Mindfulness is a profound way of cultivating present-moment attention and hence can be a way of facilitating therapeutic presence. The Buddhist and mindfulness perspectives recognize that at the core of who we are is deep potential for wisdom and wholeness. Unlike humanistic approaches that see the self as a process that is evolving or actualizing through life experiences, the Buddhist approach sees our core as already actualized. Through the dropping away of identity, needs, hunger for attention, longing, greed, and desire, our innate wisdom is illuminated. Mindfulness practices focus on quieting the mind and facing and resolving our core grasping to our needs and hungers. Like the ocean of mind, when the waves of hunger, grasping, and aversion settle, the presence and innate wisdom at the depth of being can emerge.

In this chapter, we explicate mindfulness as one way that therapeutic presence can be facilitated. We look at the cultivation of presence with mindfulness through the four noble truths in Buddhism: Life is suffering; causes of suffering; cessation of suffering; and the path to the cessation of suffering. We explore the benefits of mindfulness in the cultivation of presence as well as present a clinical vignette as to how mindful awareness can help in session. We also look at some of the research, including the neurobiological studies of mindfulness, that indicates an enhancement of qualities of presence through

The most precious gift we can offer others is our presence. When our mindfulness embraces those we love, they will bloom like flowers.

—Thich Nhat Hanh (2007, p. 20)
mindfulness practice. Although mindfulness practices continue to broaden and diversify and are important for developing presence, we also discuss additional individual and relational practices that can be used to enhance one’s sense of therapeutic and relational presence.

WHAT IS MINDFULNESS?

Mindfulness is based in Buddhist philosophy and has been adopted in Western approaches as a therapeutic aid as well as to help in the development of present-moment awareness. Although references to mindfulness have recently exploded in the literature (Bien, 2006; Cole & Ladas-Gaskin, 2007; Germer, 2005; Germer, Siegel, & Fulton, 2005; Hick, 2008; Linehan, 1993a, 1993b; Mace, 2008; McKay, Brantley, & Wood, 2007; Shapiro & Carlson, 2009), it is sometimes a broadly based term that can lose meaning in its general usage. A general definition of mindfulness is a way of paying attention to the present moment, on purpose and without judgment (Kabat-Zinn, 1990, 2005). A similar basic description or definition of mindfulness includes moment-to-moment awareness of present experience with acceptance (Germer, 2005).

Mindfulness involves “clear seeing yet with undiminished compassion” (Salzberg, 1999, p. 7). Mindfulness involves a willingness to come close to our pain and discomfort without judgment, striving, manipulation, or pretense (Salzberg, 1999; Santorelli, 1999; Welwood, 1996). Mindfulness with ourselves and our experience parallels humanistic approaches to being with and accepting clients’ experience—but it is mainly focused on the self rather than the other. It is a way of being genuinely with our own experience, with empathy, unconditional positive regard, and acceptance. Therapists’ personal practice of mindfulness can help to cultivate qualities of acceptance, empathy, compassion, and presence within one’s self and, by extension, ultimately within the client.

Mindfulness is based on the Pali term satipatthana, with sati generally meaning “attention” or “awareness” and patthana meaning “keeping present” (Germer, 2005; Thera, 1973). The teachings of satipatthana are among the oldest of Buddhist teachings, outlining specific meditation techniques for cultivating present awareness or mindfulness (Deatherage, 1975). To be completely mindful is to be aware of the full range of experiences that exist in the present moment (Marlatt & Kristeller, 1999).

Mindfulness was operationalized for research purposes as having five facets: (a) nonreactivity to inner experience, (b) observing/noticing/attending to sensations/perceptions/thoughts/feelings, (c) acting with awareness/(non)automatic pilot/concentration/nondistraction, (d) describing/labeling with words, and (e) nonjudging of experience (Baer, 2006). These dimen-
sions represent distinct facets of mindfulness, with some overlap but a lot of independence.

Dimidjian and Linehan (2003), working within a dialectical behavioral therapy (DBT) framework, also developed an operational definition of mindfulness as having three qualities and three associated activities. The three qualities are (a) observing, (b) describing, and (c) participating. The associated activities are (a) nonjudgmentally, with acceptance, allowing; (b) labeling, describing, and noting; and (c) doing these effectively. Bishop et al. (2004) operationalized mindfulness as having two components: metacognitive skills and orientation to the present moment.

Mindfulness practice helps one develop an open and accepting relationship with one’s own present-moment experience. Mindfulness is a skill that helps one to be less reactive to what is occurring in the moment, such as to one’s own pain and suffering (Germer, 2005). The main idea behind mindfulness is that if we have less reactivity to our experience, whether it be positive, negative, or neutral, our suffering will be reduced. Hence, mindfulness is a set of skills that allows practice in cultivating presence.

**DISTINCTION BETWEEN MINDFULNESS AND THERAPEUTIC PRESENCE**

As discussed in the Introduction to this volume, therapeutic presence and mindfulness are distinct in two important ways. First, mindfulness is a technique that can help to cultivate the experience of presence. In this vein, mindfulness is a method that allows an opening and being with one’s emerging experience in a nonjudgmental and accepting way, whereas presence is the state achieved through mindfulness practice. Second, mindfulness is primarily presented in the literature as an approach within an individual (i.e., within the therapist or more so as a skill for clients to develop) to work with his or her internal world, whereas therapeutic presence is a relational therapeutic stance that includes the therapist’s present-centered sensory attention in direct relationship to the client’s in-the-moment experience.

The term mindfulness is sometimes used interchangeably with presence in the literature; however, this is a confusion of terms. For example, mindfulness has been noted to be an “embodied state of being” (Hick, 2008). We view mindfulness as a practice or a set of skills that supports the cultivation and maintenance of the experience of therapeutic presence. This view is supported by Hanson (2007), who distinguished mindfulness as the practice of clear nonjudgmental awareness of your inner and outer world from presence, which is “the stability of mindfulness, the degree to which you are grounded in awareness itself” (p. 1).
Shapiro and Carlson (2009) attempted to clarify the confusion surrounding the term *mindfulness* by distinguishing between mindfulness as a process (mindful practice) and an outcome (mindful awareness). They defined *mindful practice* as “the systematic practice of intentionally attending in an open, caring, and discerning way, which involves both knowing and shaping the mind” and *mindful awareness* as “an abiding presence or awareness, a deep knowing that manifests itself as freedom of mind” (Shapiro & Carlson, 2009, p. 4). Although mindful awareness reflects more of the presence experience we have been describing, it has not been fully studied or explicated as therapeutic presence has, so it is difficult to compare them. One important difference is that therapeutic presence is a relational experience of being fully in the moment that is bodily, sensory, and interpersonal, whereas mindful awareness is within the self, a mind-based present-moment awareness.

Mindfulness helps the therapist to be open, accepting, and present with one’s self in order to be fully open, accepting, and present with others. Mindfulness for therapists can also help them attune their awareness to their own responsive emotional experiences, professional wisdom, and deeper intuition that emerges through their in-the-moment connection with their clients. Mindfulness also helps to develop the capacity to observe and be with experience without getting overwhelmed. An expansion of self and a sense of luminosity or spaciousness are consequences of mindfulness (Epstein, 1995; Salzberg, 1999; Welwood, 2000). The quality of expansion combined with grounding allows one to view and feel experiences with clarity and impartiality, without getting caught in the details of the suffering.

**THE FOUR NOBLE TRUTHS: MINDFULNESS AND THE CULTIVATION OF THERAPEUTIC PRESENCE**

The basic teachings of Buddhist philosophy include an understanding of the roots of suffering as well as a way to eliminate suffering. These teachings are called the *four noble truths* and are described next in relationship to therapy. When we understand the four noble truths as a way to reduce suffering by removing barriers to presence and opening to present-moment awareness, then we can see how mindfulness can help to cultivate therapeutic presence.

**First Noble Truth: Life Is Suffering**

The Buddha taught that suffering is inevitable. When he left the shelter of his father’s kingdom, Siddhartha Gautama (Buddha) was said to be shocked by the reality of aging, illness, and death. The Buddha recognized
that people spend much of their lives in pain, stress, and confusion. In short, the first noble truth is based on an acceptance of the fact that life is suffering.

Many therapists enter into the practice of psychotherapy from a childhood or life filled with wounds and challenges. Seeking freedom from this pain through helping others can further deepen one’s difficulties through an overidentification as a helper or healer. In particular, our own wounds that have not been worked with or healed become the greatest barrier to effectively helping others find intra- and interpersonal freedom. A recognition of the natural suffering that is tied to human living is a necessary step in proceeding through an understanding of the four noble truths.

A quick assessment of our own daily lives and the lives around us provides a clear indication of this fact: We see and experience great stress. The multiple roles we take on as therapists, supervisors, educators, researchers, parents, sons or daughters, friends, teachers, and so on are a mere beginning to the stresses we carry. There are minor stresses, such as traffic and computer breakdowns, and there are much greater stresses that we deal with in our daily lives, such as the loss of a loved one, illness, financial burdens, and relationship breakdowns. Advertisements are created to remind us of what we are missing, and shopping for clothes, homes, new products, music, alcohol, and so on helps to distract us from our pain and misery. In fact 60% to 90% of all physician visits result from stress-related disorders (Cummings & VandenBos, 1981).

Whereas human suffering is not new, a whole other level of suffering derives from our developed yet complex emotional worlds, which is reflected as interpersonal suffering (Kramer, 2007). Sickness and death from cancer, high rates of divorce, and stormy emotional worlds that are sometimes hard to control are just a few examples of interpersonal suffering. A particular form of suffering that we see too frequently is deep loneliness; because we live in a time of a breakdown of families and communities, the loss of an intimate other or sense of belonging causes some people great suffering. Our work as therapists, in individual offices and separated from a larger community of support, can also evoke this sense of loneliness. Often it is our deep fear of death and emptiness that is at the root of this sense of isolation (Yalom, 2008).

Social and environmental suffering is also of great concern as we witness the depletion of our planetary resources and see that global climate change may be contributing to tsunamis, earthquakes, and flooding that cause the destruction of entire communities. The reality is that multiple levels of suffering—physical, interpersonal, and social—coexist in our personal lives and in society by virtue of the mere fact that we are human (Kramer, 2007).

The first noble truth in Buddhism calls us to look directly at the suffering that we experience, on both a personal and a societal level. We are shaped to avoid this direct witnessing through the distraction of our busyness or fear that we are being too pessimistic. However, ignoring the fact of our suffering

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and how we contribute to it is not helpful and, in fact, feeds the continuity of our suffering. The Buddha taught that the distraction from and ignorance of this reality cause further suffering. An alternative view is to slow down enough to enhance the capacity to observe suffering and to observe how our emotional reactivity and drive for busyness and distraction contribute to the source of suffering and create barriers to intimacy. From direct witnessing, we have more opportunity to create different choices to alter some of our internal and life reactivity and busyness that are creating barriers to presence and living a whole and contented life.

Second Noble Truth: Causes of Suffering

The second noble truth is based in an understanding of that which causes deep suffering, which, according to the Buddhist perspective, is a consequence of attachment to a particular state or feeling, sense of identity, longing, greed, or desire. Suffering also emerges from viewing experiences, thoughts, and sensations as fixed and static. Suffering from a Buddhist perspective is also based in desire. Whenever there is a gap between one’s natural experience in the moment and what one wants to have happen, suffering is inevitable.

The second noble truth, causes of suffering, can be translated to therapists as both attachment and aversion in relationships with our clients, others in our lives, and ourselves. With clients, attachment to a particular outcome for the client, such as healing, means leaving this relationship or having a particular experience that can cause greater suffering in the therapeutic relationship. Therapists’ imposition of their own need to help as well as their interpretation of what helping means, blocks clients from discovering within their own experience what their pain is and what is necessary or helpful for them to lead a fuller or easier life. As therapists, we often think we know what others need, not just our clients but our friends, family, and loved ones, and this can cause both a shutting down from the other and between self and other. Furthermore, our own discomfort with the deep pain that our clients may experience can cause deeper suffering as we are inclined to fix rather than to learn how to meet or be with a client where he or she is.

Third Noble Truth: Cessation of Suffering

The third noble truth reflects what is necessary for the cessation of suffering. According to Buddhist philosophy, true freedom comes from viewing the transient nature of experience, and relating to our pain and distress, and joy and happiness, with an attitude of nonattachment, compassion, loving-kindness, and acceptance. The perspective here is that if we can accept life
and experience as they are, without wanting them to be different, the cessation of suffering is possible. This is not to say that pain is not a part of the human experience but that the suffering that arises from reacting to pain (or pleasure) with aversion or grasping can be eliminated through practice. The Buddha spoke of the gradual eradication of suffering rather than an abrupt shedding of its causes (Kramer, 2007). In this regard, the gradual relinquishing of our attachment as therapists, or to “healing” the client, is directly related to our letting go of our own self-identity as healers. The fading of this attachment means a letting go of our own need to feel good and worthwhile through the helping of others. This requires going deep into our own core beliefs that we are not worthy or that we need the acknowledgment of others to feel good and worthy in ourselves.

Interpersonal Buddhism recognizes the relinquishing of the three hungers—for pleasure, for being, and for nonbeing—as an opportunity to allow our innate presence to be emancipated (Kramer, 2007). Each of these hungers has an associated fear. The desire for pleasure is accompanied by the fear of pain. When we sit with clients in their pain and suffering, our resonance with pain emerges, and it is through the fear of feeling this pain that we can shut down our ability to be present with clients. The hunger for being is accompanied by the fear of invisibility. The therapist’s own need to be seen and recognized as powerful and helpful can provide an obstacle to the ability to put one’s self aside and be there fully and completely for the client. This can also take shape in offering interventions or techniques that are not emerging from the present experience of the client, as it may reflect a more subtle need in the therapist to show competence or feel he or she is making a difference. Finally, the hunger for nonbeing, or escape, is shadowed by a fear of intimacy and engagement. The closeness that therapeutic presence can demand can be frightening for therapists, particularly if they do not have a sense of inner stability and groundedness. The terror of losing who we are can prevent us from opening with pure receptivity to the client. Kramer (2007) described the root of all of these fears of losing the self as the “terror of emptiness, the concern that this self—personal or social—will die in a cold nothingness” (p. 57).

It is the fading of this attachment to pleasure, being, and nonbeing that allows for a natural opening to a receptive presence. When therapists resolve the attachment to being and pleasure, such as being the healer for their client and being recognized for that role, and gently resolve the fear of nothingness, new ways of relating, based on presence, can emerge. At the core of this fading of the fear of invisibility is a fading of the fear of emptiness. When we can let go of this hunger for being seen and having our egos enhanced through recognition from the other, then we can become freer from these core fears. When we can let go of the craving for pleasure and acknowledgment and not shrink from engagement with the other, presence, wisdom, and compassion can naturally emerge.
Fourth Noble Truth: The Path to the Cessation of Suffering

The fourth noble truth focuses on how to eradicate suffering. Over the 2,500 years of Buddhist practice, many different ways have emerged that can lead to the elimination of suffering. We discussed the loosening of hunger, grasping, and aversion and allowing the natural presence state to emerge. The traditional path to the elimination of suffering is expressed in what Buddhists call the eightfold path. The eightfold path includes guidelines for living one’s life in the moment according to ethical or appropriate principles. They are not sequential; the steps along the path can be practiced simultaneously to support and reinforce each other. The eightfold path as adapted from Germer, Siegel, and Fulton (2005) is the following:

- **Right view** includes awakening or seeing things as they really are, without judgment or pretense.
- **Right intention** includes having an intention in one’s action, speech, and behavior that is in the best or highest interest of respect and well-being for one’s self and others.
- **Right speech** includes being aware of what one says so that our words and tone reflect being truthful, compassionate, kind, selfless, respectful, and in service of healing rather than harm.
- **Right action** was traditionally used in monastic life to reflect living by ethical precepts, which include not killing, not stealing, not lying, not sexually misbehaving, and not indulging in intoxicants.
- **Right livelihood** was a traditional notion for choosing a profession and livelihood that are in sync with ethical precepts such as avoiding killing, stealing, and harming others.
- **Right effort** reflects an effort to develop a wholesome quality of inner and mental life, which includes the intentional cultivation of mindful states and the deliberate elimination of harmful or mindless states.
- **Right mindfulness** includes following the foundations of mindful practice (mindfulness of body, feelings, mind, and mental objects) so that one is constantly applying careful and even attention to phenomena as they arise.
- **Right concentration** includes intentional practice from time to time, outside of daily activities or awareness, to cultivate mental development and qualities of presence. This includes intentional mindfulness practice such as mindfulness meditation.

The four noble truths, culminating in the eightfold path, have been popularized in the West in the form of mindfulness and have become a clinical treatment or an adjunct for therapeutic change in clients. One of the
initial popular attempts by which mindfulness was integrated into the medical system was facilitated by Jon Kabat-Zinn at the University of Massachusetts Medical School. Mindfulness-based stress reduction (MBSR) continues to be offered as a treatment approach for people with chronic pain, depression, anxiety, stress, eating disorders, or addictions.

Beginning with studies based on the MBSR program as well as Zen Buddhism, interest in mindfulness has spread, and the approach has been adopted in psychoanalytic approaches (Epstein, 1995; Safran & Reading, 2008), mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002), DBT (Linehan, 1993a, 1993b; McKay, Brantley, & Wood 2007), acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999), and humanistic and experiential therapy approaches (Geller, 2003). However, the majority of approaches incorporating mindfulness, including the vast amount of research to date, have focused on clients’ use of mindfulness skills in changing negative thoughts or affect as well as in developing acceptance or self-compassion.

INTERPERSONAL MINDFULNESS

Traditionally, the eightfold path has been interpreted according to personal life and personal practice. Mindfulness has traditionally been an intrapersonal practice that is focused on gaining awareness and accepting one’s own internal experience. In relation to therapy, the predominant perspective is that by gaining more awareness, acceptance, and equanimity within one’s self, one can be more present and accepting for the client. Although enhancing our internal ability to be focused on the present with compassion and deep understanding is said to eradicate suffering and enhance our ability to be in a state of calm presence, it does not always reach the interpersonal domain (Kramer, 2007).

Recent mindfulness perspectives that incorporate an interpersonal focus recognize that it is valuable to practice mindfulness or present-moment awareness with others, given that much of our life is relationally based (Kramer, 2007). This is particularly true for therapists and would add great value in a training program focused on enhancing relational therapeutic presence.

The first author (S. G.) recalls returning from a 10-day vipassana/mindfulness retreat. She achieved a state of calm exuberance in which she experienced a heightened state of sensitivity to the moment combined with a sense of peace and contentment. It was only hours following her return that the tension with her then partner returned. This has always been a struggle for her following retreats, that is, the calm inner space that she so readily achieved in a retreat became a struggle to maintain with family and loved
ones. While both intentional and life practice are helpful in enhancing a state of calm in-the-moment alertness, we are relational beings, and mindfulness practice does not often directly attend to this relational aspect of our lives.

Hence, the cultivation of presence needs to occur through reducing suffering and enhancing present-moment awareness both within one’s self and in relation with others. When we are with others, it is harder to hide behind the normal distractions and delusions that we use to muddle through our lives, as our distraction is reflected back through either overinvolvement or distancing. Hence, moments or practices of interpersonal mindfulness can enhance the shared presence that can occur in both the personal life of the therapist and the therapeutic relationship with the client. In this vein, the traditional notion of the eightfold path can be lived and practiced both personally and interpersonally.

D. J. Siegel (2010) coined the term mindsight, which embodies the intrapersonal and interpersonal ability to see our own and others’ internal world and to shape it in the direction of health. According to Siegel, mindsight is more than internal awareness (insight) and more than awareness of others (empathy). It is a skill, complementary to and enhanced by the skill of mindfulness, that allows a person to focus deeply on the inner world of self and other and to move the inner world toward health and integration. Mindsight has a basis in mindfulness practice, yet it is different because it involves the intention to use or move this inner and other awareness toward overall mental, neuronal, emotional, and relational well-being.

While mindfulness practices continue to broaden and diversify, we offer here a look at different individual and relational practices that can be used to enhance our sense of therapeutic and relational presence. The more therapists practice opening to themselves and with others completely and fully, without attachment or overinvolvement, the more they are cultivating their capacity for therapeutic presence.

MINDFULNESS PRACTICE FOR THERAPISTS

Although the majority of mindfulness research in the context of therapy has focused on clients’ experience with mindfulness, some approaches have begun to recognize the importance of a personal mindfulness practice for therapists that is essentially from a Buddhist perspective. A personal understanding of the benefits of mindfulness and particularly present-moment awareness is central to the Buddhist approach. The Buddha himself would often respond to disciples’ questions about meditation and practice with an encouragement to form opinions or reach clarity through direct experience. “Believe nothing, no matter where you read it, or who said it,
no matter if I have said it, unless it agrees with your own reason and your own common sense.”

This notion of personal experience and acceptance of the self is akin to experiential and humanistic approaches in which the value of cultivating therapists’ qualities of empathy, compassion, care, and presence in their approach with clients has long been recognized. For example, Carl Rogers (1951, 1957) founded the person-centered approach on the notion that creating an environment of safety through the therapist’s offering of genuine empathy and unconditional acceptance was essential for the development of a therapeutic relationship and for clients’ growth. Clients’ natural growth tendencies can emerge under conditions of respect, safety, and acceptance.

Experiential models support the notion that therapists need to have an attuned awareness to recognize client markers and make process directives to facilitate clients in resolving difficult issues. The therapist is supported in attending to nonverbal and verbal responses in the client so that the whole of the client’s experience can be captured and worked with to facilitate emotional change. Mindfulness facilitates therapists’ attunement in that it helps to deepen their in-the-moment listening and sensing skills.

Other approaches have recognized the therapist’s present-moment awareness and ability to cultivate compassionate attention as the basis of a good mutual therapeutic relationship. For example, DBT and MBCT therapies emphasize personal mindfulness practice (Linehan, 1993a, 1993b; Segal, Williams, & Teasdale, 2002) and recognize the value of an accepting attitude from the therapist.

Psychoanalytic therapists (Epstein, 1995; Rubin, 1996; Safran, 2003; Safran & Reading, 2008) have recognized the value of a Buddhist perspective and mindful approaches in their clinical model. Safran and Reading (2008) noted how therapeutic metacommunication is a form of “mindfulness in action” for the psychoanalytic therapist. In the past 2 decades, psychoanalytic therapists have changed their perspective from the therapist as a neutral observer to one who is a cocreator or participant in the therapeutic relationship and process. This interpersonal approach focuses on the mutual emotional environment of the therapist and the client as well as the therapist’s ability to regulate his or her emotions during therapeutic enactments or difficult moments. From this view, therapists can use mindful approaches as a tool to regulate their emotions and hence model and support clients through surrogacy affect regulation (Safran & Reading, 2008).

In a recent book, Mindfulness and the Therapeutic Relationship, edited by Hick and Bien (2008), a number of authors proposed mindfulness as a way in which therapeutic presence can be facilitated and the therapeutic relationship deepened. For example, Gehart and McCollum (2008) present ways mindfulness practice can be brought into the classroom to facilitate students’
experience of presence. Gehart and McCollum also proposed three pathways by which meditation can cultivate empathy: reducing stress, increasing self-compassion, and disidentifying with one’s own subjective perception.

Other theorists have proposed that mindful practice heightens qualities in the therapist, such as presence, attention, awareness, warmth, and compassion, that can help to deepen the therapeutic relationship (Shapiro & Carlson, 2009). We know that 30% of variance in psychotherapy outcome can be attributed to common factors such as therapist qualities (presence and empathy) and the therapeutic relationship (Lambert & Barley, 2002; Lambert & Simon, 2008). Hence, it is important to understand if and how mindfulness practice contributes to the cultivation of therapeutic presence and subsequently can deepen the therapeutic alliance.

**CLINICAL VIGNETTE**

The following clinical vignette demonstrates how particular Buddhist principles, such as working with aversion, and using mindful practices, such as breath awareness and emotional regulation, can help therapists to notice when they are not present, work with their distraction, and bring their attention back to the moment.

Jeremy’s grief over the loss of his father had become difficult to handle, especially given that it had not shifted in the months since his father died. His therapist found herself hesitant and averse to the appointment coming up, noticing her fatigue and internal voice saying that she needed a break from clients in general. The therapist noted her aversion and realized that something larger was at play inside herself, particularly the struggle and lack of competency she felt in not effecting a shift in Jeremy’s grief and complete loss of motivation. She silently committed to bringing this issue to her peer supervision this week. However, she still had to meet Jeremy that afternoon and was filled with initial dread regarding how she was going to manage this session.

The therapist’s awareness of her nonpresent state in the form of aversion occurred even before the session as she anticipated with dread the upcoming session. Having this level of awareness became a positive invitation to both consciously put this issue of incompetence on a shelf (bracketing) with an intention to return to it at a later time. This awareness can also serve as an invitation to bring her internal state into a more present-centered place prior to and during the session.

Given the hesitancy the therapist was experiencing in approaching the session, she decided to take 5 minutes before the session to bring herself into a more open and centered place. She did some gentle stretching and a mindful breathing exercise that allowed her to feel both her feet on the ground and
align her breath with her sense of center, imagining her breath going right through the core of her body. The therapist felt more available when she then approached the door to welcome Jeremy in. Even just a few minutes to breathe, feel her feet on the ground, and align her breathing helped this therapist to be in a more open and present-centered place when meeting the client.

As the session began, Jeremy spoke in his usual way about his lack of motivation, his deep sadness, and his sluggishness. The therapist began to experience that open and centered place she felt start to slip away, and a voice in her head taunted her on her inability to help him. The therapist again noted that voice and the discouragement it made her feel, and set an intention to return to it later. She quickly focused on her body and brought her awareness to her feet on the ground and her sense of center. As she invited her attention back into the moment, she really saw Jeremy in a way she had not before. She noticed this 40-year-old executive with the posture of a little boy. He was gentle, curled into the chair with his head slightly bowed. The therapist also noticed him wringing his hands as the therapist looked into his eyes. As Jeremy spoke further about his sadness and loss, the therapist saw the depth of his despair and the word “incapable” flashed in her mind. She reflected to him the deep despair she saw in his eyes and queried his feeling of being incapable in response to his loss. His eyes began to well up, and he looked at her in a way she had not seen before, with such deep sadness yet relief. He quieted for a moment and then spoke about the loss of not only his dad but also the only person that really believed in him. He spoke of the taunting he had experienced by his sisters and even his mother growing up, and that his dad would always quietly support him and tell him how great he was. In fact, the only reason he has the job now as an executive of a successful advertising agency was because his dad coached him before the interview and helped him to feel confident in himself. His tears flowed as he explored his fear that he would be incapable of succeeding without the presence of his father.

The awareness of this overwhelming and distant reaction the therapist had allowed her to pause briefly, regulate her feelings, and find her center as an access point to return her attention to the moment. This was possible through prior practice and self-awareness so that she could quickly recognize what she was feeling and realign her body and her attention. This awareness, prior practice, and preparation before session allowed her to refocus herself back to being centered and present, which then allowed the therapist to see and feel more deeply what the client was trying to express. As the therapist trusted the poignancy of the despair, which she recognized in her client as well as an intuitive sense or guide to the feeling of being incapable, she reflected back this awareness, which allowed for a deeper opening and feeling understood by the client. It is important to note that it is not the client’s feeling better that helped the therapist to feel more competent, as this reflection...
actually opened up deeper sadness. Rather it was her ability to stay or return to presence and hence be with the despair without feeling overwhelmed or turning away, so that the client could feel understood and express the layers of grief that he was feeling.

After the session ended, Jeremy commented that although his sadness was not any less, he felt “softer” and more understood. He began to express an understanding of the depth of his loss and was hopeful that he could continue to work and succeed, despite the loss of his dad and his great sadness. This therapist’s practice of returning to a sense of grounding and centeredness allowed her to bring her attention and focus fully back into the moment.

**RESEARCH ON MINDFUL PRACTICE AND THERAPEUTIC PRESENCE**

There are few formal research studies with respect to mindfulness and therapeutic presence. However, in the qualitative study discussed in Chapter 2 (Geller & Greenberg, 2002), more than half of the therapists interviewed discussed daily meditation as an important contribution to the development of therapeutic presence. For example, one therapist stated, “I do know that by far the main thing that correlates with increasing presence for me is regular meditation practice” (Geller, 2001). A personal experience and practice of mindfulness meditation tends to allow therapists to move easily into being fully in the moment with their clients.

McCollum and Gehart (2010) conducted a qualitative study examining the impact that mindfulness meditation had for student therapists in helping them to develop therapeutic presence. Master-level students who participated in a practicum course on the clinical component of training were instructed on mindfulness meditation as part of their class requirements and asked to keep a weekly journal about their experience. A thematic analysis was conducted of the journals kept by 13 students. The themes that emerged included the effects of meditation practice, the ability to be present, balancing being and doing modes in therapy, and the development of acceptance and compassion for themselves and for their clients. Findings suggested that students’ mindfulness practice helped them to develop qualities that are reflective of therapeutic presence, such as the ability to attend to both the clients and their own experience and to respond from a confluence of both attentions. Students also reported greater acceptance and compassion toward self and others. Findings also suggested that incorporating mindfulness practices into clinical training can support the development of therapeutic presence.

Further evidence for the cultivation of therapeutic presence through mindfulness has emerged from an exploratory study. Vinca (2009) confirmed a significant relationship between mindfulness and therapists’ presence using
the Therapeutic Presence Inventory (TPI-T) (Geller et al., 2010) and a version of the TPI-client. Hence, the more mindful therapists found themselves to be, the more present they found themselves to be, as well as the more present their clients viewed them as being. Vinca also found a modest to strong relationship between therapeutic presence and a positive session outcome. Findings also revealed that both therapist and client ratings of therapist presence were positively related to therapist empathy and inversely related to therapist anxiety. Hence, the more present the therapist was from both the perspective of the therapist and client, the less anxiety the therapist had and the more empathic their clients experienced them as being.

May and O'Donovan (2007) explored the relationship between mindfulness, well-being, burnout, and job satisfaction in therapists. Findings indicated that higher levels of present-moment, nonjudgmental, and mindful awareness were associated with cognitive and emotional well-being and satisfaction at work. While they found that actual mindful practice of therapists did not enhance mindful awareness, the authors suggested that mindful awareness, akin to presence, can improve the functioning of therapists and ultimately improve client outcome.

One study examined the integration of mindfulness into a therapy training program (Grepmair et al., 2007). The researchers found that therapists in training who also were taught and practiced Zen Buddhist mindfulness meditation before sessions with clients had a greater effect on clients' outcome than therapists who did not meditate prior to sessions. This is akin to our theory that therapists' preparing for presence results in clients having better outcomes. In particular, clients of therapists in training who practiced meditation showed greater symptom reduction than clients of therapists in training who did not meditate.

Shapiro, Brown, and Biegel (2007) proposed that an MBSR program can help to prepare psychotherapy trainees for the demanding work of being a therapist by developing self-care and the cultivation of mindfulness qualities as well as reducing stress. The authors used a prospective, cohort-controlled design and found that participants in the MBSR program reported significant improvements in positive affect and self-compassion, as well as a reduction in stress, negative affect, rumination, and state and trait anxiety. MBSR is suggested as one way in which therapists can increase self-care and one way in which trainees can train the self to be more aware and to regulate one's own thoughts and emotions. These qualities would help therapists to cultivate therapeutic presence both within their self and ultimately with their clients.

Although these studies provide preliminary evidence of the beneficial effects of mindfulness practice and the cultivation of present-moment awareness on the development of a deeper therapeutic relationships and positive outcomes, additional studies are needed.
Mindfulness practice can help to cultivate therapists’ presence in four important ways. First, it can heighten the sustainability of focused attention that is needed when being present in session with a client. Second, mindfulness practice can enhance self-compassion in the therapist and therefore should lead to greater empathy and compassion with clients. The compassion and acceptance developed in mindfulness practice is viewed as ultimately valuable as the basis of compassion and acceptance toward others (Dalai Lama, 2001). Third, mindfulness can offer a way to reduce stress and enhance well-being and care for the therapist’s own self, which allows for both the prevention of burnout and greater ability to stay present and connected with clients. Fourth, mindfulness can help generate greater openness and receptivity as well as grounding in one’s self, so the therapist can then experience the depth of relational presence with his or her client without feeling overwhelmed. The qualities of therapeutic presence enhanced through mindfulness can ultimately allow for a greater therapeutic relationship to develop, which we know contributes to a positive therapy outcome (Lambert & Simon, 2008).

The relationship of mindful practice and sustained and focused attention has been well documented (Jha, Krompinger, & Baime, 2007; Morgan & Morgan, 2005; Pagnoni & Cekic, 2007; Valentine & Sweet, 1999). For example, a qualitative study revealed that graduate students felt more able to sustain attention, be present, and be comfortable with silence with their clients after mindfulness training (Schure, Christopher, & Christopher, 2008). Valentine and Sweet (1999) demonstrated that practitioners of both mindfulness and concentrative meditation showed greater focused attentional skills, and that mindfulness practitioners were not as affected by expectancy effects. This latter finding suggests that mindfulness practice can help the therapist not only to sustain focus but to be less distracted by and negatively affected by extraneous stimuli or the emergence of unexpected experience or emotion in the client. The ability to have focused attention as well as to shift attention to different stimuli (clients’ words and bodily expression, therapists’ own self-experience, bodily resonance and intuition, the therapeutic relationship) is essential for the therapeutic presence process. This was confirmed by Shapiro and Carlson (2009), who noted that “the ability to focus attention and achieve or at least work toward sustained attention and concentration is crucial for truly being present in the therapy encounter” (p. 19).

Mindfulness practice can also help develop compassion. Compassion is defined as having empathy and understanding for others as well as having the wish or intent to use that understanding to help others and alleviate their suffering (Shapiro & Carlson, 2009; Vivino, Thompson, Hill, & Ladany,
As we have seen in Buddhist perspectives, compassion begins with compassion for one's self. This notion was supported by a study that analyzed moment-by-moment psychotherapy videotapes and found that therapists who lacked self-compassion (i.e., were more critical of themselves) were also more critical and hostile toward their clients and had poorer therapy outcomes (Henry, Schacht, & Strupp, 1990). A study by Shapiro, Brown, and Biegel (2007) indicated that mindfulness practice helps counselors to develop greater self-compassion, compared with a control group. To develop compassion for one's self or others, therapists need to have a level of attunement (to one's self or others), and mindfulness practice helps to cultivate that attunement (Siegel, 2007).

Mindfulness practice also helps to reduce stress, tension, and anxiety and increase self-care, in part through the development of affect regulation (Schure, Christopher, & Christopher, 2008; Shapiro, Brown, & Biegel, 2007). To be able to sit with the various emotions that arise in us while sitting with a client, and remain present, is important and challenging. Mindfulness practice, particularly the central aspects of observing, naming, and describing, helps us gain a nonreactive relationship with what we are feeling. If we can see the emotions as they are (naming) rather than as a commentary on who we are, then we have more ability to be with our clients, to not take what we hear or feel personally, and to ride the waves with what emerges in the moment.

Mindfulness also helps to develop greater flexibility and open-mindedness, which are essential aspects of presence and openness to whatever the client brings into session. Brown and Ryan (2003) demonstrated that higher levels of mindfulness were associated with greater openness to experience. The ability to open to each moment as it arises allows therapists to not get stuck on preconceived notions and instead to be flexible with whatever arises. D. J. Siegel (2010) provided an acronym to describe the beneficial outcome of mindfulness practice—FACES, which stands for flexible, adaptive, coherent, energized, and stable. He described the state of flow and integration (on the level of the self, the brain, and relationships) that occurs from mindfulness practice and results in the natural manifestation of the qualities that he coins FACES. Hence, mindfulness promotes these qualities, which reflects being in the moment, in flow, open, and energized with an inner steadiness of mind and emotions.

Mindfulness practices also focus on direct engagement with the present moment. It is through a letting go of our grasping of future and past, of desire and fear, that our natural wisdom is activated. Buddhist perspectives are based on practices of mindfulness that directly enhance our present-moment experience and hence release the tension of future and past, of longing and aversion. Through continued practice the body and mind accumulate direct experience with being released from these tensions, and hence presence and
Wisdom emerge more naturally. It is possible that through the gentle release of desire, aversion, greed, and ignorance and the heightening of present-moment attention, which mindfulness practice supports, natural aspects and qualities of therapeutic presence emerge.

The benefits of mindfulness practice in the cultivation of therapeutic presence include:

- increased focus and attention;
- enhanced compassion and acceptance—both within self and with others;
- reduced stress, anxiety, and inner tension and increased self-care;
- greater affect tolerance and emotional regulation;
- increased flexibility and openness with whatever arises;
- greater calm with whatever is being experienced; and
- release of self-identity, needs, hunger for attention, greed, and desire.

NEUROBIOLOGICAL BENEFITS OF MINDFULNESS PRACTICE

Emerging research from neuroscience on mindfulness approaches reflects the impact of mindfulness practices on positive changes in the brain structure and function. As noted earlier, changes that support the cultivation of presence include increased attentional abilities and working memory, present-centered focus, and affect tolerance. Mindfulness research from a neurobiological perspective has demonstrated that continued mindfulness practice results in cortical thickening (Lazar et al., 2005) and activates parts of the brain, including the anterior insula, the sensory cortex, and the prefrontal cortex. These three areas are involved in paying attention to the breath and to other sensory stimuli, as is typically done during meditation practice (D. J. Siegel, 2010). Furthermore, the prefrontal cortex is responsible for working memory (Siegel, 2007, 2010), which reflects being able to hold information, such as what clients share in therapy sessions.

The cultivation of grounding, centering, and equanimity through mindfulness practice can increase a person’s ability to experience painful or difficult events with less reactivity (Lazar, 2005). Hence, with sustained practice, therapists can develop a greater ease and ability to feel the depth of the other’s experience, and even one’s own resonant pain, and let it go. For example, Goleman and Schwartz (1976) found that people who practiced meditation had a slightly larger increase in skin conductance response than controls but returned to baseline more quickly than people who did not have a sustained practice. This illustrates the possibility that through repeated practice of calming the autonomic...
nervous system, the therapist can develop the capacity needed to engage and resonate with the client’s painful experience and yet quickly return to a state of calm and equilibrium.

Studies such as those by Davidson et al. (2003) have helped to demonstrate that the more experience one has with mindfulness practices, the greater the left-brain activation. Davidson (2004) examined electroencephalogram patterns of various people and confirmed that people who are more distressed, depressed, anxious, and so on tend to exhibit more activity in the right prefrontal cortex than in the left. In contrast, people who are more content and calm tend to exhibit more activity in the left prefrontal cortex than in the right. Davidson and Lutz (2008) noted that Tibetan monks with many years of experience of mindfulness practice had the most dramatic left prefrontal activation in the direction of contentment.

As noted in Chapter 9, changes in the physical structure of the brain are also reflected in studies by Lazar and colleagues, who explored the reversal of the natural thinning of the cerebral cortex that occurs with age. Lazar examined magnetic resonance imaging (MRI) in long-term meditators (D. J. Siegel, 2010). In a particularly interesting study, Lazar et al. (2005) compared people who averaged 6 hr of meditation practice per week over 9 years with age-matched controls. Results showed an enhanced thickness of the cerebral cortex in older adults who engaged in a meditation practice compared with controls, and the degree of thickening was in proportion to the amount of time the person spent meditating over his or her lifetime.

Another study by Lazar as referenced in D. J. Siegel (2010) showed that after 8 weeks of mindfulness practice, measurable changes were found in a part of the brain stem that involves the production of serotonin, a mood-regulating neurotransmitter. The increased density found in the related area of the brain stem, along with an increase in a subjective sense of well-being, was most pronounced for subjects who did the most practice (personal communication as cited in D. J. Siegel, 2010).

Another research study compared the MRIs of 13 Zen meditators with those of 13 control subjects and had participants in both groups perform a sustained attention task (Pagnoni & Cekic, 2007). The group of Zen meditators had less gray matter than the nonmeditators and had greater attentional abilities. Given the role of attention in a therapeutic context, especially the high-level attention that is part of therapeutic relational presence, these findings support the notion that meditation can help to cultivate the attentional qualities that are related to presence.

Mindfulness practice allows us to feel emotions vividly (have contact with the products of the limbic system) but not to feel so compelled to act or react to those emotions (emotional regulation as reflected in the prefrontal cortex; D. J. Siegel, 2010). This allows the therapist to be open and...
connected to the depth of the client’s experience in the moment while being grounded, steady, and centered within one’s self, a key part of therapeutic presence.

Neurobiological studies have also revealed that the close paying of attention that is stimulated by mindfulness practice results in two neuronal processes (D. J. Siegel, 2010). First, the neurons that fire during close attention actually reinforce the synaptic connections at the specific location and strengthen the connections to other local synapses as well as create new connections between synapses. Second, part of the brain above the brain stem releases acetylcholine throughout the brain during close attention. The combination of these two processes allows for the upward boosting of neurons that are firing; this will be more likely to activate genes that allow for the production of proteins to allow for greater structural connections to be made. In this vein, close paying of attention, such as that involved in mindfulness practices, increases neuroplasticity in the parts of the brain that reflect greater attention.

Overall, current research suggests that mindfulness practices play a role in cultivating qualities of therapeutic presence; these qualities can become more accessible experientially and permanent neurobiologically and result in the enhancement of neuronal integration. Emotional regulation, calm, openness, receptivity, enhanced attention, and contentment are some of the outcomes of a practice in mindfulness, qualities that reflect the experience of therapeutic presence.

A DESCRIPTION OF MINDFULNESS PRACTICES FOR CULTIVATING THERAPEUTIC PRESENCE

We provide practical exercises for heightening presence in Chapter 12. However, in the remainder of this chapter, we describe the different mindfulness-based approaches that can be used to heighten present-moment attention, acceptance, overall well-being, and other qualities of therapeutic presence, which can be beneficial both in session and in the personal life of the therapist. Many of these approaches are geared toward enhancing the present-moment awareness of the individual therapist, which in turn helps the therapist to be more present in session with the client. However, the relational quality of presence is sometimes missed in these approaches. We provide both personal/individual and interpersonal mindfulness practices that can serve to enhance therapeutic presence both within self and with others. Formal and informal mindfulness practices include mindfulness meditation, compassion meditation, mindful breathing, mindful movement, mindfulness in everyday life, and mindfulness in relationship with others.
Mindfulness Meditation

The most popular way of practicing mindfulness is mindfulness meditation. The key principles of mindfulness meditation were outlined by Kabat-Zinn (1990): nonjudgment, patience, beginner’s mind, trusting oneself, nonstriving, letting go, and acceptance. These factors are interconnected and are extensions of mindfulness (Killackey, 1998). The Buddhist rationale is that the cultivation of these positive qualities diminishes the strength of negative attitudes, such as anger, grasping, aversion, clinging, and laziness, and forms the basis of a more compassionate and loving heart toward self and others.

Mindfulness meditation is a formal practice of mindfulness and hence, ultimately, a formal practice of presence. In mindfulness meditation, attention is given to what is being experienced in the moment, either in the breath or body, without judgment or interpretation. While the breath is used as an anchor to return attention to when the mind wanders, no effort is made to constrict attention during mindfulness meditation. Instead, attention is expanded to include as many mental, emotional, and physical experiences that arise, as they occur, from a stance of calmness and neutrality, without elaboration, judgment, censorship, interpretation, attachment, or conclusions (Engler, 1986; Kabat-Zinn, 1990; Miller, 1993).

Mindfulness meditation practice involves eliciting a relaxation response through attention to breathing and then observing bodily parts and bodily sensations (body scan technique) and all perceptions, thoughts, emotions, and internal experiences through an open and accepting focus. The goal of mindfulness meditation is ultimately the acceptance of experience and the release of suffering. By not resisting, judging, grasping, or evaluating experience, including bodily pain and general sensations and emotions, a reduction in suffering is possible.

Daily meditation practice can help to release stress and unclutter the mind, to enhance in-the-moment awareness, and to create a sense of grounding. This can allow for the development of the capacity to be with the depth of experience while maintaining a sense of calm and spaciousness, which allows for clear and undiminished seeing and feeling without being overwhelmed or distant. As Kramer, Meleo-Meyer, and Turner (2008) noted: “Teaching therapists and therapist trainees such forms of meditation is almost guaranteed to help them become more self-aware, more accepting and reflective, more available to the client in the present moment, and more able to choose their responses skillfully” (p. 196).

Compassion Meditation/Tonglen Practice

Another valuable mindfulness practice for therapists is compassion meditation, or Tonglen practice, as based in Tibetan Buddhism (Brach, 2003;
Sogyal Rinpoche, 1992). This involves going through a series of steps of imagining the suffering of another human being or community that is experiencing significant distress and taking in the details of their suffering on the inhale while exhaling out compassion and love. Tonglen practice is a helpful way for therapists to practice taking in the fullness of the suffering of the other, while offering deep compassion, presence, and care. It also helps therapists to cultivate the ability to be with intense and difficult emotions without getting overwhelmed or shutting down by “fixing” or minimizing the client’s pain. This quality of awareness is akin to the aspect of presence that involves experiencing deeply without attachment.

**Mindful Breathing**

A therapist in the qualitative study on presence (Geller & Greenberg, 2002) described using her breath as a focal cue to bring herself into presence. Focusing on her breath is akin to her meditation practice, the method by which she practices presence in her daily life. She described her awareness of breath as her aid in moving inward into presence:

> Well, the breath is really taking a deep breath with total awareness. So focus on the breath, and that just anchors me. And then I’m in [laugh] in a sense. So I am totally in my body and not out somewhere. I’m in my body but I’m open at that point.

Mindful breathing can be done formally through practice or informally by pausing throughout the day to use the breath as a focal cue to bring awareness back into the moment. In formal or informal practice, the physical sensation of breathing is used as an anchor for present-moment awareness. As the therapist above noted, breathing with awareness in session can help invite one’s attention into presence or bring one’s attention back when it has wandered.

**Mindful Movement**

Mindful movement includes practices directed at moving the body in an intentional and slow way that is aligned with the breath and with the intention of bringing one’s awareness into the depth and ground of the body in the moment. This can be especially valuable for therapists in cultivating presence, as therapists tend to have a very sedentary professional life, given the amount of time spent sitting with clients or on the phone or computer. In therapeutic presence, the body is a gateway for therapists to sense what the client is experiencing as well as to access the therapist’s own intuition and wisdom in direct responsiveness to the moment with the client. Hence, practice with present-centered movement can help to develop that deep and direct relationship with one’s own body and sense of grounding.
Mindful movement and walking meditation emerge from the tradition of Thich Nhat Hanh (2008), a Vietnamese Buddhist monk. Thich Nhat Hanh grew up in a country with exceptional conflict and violence, and he recognized the importance of each person practicing to find peace within themselves. Mindful movement practice involves bringing awareness to simple and repetitive movements of the body. (See examples in *Mindful Movements: Ten Exercises for Well-Being*, Thich Nhat Hanh, 2008.)

In walking meditation, a particular form of movement meditation, the focus is on walking with the intention of cultivating present-moment awareness as well as a sense of compassion. “Mindful walking simply means walking while being aware of each step and of our breath” (Nhat Hanh, 2008, p. 9). While walking at a slow pace, we become aware of the nuance of each step; hence, the body and stepping motion become the anchor for present-moment awareness. Much like meditation, as the mind wanders, we use our awareness of each aspect of the foot touching and lifting from the ground to bring our attention back to the moment, again and again.

Taoist tai chi practice also involves moving in a slow and intentional way. Tai chi involves a series of steps or bodily movements that require one to stay focused on the movements as they are happening in the present moment (Siegel, 2007). One research study has found a relationship between tai chi practice and increased immune functioning (Irwin, 2005, as cited in Siegel, 2007). Moving with awareness in the moment of one’s experience of the movement can help therapists to generate a level of bodily present-centered awareness.

Mindful movement techniques can also be found in qigong practice. According to principles of traditional Chinese medicine, qigong is a form of “mind–body” exercise, which exercises both the mind and the body for treating various chronic diseases and promoting health (Tsang, Cheung, & Lak, 2002; Weil, 2003). Qigong is referred to as the art and science of using breathing techniques, gentle movement, and meditation to cleanse, strengthen, and circulate qi, which is also known as life energy. Qigong practice leads to better health and vitality and a tranquil state of mind (Tsang et al., 2002). It has been used by health care professionals to prevent healer burnout and to maintain a positive presence (Valente & Marotta, 2005).

**Mindfulness in Everyday Life**

Therapeutic presence can also be cultivated through informal mindfulness practices, such as moment-to-moment, nonjudgmental awareness of all aspects of daily life. Mindfulness in daily life would include exercises such as daily awareness practice. This involves choosing one activity that you engage in on a daily basis and practicing being mindful and aware of all aspects of
that experience in the moment while engaging in that activity. For example, climbing the stairs in your house can be a marker for stopping, becoming aware in the moment, and practicing noticing each step, what it feels like, the feel of your feet as they touch the ground or lift up, the sensation of the floor as your foot meets the next step.

Everyday mindfulness can also be accommodated to frustrating experiences such as traffic or waiting in line, for example, using a stop sign as a marker or invitation to take a breath and come into the moment. Opportunities for practice arise in much of life; it is just about being intentional about a particular activity. For example, waiting in a slow line can be incredibly frustrating, or it can be an opportunity to practice what it feels like to be waiting, noticing your feet on the ground or the breath, bringing awareness to the discomfort of anticipation without reactivity. These opportunities for intentional practice of presence allow us to pull back from the anticipation of the next moment or the frustration of being held up and to arrive again and again into the now.

Mindfulness techniques can aid in the therapist's ability to be deeply present with a client. They can help cultivate qualities of presence, such as taking in the fullness of the client’s experience while maintaining a separate sense of self. Mindfulness practices can also help to cultivate awareness of when a therapist is not present in the session so that he or she can practice out of session to develop the skill to easily move back in the moment and to hold a range of potential discomforts and tensions without reaction, with full awareness. In brief, moments of mindfulness practice also help us to develop a natural ability to pause, breathe, check inside with one's experience, relax, and expand, which provide a basis or practice for cultivating presence.

An example of a mindful practice in everyday life follows. The first author (S. G.) experienced her first 10-day silent meditation retreat in Thailand in the early 1990s. The participants had to choose one chore that they would be responsible for throughout the retreat. They would then have a practice period of 20 minutes to engage in this one chore, silently, day after day; whether it be to scrub the toilet, sweep the leaves, or cut firewood, this daily task was also an opportunity for mindfulness practice. So the first author chose dishwashing. She washed dish after dish, day after day, in silence. Feeling the water on her skin as it splashed onto the top of her hand, she would practice feeling the sensations of warmth or the feel of the soapiness on her skin. She recalls the feel of the dishes and the (eventual) joy it would give her to just be with each sound and feel. She could hear the subtlety of the sound of scraping the food off, the plate immersing in water, placing it down to dry. She would practice feeling each detail of what the plate felt like, dry and wet, what scraping sounded like, clutching, touching, splashing, rinsing, drying. She would try to keep her mind and experience on this one plate. To this day, she still enjoys
and invites herself naturally into the moment when she washes the dishes, as it soothes her and allows her to practice presence.

Mindfulness practice is more than just the cognitive act of bringing one’s attention to the moment. It is a practice, an exercise, that can aid in bringing a deeper sense of connection with the self, with others, and with one’s own intuition and wisdom. The findings of neuroplasticity suggest that through continued practice, the qualities of presence that we are intentionally cultivating become a part of our neural structure and hence more accessible and more easily drawn on when we need them, such as in the therapy encounter with our clients.

**Mindfulness in Relationship With Others**

Practicing presence and mindfulness in relationship with others is profoundly important for therapists because it is the relational aspect of presence that is often most challenging in therapists’ personal lives and in direct relationship with clients and their sometimes insurmountable pain. In addition, the well-known impact of the therapeutic alliance on therapy outcome suggests the development of interpersonal or relational therapeutic presence, which has been shown to be related to the development of a positive therapeutic alliance, to be both profound and necessary. Two approaches to enhancing relational presence through practicing mindfulness in relationship are comeditation, which has been used primarily with people who are dying, and insight dialogue, a fairly new area reflecting interpersonal mindfulness.

**Comeditation**

Comeditation has been referred to as “cross-breathing” and emerged in the Tibetan end-of-life practice called Phowa (Boerstler & Kornfield, 1995; Hunter, 2007). While comeditation has been used primarily with people who are dying (Fasko, Osborne, Hall, Boerstler, & Kornfeld, 1992), we are proposing that a variation of this approach be used in therapy training for the cultivation of relational presence. If done in a therapy training scenario, each partner can have a turn at leading, extending, or tuning into the other and receiving or allowing oneself to just breathe. The harmonizing of the breath in comeditation can allow for the development of a synergistic relationship and deepening of connection, both internally and with another, which can enhance present-moment intimacy. In comeditation, the concentrated presence of one person meets the relaxed presence of another (Hunter, 2007). “Comeditation can be a helpful practice for anyone who feels that Presenting (being fully aware and present to another suffering being) has value and importance” (Hunter, 2007, p. 3).
The notion behind comeditation is to allow one’s self to practice being intimately present with the moment, with another person. Given that psychotherapy is a highly intimate process, it is important for therapists to develop a deep comfort with intimacy both as a receiver and a giver and to gain experience and comfort with being present in a shared interpersonal reality.

**Insight Dialogue**

A more recent approach, insight dialogue, acknowledges that the individual practice that is typical of mindfulness is not always relevant to dealing with the multitude of reactions we can encounter in relationship to others (Kramer, 2007; Kramer et al., 2008). When we meditate alone, we can generate peace and awareness within and hence approach relationship issues indirectly. However, when we meditate with someone else or in practice in a group dynamic, such as with insight dialogue, then we can directly encounter our relational suffering and work with it appropriately (Kramer, 2007; Kramer et al., 2008).

Insight dialogue is a form of dialogic meditation and entails a period of silent meditation followed by people pairing off or gathering in a group to reflect on a topic such as change, doubt, or death (Kramer, 2007; Kramer et al., 2008). Participants are invited to pause periodically to gain awareness of habitual stories or automatic reactions in relation to these themes and to being in relationship in an intimate way, and then invite themselves back to the present moment of interpersonal contact. The basic premise or instructions in insight dialogue involve six aspects: pause, relax, open, trust emergence, listen deeply, and speak the truth (Kramer, 2007; Kramer et al., 2008). Each instruction is geared toward calling on different yet complementary qualities, such as mindfulness (pause), tranquility and acceptance (relax), relational availability and spaciousness (open), flexibility and letting go (trust emergence), receptivity and attunement (listen deeply), and integrity and care (speak the truth; Kramer, 2007).

The practices and instructions that are a part of an insight dialogue exercise appear to be a great complement to psychotherapeutic training. Helping trainees to pause and gather awareness of their own self in the moment, as well as their relational triggers, and to work with them directly with acceptance and compassion can aid in the development of their ability to be present with self and others and to acquire relational therapeutic presence by working directly with their interpersonal barriers. Interpersonal meditation, such as in insight dialogue, can offer an excellent adjunct to the training of relational presence as well as managing countertransference reactions that could interfere with being fully present.
CONCLUSION

Mindfulness comprises a set of skills and practices that can help one to cultivate therapeutic presence. The research in mindfulness supports the notion that present-centered attention and reduced stress and reactivity can develop through practice. More recent interpersonal approaches have recognized that mindfulness in its traditional form needs to expand to include relational qualities. These interpersonal mindfulness approaches can benefit therapists in working through their own relational issues and barriers to intimacy and hence develop the capacity to be relationally present with their clients.