

## APPLICATION OF AWARENESS METHODS IN PSYCHOTHERAPY\*

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Awareness training and meditation practices are beginning to receive more attention in the practice of psychotherapy (Boorstein, 1980; Walsh & Vaughan, 1980). Various issues concerning their appropriateness in therapeutic settings have also emerged (Welwood, 1980). In my own practice as a psychotherapist, I have been using methods adapted from meditation, although I do not have the same initial objectives as one would find in formal meditation training or as part of a traditional spiritual discipline. I take, perhaps, a more shallow approach than a meditation master, but I do use awareness-developing techniques that are related to some meditation methods. In the context of professional psychotherapy I have found these techniques to be effective and efficient therapeutic tools.

*using  
methods  
adapted  
from  
meditation*

### TECHNIQUES ADAPTED FROM MEDITATION

I often encourage my clients to engage in one or more forms of meditation on a daily basis. The two forms that I most commonly recommend are a listening meditation and a breathing meditation. The listening meditation involves sitting still, erect and comfortable while focusing awareness on listening to sounds. I instruct my clients to listen to sounds without naming or labeling them—just listening, or bare

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*bare  
attention  
to  
listening*

attention to listening-perhaps being aware of how sounds appear, stay for varying durations, and disappear. I ask them to "just listen" for twenty minutes, and if they find that their attention wanders from sounds to fantasizing or thinking, they should let go of the thoughts and fantasies and gently return to listening.

Over a period of weeks I may ask them to turn their attention to the question, "What is there where the sound was?" or "What was there before the sound?" And eventually I may ask them to explore the question, "Who hears?" (Kapleau, 1967). I start this meditation with my clients in my office. With beginners, after three to four minutes of "bare listening," most will have a positive experience. I utilize this meditation technique to promote relaxation and tranquilization, for training in detachment from thoughts, letting go of unwanted thoughts or fantasies, and perhaps most importantly, for developing an ability to concentrate or attend to mental processes.

*breathing  
meditation*

I utilize a breathing meditation in much the same way. The instructions are to sit still and erect, to focus awareness on feeling the excursions of the lower abdomen during inhalation and exhalation. My clients are instructed to let go of thoughts and fantasies as they arise, and gently return to the awareness of breathing. When they have difficulty staying focused on the excursions of their abdomen, I may suggest that they count their exhalations subaudibly. In addition to the consequences described for the listening meditation, this exercise, over time, appears to significantly alter breathing patterns to a slower and deeper rhythm which can be useful for combating feelings of anxiety.

*body  
scan  
meditation*

Less frequently I have used another breathing meditation which focuses on awareness of the air entering and leaving the nostrils. This is more energizing than the breathing method described above. Vipassana or mindfulness meditation provides training in making very fine and unbiased observations and is dehabituating and dehypnotizing (Young, 1981). I also use a body scan meditation in which one gradually and systematically moves one's awareness from one part of the body to another while observing what can be experienced at each location. This is useful for both training the ability to direct awareness volitionally and for enhancing bodily awareness. Nyingrnapa Kum Nye meditation techniques (Tulku, 1978) are also useful for softening body armor, energizing, and as direct and simple ways to introduce a client to an altered state of consciousness (Wilber, 1980). It is also important when dealing with a

client population to provide adequate explanations of the types of common illusions that might be experienced during meditation, e.g., floating, body disappearance, bodily distortion, *etc.* My experience with non-psychotic clients is that adequate explanations of the mechanism of these types of illusions are usually sufficient to eliminate most anxiety should it occur.

#### APPLYING AWARENESS TECHNIQUES

For purposes of this discussion I will describe a typical patient from my practice. The reference patient is male, thirty-five years of age, handsome, unusually energetic, a college graduate with an M.A., and unmarried. His occupation is painting houses. He first presents himself exhibiting anxiety, confusion, guilt and anger, with frequent bouts of tearful crying. We soon find that, in addition to a number of practical life problems, he makes incessant negative self-statements to which he responds and reacts with internal dialogue, shuttling rapidly between concomitant feelings of anger/frustration to guilt/helplessness.

*a  
case  
study*

Normally, I would see this client for an hour once a week. The in-office therapy sessions are conducted principally as Gestalt therapy sessions with time allowed for adequate review of the daily therapy "homework" aspect of my therapeutic approach. Within three weeks this patient became engaged in the following daily activities.

He practices a progressive relaxation technique programmed on a cassette tape for twenty-five minutes and a listening meditation for twenty minutes.

*daily  
therapy  
homework*

He lists, in a pocket notebook, all negative self-statements with tally marks for repeated statements, and listens to a self-made tape of his negative self-statements ten to twenty times.

He practices the internal self-dialogue externally utilizing chairs in the Gestalt therapy tradition (Perls, 1969; Peds *et al.*, 1951) for ten to fifteen minutes.

Eventually he makes maps of the location and type of physiological sensations that make up every uncomfortable feeling.

And finally, I ask him to practice producing the uncomfortable feelings with as little reliance on fantasy imagery as

possible. The function and purpose of these daily exercises will be described below.

*use of  
a  
relaxation  
tape*

The progressive relaxation tape is similar to most tapes of this type, *e.g.*, tighten your buttocks, hold them tightly, let go! However, there are thirty seconds in between each instruction on the tape. The patient is instructed to employ the tape while lying horizontally on the floor, to tighten and then relax only the particular body part mentioned *e.g.*, when tightening the buttocks make sure not to tighten elsewhere simultaneously), and during the interval in between the instructions to pay attention to other changes that are happening as a consequence of "letting go" of the self-induced tension. The functions of this exercise are to teach and assist in the redirection of attention, develop an awareness of internal activity and bodily processes, a skill with both tension and relaxation of tension, develop a sense of "self-control," and assist in general stress reduction.

*examining  
negative  
self-  
statements*

The client was also instructed to carry with him a pocket notebook and to write out every negative self-statement that is made, and exactly as it occurs internally, *i.e.*, "You're really stupid," versus "I'm really stupid." Repetitive self-statements receive tally marks to identify the most popular negative verbalizations. The exercise of tallying negative self-statements in a notebook focuses attention on the type, quality and frequency of the self-statements and facilitates the redirection of awareness toward internal processes. The client is also requested to make a cassette tape of all the negative statements and to listen to the tape ten to twenty times a day. Ideally, when the client starts to make a negative statement, he will learn to stop in mid-thought, so to speak, and activate the tape recorder. Thus the patient changes his behavior and becomes inured to his own negative statements. The principal consequence of this activity is to reduce both the patient's level of response to the negative self-statements and their frequency of occurrence.

*internal  
dialogue  
sessions*

Based on his experience *in* the individual therapy sessions, my patient is asked to practice his internal dialogue externally and vividly. From a Gestalt therapy viewpoint this client is involved in a top dog/under dog scenario. The top dog is demanding, abusive, guilt-producing, with feelings of anger and dominance, and is organized around a work/success ethic. The underdog, on the other hand, is resistant, with feelings of helplessness, submission, and guilt. Utilizing the method developed by Perls (1969), the client spends at least ten minutes each day moving between two chairs set up facing each other and shuttling between these two personalities with an audible verbal dialogue.

This exercise improves awareness by slowing down the "internal dialogue," makes the shift of feelings less tumultuous and confusing, leads to the reclamation of split-off parts of the personality, educates the client in the polar aspects of conceptually based feelings (i.e., critical and pitiful are but two end points of the same process), brings to awareness the intellectual, perceptual, and feeling aspects of this "conceptual shuttle," and eventually habituates the shuttle process.

I give my clients empty line drawings of a human figure with the instructions that, whenever they experience an uncomfortable feeling or emotion, they are to map graphically the locations of the sensations of emotion they are experiencing. Mapping feelings can be a difficult task at first. But questions such as, "How do you know when you are afraid?" help individuals observe the manner in which they use their bodies to display feelings, emotions and meanings.

*mapping  
feelings*

This exercise develops an awareness of the constellation of body events that make up a feeling. In addition it provides visual information about body events, particularly if verbalization of bodily changes and memory of them is poor. Thus the map becomes a very useful tool for therapist/client communication to direct awareness especially in learning to observe how feelings come into existence.

The patient was also asked to produce the feeling of guilt ten times a day with the objective of eventually being able to produce this constellation of feelings without resort to fantasies or self-admonishments, i.e., to develop direct control of these feelings. Whenever he experiences guilt in the normal course of his life, he is to use that opportunity to observe the feeling in order to know better how to produce it volitionally in his practice sessions. This exercise promotes awareness of the characteristics of the negative experience by attempting to control or take charge of its occurrence, It also establishes a skill with respect to feelings and emotions, and self-regulation.

*developing  
control  
over  
negative  
feelings*

The function of the meditation exercises mentioned earlier is to reduce labeling and thereby achieve some detachment from words and phrases. Not labeling is also an excellent way to combat judgmental feelings toward oneself or others. Staying with listening also facilitates the ability to concentrate and improves the ability to stay with a program of activity or with uncomfortable feelings that the client wants to avoid. This aspect of meditation is a little bit like the mental equivalent of weight lifting to gain strength. The

other side of concentration, letting go of disturbing thoughts and fantasy, is extremely useful training for this patient.

#### PRACTICING SUFFERING

*bringing  
discomfort  
into  
awareness*

An expansion of the exercise of producing uncomfortable feelings is termed "practicing suffering," which means to volitionally practice uncomfortable feelings and emotions with the objective of reducing or eliminating the discomfort. If we observe how uncomfortable feelings or emotions come into existence, we may be ultimately led to the conclusion that we usually produce our own pain and discomfort. Why do people keep suffering even when they "know they are the ones who are doing it"? The common psychiatric explanation is secondary gain, *i.e.*, they get some reward for continuing the pain. In my practice, however, I find many situations in which secondary gain is not a reasonable hypothesis. Rather, it seems that people are unconscious or ignorant of what they are habitually doing. They do not know how they "make" pain, discomfort, sadness, *etc.* The purpose of practicing suffering, then, is to bring the method of making discomfort into awareness, and to bring that mechanism into awareness is to become skillful with the mechanism. To master a way of suffering is to watch it gradually fade out of the automatic repertoire as the normal self-regulatory mechanisms commence to operate.

*viewing  
experiences  
as  
processes*

Practicing suffering is an awareness method of therapy. The focus is on how discomfort is made, where it comes from rather than on the external attributes (*i.e.*, content) of a situation. The patient may be asked, "When you feel guilty, how do you know you feel guilty? How is this feeling different from others, such as hurt?" Patients who are unable or unwilling to shift their focus from the content of suffering to its process are not successful in this therapy. Consequently, the therapeutic task is to change the direction of attention and interest toward the discomfort rather than avoiding it. If movement occurs, the patient begins to observe the negative experience as conditional, as a compound. These experiences are then seen to be processes, gestures or movement, rather than reified entities, such as "my buried anger."

This method also permits the mapping of changes which accompany feelings or emotions, through the practice of trying to bring the uncomfortable feeling into existence and then letting it go. I ask my clients to practice both with and without a reliance on fantasy, thoughts, or memory. I sug-

gest that, when the uncomfortable experience "just happens" to them, they use the opportunity to observe it closely and accurately. Exaggerating the negative experience is another way to both improve observation and to improve awareness of control. There is a big difference between covering up pain or discomfort and the process of learning how to produce the experience volitionally. As the skill develops with the negative gesture, it gradually dissipates from the automatic repertoire of the patient. As the negative experience ceases to be performed in present contexts, it also ceases to be performed in conjunction with memories of the past or fantasies of the future, thus changing their quality and meaning.

*exaggerating  
producing  
and  
dissipating  
negative  
habits*

As a simple example of the power of these gestures to impart meaning, consider the following dialogue. When I gave this type of homework to a patient of mine, she responded:

*P:* That sounds hard.  
*T:* How do you make the understanding that the homework will be hard?  
*P:* I don't know.  
*T:* I can see you tightened your chest and stopped breathing when you said "that sounds hard." Now breathe with your belly, relax your chest and say it again.  
*P:* That sounds hard. Hmm, that's a lie.  
*T:* Tighten your chest and say it again.  
*P:* That sounds hard. Now it's true.  
*T:* Breathe with your abdomen and say it again.  
*P:* That sounds hard. Now it's a lie again.

And from another case with a more experienced patient:

*P:* I really feel afraid. I'm afraid I'll turn around and everyone will be gone.  
*T:* Now relax and make the same statement.  
*P:* I'll turn around and everyone will be gone. Now it's not at all true and I'm not afraid.  
*T:* Now make the fear and say it again.  
*P:* I'm trying to make it a true statement-to hold everything together. As long as I'm on guard, everyone won't be gone. I'm in control.

Thus, discomfort, feelings, and emotions are used to display the personal meaning of events, actions, thoughts, and phrases to ourselves and to others. In addition, I find that the constellation of conditions making up the experience of discomfort is generally idiosyncratic and arbitrary. However, the importance of suffering as an idea seems to be

*the  
importance  
of  
suffering*

ingrained in most societies and religions. Thus it is often part of deeply held belief systems concerning values, affection and love.

a  
*Buddhistic interpretation*

In Buddhist philosophy (Blofeld, 1959; Rahula, 1959; Suzuki, 1932; Takakusu, 1975) suffering or *dukkha* (dissatisfaction, desire, impermanence), "has within itself the nature of its own arising, and also within itself the nature of its own destruction" (Rahula, 1959). My experience with clients' using the psychotherapeutic methodologies discussed above has led me to believe that they are effective in assuaging *dukkha*.

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