls the “missing experience”—the key developmental need that did not get met sufficiently in childhood. A tiny part of the nervous system has frozen itself in time, still waiting to get the need met. A larger part of the nervous system has constructed defenses, coping mechanisms, character strategies-- what could be called “Self-States”—to cope with this fundamental absence.

For Suzanne, the “missing experience” involved soothing by a caretaker in the face of a profound loss. No one did that for her when she was an infant or a child. So she never internalized the capacity of self-soothing. She constructed a self-state based on the inevitability of sudden loss and the impossibility of soothing. In this self-state she could do nothing but collapse and then judge herself deficient. Now, by re-accessing that “frozen” part of the nervous system, which was still waiting to be soothed, we could finally attend to the underlying need, the “missing experience” she has been waiting for all this time.

Suzanne started to open her eyes. “I feel so different.” Her eyes were wide open, taking in the room. Her breath was going more deeply into her body. Her head and neck were rocking ever so slightly.

“Yeah, take your time and really feel how this does feel different.” We took plenty of time for Suzanne to orient herself to this new self-state, a state of being that allowed for the possibility that her deep places of distress could be soothed, and for other changes that could flow from this. Our task now was to support Suzanne to experience herself grounded in this new self-state. I instructed Suzanne to now notice everything she could about her body—first, how she felt in her chest and legs. Her chest was no longer pounding, she said, and her legs felt energy moving through them. Then I invited her to notice her breath, her spine, her eyes, her jaws, her belly. I asked her to notice how she saw and heard the outside world from this place. I also asked her to notice how she experienced herself sitting across from me.

Finally, I asked Suzanne to imagine waiting for a call from Harvey from this new place.

“It is so different. I’m OK in myself. I don’t need him to call for me to be OK.”

We continued to support the new self-state by bringing it into relationship. Could Suzanne still be as present with herself while she was talking to me? Did she need to take a few moments to reconnect with herself from time to time? Could she imagine relating to others from this place?

Now that Suzanne had tasted this new self-state and had a physical/embodied template for it, she could use this as a reference marker in her life. She could become aware, more and more, which bodily self-state she was operating from. This is what I call “self-state awareness.”

I invited Suzanne to take some time later in the evening to reflect on our session, and to feel herself back in her body. Journaling, walking in nature, art—all these could be ways to reconnect with the new self-state. More homework: become aware of when the habitual self-state re-emerged through bodily cues, thought processes, and the other elements that made it so familiar.

Suzanne described her new ways of being in relationship as a “newly discovered continent.” Metaphors can be very helpful for identifying self-states, and recently, I’ve been finding landscape metaphors particularly useful for enhancing mindfulness. Jagged cliffs of isolation, dry deserts of longing for intimacy, flowing rivers carrying new life to verdant plains of relational possibility, icy glaciers we go to when we fear intimacy, stagnant industrial ponds of relational toxicity, congested cities that stimulate sexual arousal but feel emotionally vacant—these are examples of how metaphors can evoke greater internal awareness and contribute to a deepening mindfulness. In any good psychotherapy, we survey these internal landscapes. In mindfulness-based psychotherapy, we learn the features of these landscapes as signified by specific bodily experiences. Our clients, having journeyed to these different landscapes in the therapy room, are now empowered to notice which landscape(s) they inhabit at any given time.

Clients report that becoming physically aware of the current internal landscape, or self-state, empowers them, in the words of one client, to “transport out.” Being somatically aware of a self-state accompanying an experience allows us to witness the experience as just that—an experience, not the totality of “me.” This is the liberation of self-state awareness: We can witness habitual tendencies but not be run by them.

Self-Compassion

Exploring habitual self-states will almost always bring up self-judgment and shame. Shame comes from a deep-seated fear that the underlying vulnerability (around which the painful self-state was created) reflects a fundamental inadequacy. Most people spend much of their lives running from their underlying vulnerabilities and the rejection they imagine coming from other people who might witness them. Self-judgment emerges both from our resentment of the habitual patterns that cause us pain and as a way to attack ourselves before someone else can criticize or reject us for our weaknesses.

Because the dynamics of shame and self-criticism are so strong when working with core-level vulnerabilities, mindfulness-based therapy must promote self-compassion. We have two main tools with which to do that. First, we seek to help clients learn how the habitual self-state originated as a response to difficult dilemmas. As Suzanne became aware of how impossible it had been for her as a young child to deal with sudden losses and a lack of parental soothing, she could bring compassion to this younger, more vulnerable part of herself. She learned that when the habitual self-state showed up (which she could now identify through the accompanying bodily experience and behavioral/cognitive patterns),

these core vulnerabilities were asking to hear her own kind voice and feel her caring. The grueling moments of waiting for the phone call are still not easy for Suzanne, but she's learned to be gentler with herself, and now dates with far less anxiety. More and more, she views the dating experience as an opportunity not only to start a romance, but also to develop a more solid sense of herself.

The second tool we have to promote self-compassion in our clients is our own compassionate presence. The practice of mindfulness isn't inherently compassionate—it can be plagued with disinterest, dissociation, and negative self-judgments. Here, the therapist plays a crucial role. I believe that clients actually model the feeling tone of their own mindfulness around the feeling tone of their therapist's voice. Because mindfulness-based therapy can take clients so deep into core-level experience, the therapist's compassionate presence profoundly impacts how clients come to observe their inner world.

In essence, the therapeutic task is to model compassion and understanding as we guide clients through their pain-filled internal landscapes, learning how previous self-states were adaptive for earlier life stages, no matter how much distress they may have produced. We must recognize that all these landscapes—no matter how dangerous, strange, frightening, or sad—are always part of our common geography, the places we've all visited at one time or another. Longing for intimacy, pulling away from people, getting needs met in self-destructive ways, shielding our hearts—we all share these all-too-human states. For exploring these wilder shores of the self, we can take no more promising a journey of discovery than in the vessel of our own mindful body awareness. Our great privilege is that we, as therapists, have the opportunity to guide our clients on these journeys.