

How to stay with the how: Some pedagogical suggestions on assisting the mindful sensing of the body.

To be conscious that we are perceiving.... Is to be conscious of our existence.
– Aristotle

Many people, myself included, believe that the ability to clearly sense emotions and to experience bodily sensations is crucial for our mental, emotional, and physical health, but it does not come easy for everybody. The following pedagogical suggestions are based on my personal experiences and difficulties with mindfulness meditation and my studies of and experiences with Gurdjieff awareness-work, the Alexander-technique, Eugene Gendlin's Focusing, Fritz Perls' gestalt therapy, and especially Wilhelm Reich with his appreciation of "the how" when it comes to bodily expression, specifically contact with reality, with the body, with the emotions, with the self and with the "other. I offer that one can argue that to be concretely aware of one's body's experiences connects us to the "here and now" and to the experience of reality, as opposed to self-deception in diverse forms, and that it is to be expected that the endeavor will be met with resistance and that assistance may be sorely needed.

Mindfulness and resistance.

The state of mindfulness can be understood as the ability of being aware that you are aware (as an experience, not merely as in being conscious of the fact). In this state you may be aware of a sensation; and at the same time being aware of the very fact that you are aware of that sensation. This state of mind is often described as an increased closeness to the phenomena, and at the same time, a distance to the phenomena is also experienced. This double-edged consciousness seems to make possible new ways of relating to whatever is present. This again may be the basis of the many clinical benefits of mindfulness that are reported (like stress reduction, attenuation of diverse clinical symptoms etc.)

To achieve the state of mindfulness, one typically is advised to direct attention, not to one's thoughts, but to something that can be concretely perceived, something that is present here and now, like the breath, or sensations from the body. The body can never escape the reality of the here and now - it "can never lie". Therefore, connecting with true interest to *how* the body *is* in any given moment, may supply an anchor or a gate to mindfulness. At the same time this very interest becomes in itself an expression of acceptance of that bodily state, as you for that moment are not struggling against it but are merely *interested*.

Mindfulness is not complicated. However, it is far easier *not* to be mindful, to slide back into ordinary, non-mindful consciousness. It is very much easier to sit and *think* about being mindful than to actually *be* mindful. An individual's efforts to become mindful will be met with resistance. Typically, this resistance comes in the form of distracting thoughts, or impulses to actions; it is, in fact, a safe bet that many an overdue task in the house or office belonging to people who are attempting mindfulness meditation has suddenly been attended to -

This resistance is more or less the same as resistance to therapy. My attempt in this text is to offer clinicians a tool to assist clients in overcoming this resistance. The tool lies somewhere between a body-oriented intervention and an exercise. One should present it for the client as an exercise, but it can also be used as an intervention in the ongoing process in a therapy session. The tool, what I call *assisted body sensing* does not “do it” for clients, but rather takes them to the place, or rather *keeps* them in the place, where they can relate to themselves in a better way, being less identified with their resistance.

Essentially it is about having clients describe, in super detail, what they sense. This implies interest and respect for themselves. The process can often move deeper, all the time staying with the “how”. Sometimes this can be remarkably difficult. It might appear very important for the client to explain and theorize around a feeling, and to try and connect it to past experiences. Repeated attempts from the therapist to insist on the concrete sensation, without a contract, may lead to power-struggles, and contact may be temporarily broken.

Instructions for inducing mindfulness do not typically include *actively assisting the perception* of body sensations for the client. To stay (alone) with a detailed awareness of one’s experience can often be too much to ask from a client. The client needs assistance, to be “held by the hand”, not only to be instructed to do so and so.

In fact, every time a client is asked to do/perform *anything*, it is likely to arouse resistance or defenses. We therefore have to device a way that the armor cannot easily derail.

Assisted body sensing

Assisted body sensing attempts to make staying with the how more feasible for the client. We ask for permission/suggest a contract to make a very detailed verbal inquisition into the client’s concrete experience. We also make it clear that the client can always halt the process, for any or no reason.

Typical examples of verbal assistance and answers:

“What do you feel?”

“I feel sad.”

“Where in the body do you concretely sense that?”

“It is in the middle of my diaphragm.”

“Please describe the volume, shape, texture and other qualities in great detail - and in such a manner that I would be able to make a drawing of it.”

“It is a lump, the size of a golf ball, but the edges are fussy and inside there is a pressure.”

“Please give this sensation 100% attention, and report to me any and all changes, even the smallest changes, either in shape, intensity, quality or the slightest movement, even just a millimeter of change. Okay? Tell me immediately!”

"The intensity is diminishing!"

When this happens, I often say that it is okay to like such a development and suggest the client makes a mental note of it. This builds trust in the process and in the body. I also suggest not to demand more of the desired development but rather gratefully accept what may come.

A good way to word the inquiry is: "What would you have to do to, or implant into, the body of another were you to produce exactly that sensation?"

"You would have to squeeze the heart in a vise."

Another good way to ask is «what bodily feeling would you say is the most prominent right now? Could you describe it continuously to me, like a news reporter?

"I notice a heat in my stomach. Now it's going beyond and upwards. Now it is reaching the level of my throat, but it's less intense" . . . etc.

There is also taken every opportunity to give a little verbal encouragement - like "super observation!", carefully avoiding praising any positive developments as such. We are primarily interested in *what is* not in manipulating it.

In practice, one will move between two levels of inquiry when the process is in progress:

"What do you feel now?" And "How do you experience that?"

The reason for this is twofold. One is to offer a model for how to relate to themselves and their body in new ways, the other is to enhance the safety factor, both for the client and the therapist. It is a good idea to often check if the client is Okay with it all. Very often the client says, "it's interesting" or "I like it", even though the client is, in fact, describing seemingly unpleasant sensations. This may be a result of not being fully identified with the experience but experiencing a mindful distance.

Clinical vignettes.

Let's look first at a typical example of (Rogerian) verbal work:

C.: "I feel uneasy".

T.: "How?"

C.: "I feel it is connected to what happened this morning with my husband...It makes me nervous...the way he treats me."

T.: "The way he treats you."

C.: "Yeah, he makes me feel like a stupid child or something. Just like my father did!" Etc.

This is not bad work. But it does not stay consistently on the "how".

Here I offer a clinical vignette that involves assisted body sensing. The transcript is from a session with a woman (age 50) who feels herself under heavy pressure. She thinks and cries persistently. She is chaotic, exhausted. She moves so fast mentally that only confusion comes out of it. She already has a little experience with assisted body sensing.

C.: "I feel tremendous anger!"

T.: "Where can you feel it in the body?"

C.: "A lump in the chest, size of a grapefruit, big pressure."

T.: "How would you say the pressure inside the lump is distributed?"

C.: "There is even pressure all the way in toward the center of the lump."

T.: "Please report any, even small changes."

C.: "Yes. Now it begins to "sparkle" . . . outwards in a way. It begins to dissolve into the rest of the body but now I feel a pressure in my eyes and forehead. A tremendous pain!"

T.: "Is it OK to focus on the eyes and forehead now?"

C.: "Yes. Water comes to my eyes."

T.: (Not passing tissues): "How far into the brain can you sense the pressure?"

C.: "Almost to the middle of my head. Now the pressure is going away!" (Looks happy).

T.: "Can you name any other sensations you experience in this moment?"

C.: "Yes, the chair, and the support from the floor. I could not feel that at all a moment ago! I really need to do this more!"

(Leaves session in a happy calm state - feels more competent.)

Note that focus is not allowed to drift, and that the client is not asked to "perform" like in expressing the anger etc. Also, the emotion as well as the pain, is not treated as something that must be gotten rid of, rather we willingly give it attention. Having a client describing sensations in specific detail is a way of having them give awareness and attention to themselves, but in a non- sentimental way. It can become self-compassion, like in the following vignette:

I present a tough businessman (age 55) who is in a difficult life situation and suffers from debilitating pain in one leg.

C.: "Well I don't complain, and I cannot cry, but my situation I really awful in every way!"

T.: "What is in the foreground of your bodily sensations right now".

C.: "A burning, twirling pain in the muscles in my left leg."

T.: "Is it possible to feel sort of a compassion for those tortured muscle fibers in your left leg?"

C.: (Begins to protest, but then tries momentarily to focus on the leg again...after a few seconds, his face changes into the expression of disbelief).
"It went away! I felt compassion for my own leg for a second and the pain went away!"

The last vignette is a woman (age 45) with a tendency to be passive aggressive or blaming:

C.: (With dull disinterested voice). "I feel a lameness in my arm."

T.: (Aware of growing frustration.) "Somehow the tone of your voice, makes me feel like I was hurting you!"

C.: "Now I get angry! I lose interest in this body sensing system of yours!"

T.: "Where in the body can you feel that?"

C.: "Well, it's in the left side of my belly, a burning sensation."

T.: "Please report any changes there?"

C.: "Yes. It makes me feel warm."

T.: "How do you feel about the warmth?"

C.: "I like it, it makes me feel strong." (Gives me strong, good eye contact.)

Conclusion

The strong (agreed upon) focus on the physical sensation makes it possible to mindfully disidentify from habitual patterns. The discovery can be made for the client that there is available something other, deeper in them that offers support, that makes it safe—an overarching consciousness that can contain any sensation or feeling, even anger. A burning ball of rage, in the belly perhaps, may be unpleasant, but it does not have to be dangerous, and may even change into empowerment out of the transformative potentials of mindfulness.

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