

## Chapter 4



# CREATING GENUINE THERAPEUTIC RELATIONSHIPS

In Contemplative Psychotherapy, the vehicle therapists and clients take on their journey together is the therapeutic relationship itself. The main concerns in creating a genuine relationship are the focus of this chapter.

## GENUINE RELATIONSHIP

All therapists, no matter what their training, pay attention to their relationships with their clients to a greater or lesser extent. Since trying to maintain a mistaken sense of separateness is a major cause of suffering from a contemplative point of view, being in a genuine relationship and experiencing our connection with others is, in itself, an avenue to healing and reconnecting with our brilliant sanity.

Essentially, a genuine relationship is one that is free from any obstacles to authentic connection. If we are all already connected to each other, as Buddhist psychology suggests, then what prevents us from realizing and experiencing that connection? It is, once again, our belief in, and clinging to, a fixed and separate sense of self and phenomena. To the extent that we attempt to maintain those misunderstandings, we are unavailable to others.

None of us is always free from the confusion of trying to maintain

these kinds of identities, but our ongoing mindfulness awareness practices help us to recognize and let go of them when they arise in our experience. Sometimes we will not notice at all; sometimes we will notice after a session is long over; and sometimes we will notice on the spot and be able to release our grip and open up again to our clients.

As contemplative psychotherapists, we do our best to show up and be present. We can work with our own obstacles to experiencing our connection with our clients, both on the meditation cushion and on the spot in our therapy sessions. Part of our work includes helping our clients to let go of their obstacles to connecting with others, as well. In the example of Martha (Chapter 3), we saw how I worked with recognizing my own discomfort with being fully present and how I supported Martha as she worked with the challenge of experiencing the awkwardness of intimate relationships.

Here is another example. I was working the other day with Josh, who often tells long stories. He had begun telling me about what happened when his in-laws came to visit over a holiday weekend. He had included a lot of details about what his wife had made for dinner and who was staying at his house and who was staying in a hotel. His story seemed largely irrelevant to me, and I wanted to get us back on track. The track was, of course, my idea of what the track should be. At some point I noticed that I was leaning forward in my chair, breathing shallowly, and clenching my jaw a bit. I have learned that when I fall into this posture, it is usually a sign that I am no longer fully present with clients. I felt impatient and wanted things to be different from how they were. When I noticed, I let myself touch the tightness and impatience. Then I sat back in my chair and breathed out. I turned my attention back to Josh, bringing curiosity to what was going on for him. I saw that he was holding his hands in his lap and clenching them even though the tone of his voice was quite matter-of-fact. I listened a while longer and began to wonder if he were experiencing some distress that he was not naming. I asked more about what this visit was like for him emotionally. Almost reluctantly, he said that it was bringing up a great deal of sadness about the absence of his own parents, both of whom had passed away. As we explored this further, it became clear that these family visits were quite difficult, but he believed that he needed to be a good host and enjoy his guests without burdening them with his own feelings. In fact, he should not burden himself—or me—with

them either. Had I gotten us “back on track,” we would not have tapped into the sadness and tenderness that underlay his hand-clenching. Nor would we have noticed the somewhat confused compassion within his desire to spare his guests, himself, and me from experiencing his pain. This habit of hiding his own experience was one he had mentioned to me before, and now we could explore it more directly in the moment.

Sometimes, of course, it is appropriate to interrupt a client’s long story or bring a client’s attention to the pattern of telling stories. What tipped me off that I was hanging on to my own mistaken view of what needed to occur in the session was my impatience and the tension in my body.

A mistake that beginning contemplative therapists often make is to think that being genuine means saying everything that arises in their minds. One still needs to apply the skill of discriminating between what might be helpful and what might not. This guideline applies as well to self-disclosure. Sometimes it can be very helpful, but self-disclosure is not, in itself, the same as being genuine.

On the other hand, sometimes new contemplative therapists think they need to be not only gentle, but passive. Being genuine means that we still respond in our own unique styles. For example, I tend to be fairly direct. For some clients, that is not only fine, it is what they are seeking. I can think of two clients who told me that it was my directness that led them to choose to work with me.

With one woman, I had asked her on the phone, when she first contacted me, if she were suicidal. With Brad, whom we will meet below, I asked him in our initial consultation what he meant by “it” in the sentence he had just said. “Oh good,” he said. “You’re not going to let me get away with that. My last therapist let me get away with too much.”

For other clients, I am sure this would not feel like a good match for them. Being open does not mean that we can be a good therapist for every client. There is some *maitri* in accepting ourselves as we are with our own unique therapeutic styles.

At the same time, it is important to acknowledge that many therapists work in agencies and other settings where they do not have the luxury of choosing whom they will see in therapy. And some therapists work with clients who are court ordered into therapy with them, which can be even more challenging.

My preference is to work collaboratively with my clients. Not all clients will want to do so; some will want their therapist to tell them what to do. In some cultures, “the doctor knows best” can be a strong belief. In working with clients who are court ordered, or with some adolescents, it may take awhile to establish enough trust and perceived connection to do useful work. In those cases, as always, I try to meet my clients where they are and invite them to work together with me as much as they would like to. Doing our best, ourselves, to recognize our common ground of brilliant sanity and human suffering can help us see how we are connected.

## THE ROLE OF THE CONTEMPLATIVE PSYCHOTHERAPIST

Being genuine also means not hiding behind our roles. It is not that we are not playing a role; we are. We are being paid for our services, and there is an inherent hierarchical difference in terms of power between us and our clients. We would be foolish to ignore that. In addition, our clients will project their thoughts and emotions onto us. Being genuine, though, means that we do create a false sense of difference and distance. We do not withhold our humanness in order to invite still more projection. Even being a blank screen is a role, and personally I find it one that is unhelpful to many clients who are seeking the healing that comes from experiencing real connection with another person.

Hiding behind a role might look like being an expert who dispenses advice and suggestions as a way to avoid the awkwardness of silence or the appearance of not knowing. It could manifest as maintaining a cool, objective stance. Given our interdependence, such a sense of separateness and objectivity is likely to be illusory. At the very least, whenever we respond to one thing instead of another, we are making a choice based on something. We are not really neutral. It is better, I think, to know what our preferences, goals, and biases are than to pretend to ourselves that we do not have any. Once again, it is our mindfulness awareness practices that help us recognize these things so that we do not mindlessly impose them on our clients.

Another role that is inconsistent with a contemplative approach is being a mechanic or fixer. As we have seen, at the heart of a contem-

plative approach is learning how to be compassionately present with what is already occurring and not rushing in to change anything. Another problem with the fixer identity is that it requires a client to have something that needs fixing. Built into that is the idea that the client has something broken. Given the view of brilliant sanity, we are more interested in recognizing the inherent wisdom and wholeness of our clients. Taking the role of mechanic easily falls into supporting clients' views of themselves as flawed or bad. We have already noted how such self-aggressive views can be the source of much suffering.

A metaphor that I do like for what we do is that of a midwife. Like a midwife, we help bring about the birth of something that we do not ourselves create. Traditional Buddhist metaphors for the discovery of inherent wisdom include things like waking up, dawning, and uncovering. These all point to the inherent nature of brilliant sanity. It is unconditional: it is present regardless of whether it is recognized. We can help our clients appreciate their natural wisdom and assist them in letting go of the obstacles to it that are in themselves the source of suffering.

Like a good midwife, we create an environment that supports such a birth. We can offer encouragement, warmth, support, and knowledge, but we are neither the ones in labor nor the ones who end up holding the baby. Perhaps I have pushed this metaphor far enough. It would be a mistake to make it too solid and turn it into yet another mistaken identity.

## HOLDING THE SPACE

Part of creating such a genuine relationship is our ability to hold the space. This term is one that contemplative psychotherapists tend to use often. It requires the ability to practice the first skill: being present and letting be. The more present we are, the more there is a sense of spaciousness. This willingness to accommodate a wide range of experiences, in turn, creates an inviting environment for clients. If we are not flinching—literally or figuratively—when our clients bring up sensitive material, they are likely to feel welcomed. We can never guarantee that clients will feel or be completely safe, but we can aspire to create a therapeutic container that feels safe enough by being welcoming in this way.

A practical aspect of holding the space is creating predictable and reliable boundaries about policies, confidentiality, and starting and ending times.

What underlies our ability to hold the space for our clients in a compassionate and present way is our confidence in brilliant sanity. By holding the space, we help create the opportunity for clients to rediscover their innate wisdom and compassion.

## CONFIDENCE IN BRILLIANT SANITY

If we regard or experience our clients as brilliantly sane, it affects all aspects of our work as therapists. If, however, we see our clients as basically flawed or bad, then we will direct our attention toward helping them curb or control their badness. When we see them as possessing the potential to realize their inherent wisdom and compassion, we do our best to nurture that. This does not mean that we become naive about how confusion and fear lead to harmful behavior toward oneself and others. As we saw above, the activity of clinging to and trying to maintain a fixed identity causes a great deal of suffering at individual and societal levels. Still, the view of brilliant sanity suggests that this is not our deepest nature.

For readers who have their doubts about this brilliant sanity idea, I would suggest that they could try on the possibility that there is goodness and the potential to realize brilliant sanity in one or more of their clients as a way to begin exploring this idea in the clinical setting. Again, please investigate these ideas for yourselves and see if they have value for you or not.

To whatever extent we believe that both we and our clients have brilliant sanity, it affects our relationship with them. No one's brilliant sanity is any better than anyone else's. Knowing this highlights the common ground we share with our clients and helps us to further recognize our interconnectedness.

## INTERDEPENDENCE

As we saw in Chapter 1, our interconnectedness or interdependence means that we are not separate from our environment or from each

other. As this idea of interdependence is increasingly being discussed by neuroscientists and psychotherapists, I find it amazing, and even reassuring, that the Buddhist meditators of the last 2,500-plus years came up with many of the same discoveries as modern science.

Interdependence is one of the ways that Buddhist psychology talks about emptiness. We exist interdependently, not independently. Family therapists understand this notion when they think of a family as a system consisting of parts that interact with each other. As one person in the system changes, it affects everyone else in the system.

An illustration of the idea of interdependence that I like to use is my own hair.<sup>1</sup> I have always regarded my hair as red or strawberry blonde. One day I was on a break while participating in a meditation retreat in upstate New York. I glanced in the mirror over the bathroom sink, and I was surprised to see that my hair looked brown. I quickly told myself, “No, no, my hair is really red. It is just the light in here.” Then—perhaps because I had been meditating for some days already—I thought, “What color is my hair really?” I quickly realized that there is no “really” about the color of my hair. It depends on the light; it depends on the eyesight of the person doing the looking; it depends on how recently I have been to the hairdresser. Even if someone agrees with me that my hair is red right now, I cannot know what they are experiencing.

Similarly, there is no “really” about who I am. Like my hair, the I that I regard as myself is continually changing as well. It depends, as Thich Nhat Hanh has said, on nonself elements (Hanh, 2006). Buddhism has an elaborate system of the five *skandhas* for identifying these elements.<sup>2</sup> In any moment we are made up of changing experiences of body, emotions, thoughts, images, and mood. The point for us is that we are not solid, permanent, and separate.

If we are not separate, then we inter-are with our clients (Hanh, 1987b). There is no clear boundary line that we can draw. As I look at my client, my experience in the moment includes him or her. Where is the I that is separate from that experience? As I noted in Chapter 1 and explore further in the next section, we exchange with our clients. When they feel emotions, we may very well feel them, too.

## EXCHANGE

In this section we look more closely at what exchange is and what it is not; then we go on to explore how to work with exchange in therapy.

### What Is Exchange?

If one has not recognized the experience that contemplative psychotherapists call exchange, it can sound a bit strange. Exchange is our direct experience of another person. Not being separate means that we are often quite deeply touched by what others are feeling. Not being solid means we are permeable and may feel much the same thing as another person in whose presence we are. Experiencing exchange is generally available to us, though we are not always present enough to recognize our inner experience and thus our connection with our others.

For example, if I am sitting in a session with a client who is angry, I may very well begin to feel the bodily sensations I associate with anger. I may start to feel hot or tense. I may find that I am clenching my jaw or even my hands. I may begin to think I am angry about something myself and start to seek for a reason why I am feeling upset. The more I do this, the less present I am with my client.

I believe it is common for us, as therapists, to find some clients difficult because the exchange we experience with them is hard to tolerate. Those who are diagnosed with borderline disorders, for example, may be such clients. We might feel impulsive and wanting to escape pain, frightened of being abandoned, or intensely anxious as we meet with such a client. We might experience anger, threat, or hopelessness and find ourselves thinking that suicide seems like a good idea. Instead of being able to tolerate such intense discomfort, and in the absence of understanding that this may be exactly what it is like for the client, therapists may label clients as difficult, hopeless, or untreatable.

When we know about exchange, we may discover more compassion for clients with whom it is challenging to stay present. All of this points to the need for therapists to have some kind of mindfulness practice so that they are less likely to confuse their own desires,

aversions, and preferences with clearly seeing and experiencing their clients.

### **What Exchange Is Not**

Before we go any further, let us contrast exchange with some other possibilities. Exchange is not the same thing as empathy. In empathy we use our minds to put ourselves in others' shoes and to imagine what it would be like to have their experiences. In contrast, exchange is a phenomenon that simply happens and is not deliberately created by the mind.

Exchange is not countertransference. In countertransference, we respond to clients based on our own histories and habits. We project our own material onto our clients.

When I present exchange at workshops, participants often suggest it is the same as projective identification. In projective identification, clients are regarded as projecting some unwanted or unrecognized aspects of themselves onto another person. Perhaps exchange is one reason that projective identification can occur, but exchange is not a kind of pathology and does not require denying one's own experience. It is natural and goes on between people in all kinds of relationships.

Of course, we may very well experience any combination of empathy, countertransference, and exchange at the same time. We may also simply respond to a client without any of those things going on.

If we do not know about exchange, we will still experience it. I have met a number of conference participants who were relieved to hear about exchange. They had had supervisors tell them that they had bad boundaries or had not worked through their own countertransference issues.

### **Others' Descriptions of Exchange**

If we have not heard of exchange, we may very well call our experiences of it empathy or countertransference. For example, Rollo May once described empathy as the "nonverbal interchange of mood, belief, and attitude between doctor and patient, therapist and

client, or any two people who have a significant relationship" (1989, p. 108). Like two violins' strings which resonate if one violin's strings are plucked, he wrote, "human beings can resonate with each other to such an extent that they can exchange understanding at a subtle level" (pp. 108–109).

Others also have used the word "resonance" in writing about the experience of interconnectedness. Farrell Silverberg describes "a certain and identifiable resonance between therapist and patient; one that may be sensed only unconsciously by the patient, but is sensed consciously by the therapist" (2008, p. 239). He goes on to say,

For many therapists, such a connection has palpable meaning, but it comes and goes with waves increasing and decreasing in intensity. From a Buddhist perspective, that deeper connectedness to the patient is always there and accessible, it is only our access to it that waxes and wanes giving the illusion that there are times of deep connection and times of surface interaction. (p. 239)

Silverberg uses the term "therapeutic resonance" to refer to the times when a therapist is "fully aware of such reverberation and intentionally remains open and calm in the face of it—welcoming it" (p. 239).

Daniel Siegel also uses the term "resonance." For Siegel, resonance follows attunement:

Presence permits us to be open to others, and to ourselves. Attunement is the act of focusing on another person (or ourselves) to bring into awareness the internal state of the other in interpersonal attunement. . . . Resonance is the coupling of two autonomous entities into a functional whole. When such resonance is enacted with positive regard, a deep feeling of coherence emerges with the subjective experience of harmony. (2010, p. 54)

Siegel uses the same example of the strings of a musical instrument resonating with each other. He highlights how each person in such resonance is affected by the other. "This is the dynamic and interactive state of resonance. Two literally become linked as one. The whole is larger than the sum of its parts" (p. 54).

## Exchange Goes Both Ways

Siegel points to an important piece of understanding exchange: it goes both ways. Not only do we pick up on the feelings, attitudes, and even thoughts of our clients, they exchange with us as well. This can be an unsettling discovery for therapists new to this idea.

We may find that our clients are picking up on how we are feeling. A few years ago I was working with a long-term client who began to talk about the experience of being with a dying relative. At some point she said, "I don't know why I'm talking about this. It really wasn't up for me today." She already knew about exchange since we had worked with it in different ways over the years. I told her that my dog Jackie had just that morning entered the dying process and might even have died while we were meeting. She had picked up on my grief.

Clients may or may not be consciously aware of exchanging with us, but it can certainly affect their experience of us and the therapeutic relationship. If we have a difficult time staying present and feeling what we feel with clients, they will pick that up. Perhaps we feel revulsion at something they tell us. They may exchange with our sense of struggle or the feeling of disgust. It is possible that they will add thoughts to their experience and conclude that not only are they feeling revolted, but they are themselves revolting.

A phenomenon that I have noticed a number of times is the difficulty experienced by some large frightened men. Ronnie was an ex-marine who had been in Iraq and was a student in our psychotherapy program. He was a big, muscular man with broad shoulders. One of my teaching colleagues, Stan, shared with me how scared he was of Ronnie. Stan found himself seriously worried that Ronnie might come to his house and harm him or his wife. Stan had his own history with an abusive father, so there was also some countertransference probably going on. Later, when Stan got to know Ronnie better, he began to see that Ronnie was not a scary man but a scared man. He was struggling with post-traumatic stress disorder and was often anxious and sometimes terrified. Ronnie's own meditation practice helped him to stay present with these waves of feeling, but Stan had not known about it. Instead, he had exchanged with Ronnie's fear and believed it was his own fear of a dangerous Ronnie.

In turn, Ronnie exchanged with Stan's fear and felt even more

scared himself. He concluded that Stan, too, was a scary guy and avoided him. When Stan began to consider that exchange might be going on, he invited Ronnie to talk. They were able to acknowledge their mutual discomfort, which created some common ground that led to their getting to know each other better. Over time, they developed a friendly relationship in which Ronnie found a much-needed ally among the faculty.

As we will see below, knowing that exchange goes both ways opens up some interesting possibilities in therapy.

### **Labeling Exchange Is Always Tentative**

Unless we are completely free from the confusion of trying to maintain a false, fixed identity, we filter our experiences through our expectations and habitual patterns. We may respond with passion, aggression, or ignorance. For that reason, we always hold tentatively the idea that what we are experiencing is exchange. Usually, there is some combination of accurate perception and distortion.

We cannot be certain that exchange accounts for our experience, but the more we know our own patterns, the more likely we are to have confidence in the possibility that we are exchanging with a client.

For example, I know that I am far more likely to get caught up in thinking than I am to just space out into a foggy state of mind. When I catch myself in a drifty, vague state, I have learned that it is likely that I am experiencing exchange with a client who is only partially present.

Teasing apart what is exchange and what is not is often not possible. Ultimately, once we are experiencing anything, including exchange, it is ours to deal with. It is our experience as much as anything is. Sometimes we will know, as I often do with the drifty state I mentioned, but often we not only do not know, we may not be able to find out.

## **WORKING WITH EXCHANGE**

The basis of working with exchange is the same as working with our own minds during our therapeutic work altogether. Bringing atten-

tion to our ongoing experiences of body, emotions, and mind provides the ground for working with whatever arises in our awareness, including exchange.

### **Using Touch and Go**

A very useful technique for working with our own minds is touch and go, already introduced in Chapter 2. We notice what we are feeling and thinking, touch it, and allow it to dissolve again. For example, when I was working with Josh, I felt the tension I was experiencing and noticed the impatient thoughts I was having and then let them go again before leaning back in my chair and taking a breath.

### **Employing a Shuttle**

As we continue our meditation practice, we are able to increasingly track both our own inner experience and our awareness of the client at the same time. Our field of mindful awareness will become larger or, as Charlotte Joko Beck (1989) described it, we will have an ABC: A Bigger Container. Another useful approach is to make use of a common Gestalt technique, the shuttle (Yontef, 1993). In shuttling, we alternate our focus between two different things. In this case, we could go back and forth between noticing ourselves and noticing our clients. I have noticed that new therapists, especially, may become stuck in one place or the other. They may be so caught up with their own fears and self-consciousness that they forget about the client. Or they might focus so exclusively on the client and the client's words that they lose track of themselves. Using touch and go or employing a shuttle can be useful ways to become more present with the whole interaction.

### **Exchange Can Provide Information**

Sometimes we find out a good deal about our clients through the process of exchange. I was listening to Francie in an early session, who was telling me about an abusive relationship she had been in years before. She simply reported what had occurred without much affect. As I listened, I felt quite flat. I was interested, but not terribly

touched by the awful things she was relating. I noticed the disconnection I was feeling between my state of mind and the horror her words described. I speculated, in my mind, that she had dissociated during the abuse and that, even now, she was largely out of touch with her emotions, just as I was in listening to her.

I became curious about how else she might be disconnecting from her feelings. In telling me how she spent her time outside of therapy, it became clear that she had a number of ways of avoiding intensity in her life, including smoking marijuana, keeping extremely busy, and spacing out in front of the television when she was home. In later sessions we explored how she used these distractions to avoid dealing with the results of her abuse.

Another client, Chris, also had trouble tolerating intensity in his experience. In describing his sadness about a recently ended relationship, he told me he felt like he was drowning and had nothing to hang on to now. His former partner, he said, had been a poor buoy, but she was better than nothing. He started to tear up, and then to sob. As he did so, I felt a sudden jolt of terror through my body. It was extremely difficult for me to bear this very charged feeling of intense fear.

When, a few minutes later, I shared my experience with Chris, he confirmed that this sounded to him just like the terror that often arose for him and which he did all he could to avoid. It was all very well for me to encourage him to be present, but now I understood how much courage it was taking for him even to show up for our sessions.

## **Two-Way Exchange**

Since exchange goes in both directions, what we experience in the presence of our clients is of critical importance. If we can work with our minds by bringing mindfulness, maitri, and courage to them, these qualities may be what our clients pick up on. We may create an atmosphere of spaciousness, curiosity, and warmth by how we hold our minds. Again, our meditation practice nurtures our ability to do so with any state of mind or body.

I have become convinced over the years that it is often their experience of exchanging with their therapists that forms a large part of what clients value in coming to therapy. My clients often tell me

something like, “I don’t know why this was so helpful today, but I feel much more like I can deal with things.” If we hold the view that our clients are basically brilliantly sane, they can feel it even if they cannot put it into words or even consciously recognize it.

On the other hand, if we are having negative experiences like anger, revulsion, or judgment toward clients, they may very well pick up on those, too. What do we do then? If we try to ignore these feelings, pretend we do not have them, or try to aggressively push them away, clients may exchange with the sense of denial or aggression. I think we have to feel what we feel, and as much as we can bring curiosity, acceptance, and warmth even to these unpleasant and “un-therapist-like” experiences.

Sometimes these negative experiences are the result of exchange in themselves. Other times they may be countertransference. We still have the same task of working with our minds regardless of the source of our experiences.

### **Self-Disclosure and Exchange**

How much do we share about our experiences of what may be exchange with clients? In the example with Chris, I chose to tell him of the sudden wave of terror that I felt. As he listened to my description, he felt heard or, to use Dan Siegel’s term, he was “feeling felt” (2010, p. 34). This led to a few shared moments of wakeful connection before Chris pulled away again. We were able to talk together about both the sense of connectedness and also the discomfort he felt with staying with it.

I am more likely to share my experience with a client with whom I have an already established relationship, but I have sometimes done so even with a new client.

Sarah came to see me following a car accident caused by her partner, Barbara, who had been driving while intoxicated. In our initial session, Sarah reported that this had brought up questions for her about how to relate with Barbara about the incident. As she described their relationship, I noticed that I was becoming increasingly frightened. I felt tight in my belly, and I began to fantasize telling Sarah to get out of that relationship as quickly as possible. I wanted to shout, “Run, Sarah, run!”

Sarah described some arguments, which she always let Barbara

win. "It's not really worth getting upset about," she told me. Of paramount importance to Sarah was finding a way to keep Barbara happy and to maintain peace in the relationship. She did not report any sense of being in danger, but that was what I felt as I listened.

First I asked about her feelings during the accident and then during the arguments she had with Barbara. While she did say she felt relief that no one was injured during the accident, she did not actually mention feeling frightened either then or while arguing with Barbara. If I were not having such a strong experience of fear myself, I might have let this go, especially during a first interview.

Instead, I chose to bring up my experience. I shared that I felt some fear listening to descriptions of the accident and of her disagreements with Barbara. I asked if she ever felt fear herself. Sarah told me that she did her best to push away fear whenever it arose, and that she had learned to do so growing up. "If I don't do that, I just get paralyzed."

She went on to tell me that she did not know how to turn her fear avoidance on and off, and so it had sometimes led her into situations that were not safe. We agreed that learning how to recognize her fear without becoming paralyzed might be a useful skill for us to work on together.

In fact, this turned out to be a key part of our work. It became increasingly clear that she and Barbara were actually engaged in a mutually abusive relationship. Over time, Sarah became better at recognizing the signs of fear in her body and assessing the degree of danger she was facing. She learned to leave the house and to find a safe place to be. Eventually, her increased confidence in her own judgment led her to leave the relationship.

Most often, instead of saying what I have experienced myself, I usually do what I did first with Sarah: I ask clients about their own feelings in the moment. Sometimes, if I notice an abrupt shift in my own body or mind, I ask, "What was that? Did something just happen for you?" More often than not, clients will share that they have had an emotion arise or a sudden shift in how they were viewing something. I may leave it at that, even if clients say that they did not notice anything.

Still other times, I may say nothing at all, though I might bookmark it in my mind as something that could bear keeping an eye on in the future.

### **Getting Stuck in the Exchange**

Sometimes we find that we carry the experience of exchange with us long after our session is over with one client or another. We feel stuck in the exchange (Wegela, 2009). Often, working with our minds in mindfulness-awareness practice is enough to help us let go. Other times, we need something more. Tonglen, a compassion practice introduced in Chapter 9, can help us soften our hearts and assist us in letting go of whatever we are still carrying from sessions. Other times, using one of the mandala techniques in Chapter 11 or presenting the client in a body-speech-mind group, a supervision practice also introduced in Chapter 11, can help us work effectively with a difficult experience of exchange.

## **MUTUAL RECOVERY**

As we have seen, in the contemplative approach to therapy, therapists practice mindfulness, awareness, and maitri during their work with clients. Their therapy work becomes part of their own personal contemplative path.

We use the term “mutual recovery” to point to this aspect of our work (Fortuna, 1987, p. 59). It is not only our clients who work to cultivate their mindfulness, maitri, and courage, it is also we therapists. I find that recognizing this adds to my feeling of gratitude for the privilege of getting to do this work and being allowed into the lives of my clients.