

Prolegomenon

Finding My Way to Mindfulness for Two

In June 2006, I found myself presenting a workshop at the International Mindfulness Conference in Bangor, Wales. The invitation surprised me. I'd thought some about the relationship between the work I do and mindfulness before that conference, though not really a great deal. At the conference, I prepared the audience to do an exercise called the Sweet Spot. The exercise, described later in this book, is a meditation for two on a sweet moment in life. As I began putting the audience together in pairs for the exercise, I noticed a gentleman at the back of the room. He had come in a little late that morning. I went to the back of the room and invited him to join the exercise. He declined, saying that he'd just flown into the UK and was feeling a bit jet-lagged. In the end, we had an odd number of participants without him. He was a good sport and agreed to join us. We did the exercise, debriefed a bit, and then went to get something to eat.

At lunch, this fellow who'd been sitting in the back of the room came up to me, reached out and shook my hand, and said, "Hello, my name is Jon Kabat-Zinn." What can I say? I didn't recognize him from his book covers.

Later that day, during the coffee break, I confided in Jon that people sometimes asked me if I had a mindfulness practice. I told him that I never knew exactly how to answer. I told him that I didn't sit on a cushion for forty-five minutes each morning.

“But,” I said, “I do this,” referring to the meditation for two we had been doing on the sweet spot and to similar work with clients. “So, what do you think?” I asked Jon. “Is this a mindfulness practice?”

“If this isn’t mindfulness, I don’t know what is,” Jon replied.

This vote of confidence from a man who has done so much to promote the concept of mindfulness means a lot to me, and it gives me some comfort when I describe the contents of this book as a part of a mindfulness practice.

The aim of this book is to get you acquainted with something I call *mindfulness for two*. This is, in short, a collection of attitudes, sensitivities, and practices, the goal of which is to increase conscious attention to the present moment on the part of both the therapist and the client in a psychotherapeutic situation. Mindfulness for two, at least as I’m going to talk about it in this book, is inseparable from the larger body of work called acceptance and commitment therapy (ACT), a branch of cognitive behavioral therapy that integrates mindfulness and acceptance strategies with values-based committed action as a means to increase psychological flexibility. Mindfulness for two is also resonant with the many traditions of mindfulness, although it isn’t necessarily of any one of them, having goals that are unique to the psychotherapeutic relationship as it is developed in ACT.

Many of the leaders of the application of mindfulness to health care today began with an interest in mindfulness born of personal experience. Folks such as Jon Kabat-Zinn, Marsha Linehan, and Alan Marlatt had meditation practices of different sorts for many years. They saw benefits from their personal practices and sought ways to bring these benefits to their clients, adapting meditation practices for individuals who suffered from various physical and psychological difficulties.

This wasn’t my path. My own path to teaching mindfulness didn’t emerge from the translation of a formal mindfulness practice into an application for use in health care. I didn’t come to mindfulness out of my strength in mindfulness. I didn’t come to mindfulness out of any strength at all. I came to mindfulness out of a weakness: my own mindfulness practice with clients came from my complete inability to listen to them carefully.

It’s really remarkable how well a person can get by without listening. Most conversations don’t require a great deal of attention. We can drop in and out of them, nodding occasionally. Even if we lose our place, we can readily catch up. As with driving, if we’re well practiced, we can engage in a conversation almost automatically, with very little attention. Perhaps you’ve had the experience while driving of suddenly becoming

aware that you've driven a dozen miles without the slightest idea of what you passed or what you had been doing while behind the wheel. When this sort of thing happens, you snap to attention, but unless you've driven off the road, there are no particularly serious consequences.

When you have a similar experience while engaged with a client, though, the stakes are a lot higher. I recall with incredible clarity sessions in which I would suddenly find myself sitting in front of a client who was pouring her heart out while I had no idea what she was talking about. This is very embarrassing to admit, yet it is very true. Needless to say, this problem with attention was a real deficit for me as a therapist, as someone for whom careful listening is a core skill.

The truth for me, though, is that I have a busy mind. I've always been that way; as a young student, half of my attention was on my teachers in school and the other was out the window, watching the clouds, thinking about what would happen later and what had happened before. It isn't surprising that I carried this tendency over into the therapy room. I was a skillful enough conversationalist to keep clients from noticing my lapses in attention, but I recognized that the lapses were occurring. And I felt bad. Unlike the driving example, there were consequences. My clients were only being half heard—or, worse, not heard at all.

I've had a long, unsuccessful history of privately promising myself to mend various of my ways. I've found that it's typically more fruitful for me to confess my misdeeds publicly and then set things right according to what it is that I value. That's what I began doing with clients. I would say something like "I'm sorry, but I've missed some of what you were saying, and it's important that I really hear you. So, if you would, let's back up just a bit. I'd like you to say again what you just said, and let me listen. Let me listen until I hear the heart of what you are saying."

I recall a client I saw in therapy in the early 1990s as the first instance in which I can clearly see seeds of my current practices. I was treating a young woman, an artist. She was very bright and funny and odd and troubled. Although she was otherwise quite articulate, she had very little insight into her own emotional life. As I sat and listened to her, I would occasionally see the smallest transient glimmer, a tiny hint of emotion that would evaporate like a single raindrop on a hot summer sidewalk. I would ask, "What was that?" She would reply she had no idea at all what I was talking about.

She liked and respected me though and was willing, when I asked her, to back up in the story and tell the part again that had stirred the bit of emotion. It often took several attempts. She would come upon the bit of difficult material. I would see that transient shift in her affect. Then

her pace of speech would quickly speed up, and we'd be on to a new topic. We often had to back up and slow our pace down many times in the course of a session.

Eventually we learned to stop and linger at these cusps, these small transitions. And in these margins we found a lovely richness. We found much pain, which speeding along held at bay. But we also found—mixed with those tears—laughter, love, and compassion. She learned to stop on her own, outside sessions, and linger at those interstices. She drew on this new experience to produce a series of paintings, which she displayed in a show called “Stopping.” I still have a poster from the show. And I still remember those moments we spent together, learning to stop.

Since that therapy experience, there have been grants, new academic and research posts, many new students, and dozens of workshops, all of which seem, in retrospect, to have led me inexorably from a complete inability to listen well to the mission of teaching mindfulness for two, a different sort of listening and speaking.

In writing about and conducting trainings using this material, I've found myself filled with questions. What if we took that focused yet flexible, open, and accepting attention that we cultivate on the meditation cushion into our interactions with clients, trainees, and peers? How would those conversations be transformed? How would they differ from more ordinary conversations?

The adoption of a formal mindfulness practice isn't part of ACT, although it's in no way inconsistent with ACT. This book describes the use of mindfulness processes in our interactions with clients; it's much less concerned with formal mindfulness practice. Since it's not in my field of expertise, I'm happy to leave the teaching of practices such as sitting meditation to those better qualified.

What I am expert in is behavior analysis and its application to psychological difficulties. The rise of mindfulness-oriented work in recent years has spurred me to think more carefully about the role of mindfulness processes in ACT. Although the seeds of it were there from the start, it's only recently that I feel I have begun to grasp how integral mindfulness processes are to other therapeutic processes in ACT.

In his lovely book *On Becoming a Person*, Carl Rogers says, “What is most personal, is most general” (1995, 26). I've bet my career that Carl Rogers is right. This book is personal. It's personal for me, and I hope you'll allow it to be personal for you. I realize there's some risk in writing predominantly to you, the reader, directly. You may find it intrusive that I speak directly to you. If that's so, please forgive me. Many if not most psychology texts are written to a remote third person; I realize you'll be

used to this more formal but perhaps less engaged voice. But when we sit down with our clients, their very presence in the room with us invites to be more present with them, to be more aware of where we are in relation to them. My hope is that, by addressing you directly, I'll be inviting you to be more aware of where you are in relation to me, to the discussion in this book, and to your clients.

Also, ACT doesn't draw any hard lines between clients and therapists, so it seems only right that I not draw any hard lines between you and me. Many of us in the ACT-treatment-development community think that the same processes that create obstacles for clients create obstacles for therapists. We share this sensibility with fellow travelers in the mindfulness community. Further, we think that the best way that therapists can learn about ACT principles is by examining them in our own experience—a sort of self-as-laboratory perspective.

Consider this foreword, then, as a sort of informed consent. If you're offended by me speaking directly to you, or if you're unwilling to sit with hard things, both your own and your clients', this book isn't for you. However, if you'll accept my intrusion for a few pages, this book may provide experiential learning in addition to the usual didactics that fill our bookshelves.

Before we go any further, let me call your attention to the DVD-ROM bound into the back of this volume. The disc contains QuickTime video that demonstrates some of the things I'll be discussing as we go along. I'll reference some of the content on the disc from time to time. For a more detailed description of the contents of the disc and how to take advantage of it, flip back to Appendix A.

I'm grateful to all those clients who suffered through my learning curve and who helped me to find my way in that therapy room. I also owe Judith Soulsby, who engineered the invitation to Bangor in 2006, a great debt for putting me in a position that required me to think hard about ACT and mindfulness. In the days since that workshop in Bangor, the relation between the present-moment-focused ACT work I do in training and mindfulness has thoroughly occupied my thinking. People who have been to my workshops over the past couple years have been subjected to my developmental process, much like the clients who came before them. I owe all of them a debt and hope that there are things in this book that partly repay their patience with me.

Coming Face-to-Face with the Human Condition

My psychology is personal. It's my hope that in this chapter and those that follow, I'll make this psychology personal for you too. It's my conviction, my working assumption, that there's a commonality and ubiquity to human suffering and that if we're willing to sit in kindness with our own, we'll be able to hear the hearts of our fellows. Though important, the hearing of hearts isn't the whole of this work. But it's an important first step: the fostering of a place from which our clients and we can work together.

Empirical clinical psychology has had a hard time seeing the unity of human suffering, though the data lie all around us. Why? I believe that the unity of human suffering is obscured by the very categories we impose upon it. This book is an argument that there is value in looking past the categories for a moment at least and in letting what we see there change us.

In this as in many other matters, sometimes poets have a clearer view:

*Before you know what kindness really is
you must lose things,
feel the future dissolve in a moment
like salt in a weakened broth.
What you held in your hand,*

*what you counted and carefully saved,
all this must go so you know
how desolate the landscape can be
between the regions of kindness.*

.....
*Before you know kindness as the deepest thing inside,
you must know sorrow as the other deepest thing.
You must wake up with sorrow.
You must speak to it till your voice
catches the thread of all sorrows
and you see the size of the cloth.*

—Naomi Shahib Nye, “Kindness” (1994, 42–43)

It’s my sense that, with the best of intentions, we lose sight of the size of the cloth, right there in the room with our clients, and losing sight of that cloth has a cost both to us and to them. So I invite you to come along on this next part of our journey. I’ll warn you in advance that there are some stops on this trip where the view may be both panoramic and painful.

THE GREAT FACT OF HUMAN SUFFERING

*Go, go, go, said the bird: human kind
Cannot bear very much reality.*

—T. S. Eliot, “Burnt Norton” (1991, 176)

And we mental health professionals, how much reality can we bear? The prevalence of particular psychiatric diagnoses can be misleading. Taken singly, diagnostic categories are relatively rare. In a sample of fifteen- to fifty-four-year-old Americans, we can expect only 2.8 percent to be diagnosable with drug dependence, 3.1 percent with generalized anxiety disorder, and 2.5 percent with dysthymia within a given twelve-month period (Kessler et al., 1994). There’s a certain safety in the rareness of these categories. Their uncommonness puts a bit of distance between us and suffering, between our loved ones and suffering. The categories are somewhat abstract and not personal.

Setting aside the categories for a moment, however, we see a much different picture. In the same study cited above (Kessler et al. 1994), a survey of only fourteen of the categories in the *Diagnostic and Statistical*

Manual of Mental Disorders (DSM), report that more than 29 percent of fifteen- to fifty-four-year-olds experienced sufficient symptoms within the last twelve months to qualify for at least one Axis I psychiatric diagnosis. Among fifteen- to twenty-four-year-olds, the rate was 34 percent. Again, this was not a clinical sample or an “at risk” sample. It was a representative community sample.

Even these numbers tell only a partial story about human suffering. These statistics include only fourteen of the dozens of *DSM* Axis I disorders. They don't include any Axis II disorders. They also don't include the myriad forms of compromised adjustment—the *DSM* V-codes. They don't tell us how many live in marriages filled with acrimony or perhaps empty of any emotion at all. They don't tell us whether this person finds her work meaningless or if that person cannot talk to his children.

These statistics also don't include subclinical cases. Should the person who feels depressed most of the day, nearly every day, who has lost pleasure in all or most all activities, who feels worthless and has no energy be relieved because she doesn't have that fifth symptom and therefore doesn't meet criteria for depression? Is there any difference in kind between the person who has four and the person who has five symptoms?

In order to bring this point home more forcefully, consider these statistics as you walk through a typical day. Think about the people who work in your office or building. Let your attention move from one face to the next as you walk down the street. Count people silently as you meet them: one, two, three, one, two, three. Let yourself notice that approximately every third could be diagnosed this year if only the right set of questions were asked. Notice also that, for the most part, they look just fine. And how about you?

Suicide and suicidal ideation give us another telling window into human suffering. Suicide itself is relatively rare. In the United States, there are approximately eleven deaths by suicide per 100,000. In other words, about 1/100th of a percent of the population will die by suicide (Centers for Disease Control and Prevention, n.d.). However, one study (Chiles & Strosahl 2005) found that 20 percent of a community sample reported a two-week period of serious suicidality, including the identification of a plan and the means to carry it out. They reported an additional 20 percent who had the ideation but without a specific plan. This suggests that nearly half the group was likely suffer to such an extent that they seriously considered ending their own lives as a way to end their suffering. It doesn't strike me as reckless to imagine that this statistic could apply more broadly—much more broadly.

If it does, what might this mean for you? It might mean that half of the people you know have had, or will have, a moment of such pain and despair that death seems a kinder option than soldiering on. But will they tell you? No. Not half or likely even one in a hundred will ever say a word. They'll come to work, to class, to therapy, to the dinner table. You'll ask them how they are. And they'll tell you they're fine.

Suicide seems safe as an obscure statistic. It's even pretty tolerable, if worrisome, for most mental health professionals to talk about when it strikes at work or at a local school. Yet completed suicide is rare. Even when it strikes in our town or at work, it recedes from awareness before long.

But really consider the implications of nearly half the population giving serious thought to self-slaughter. Let yourself recognize whom this is about. As you move through your day, pause for just a moment as you greet each person and count silently again: one, two, one, two, one, two. Let yourself hesitate and glance a moment and look into those eyes. Let yourself wonder. Don't *do* anything about it. Just pause and wonder. At the next staff meeting, cocktail party, or PTA social, let your eyes move about the room. Let it sink in that nearly half of those you're seeing will know this dark night of the soul. And, most likely, the next day they'll come into work, and they'll be "fine."

Even that is too abstract. How many brothers and sisters do you have? Stop a moment and close your eyes. See their faces, and let yourself quietly say their names as you do. And count again. One, two, one, two. See if you can see, as you look into those eyes, hints of that suffering—just the other side of "fine."

Worse still—do you have children? One, two, one, two. See if you notice—right in this moment—how much you want me to stop, to move on to the next point. And, in that rejection, we find the altogether human reaction to suffering. We want to hold it distant or not at all. In that rejection, we also see the source of all that silence, we see why the automatic answer to "How are you?" is "Fine."

And how about you? Do you know that dark night? And how are you? And who knows about that?

I was presenting this material recently, and a young man in the audience said somewhat angrily, "Could you stop with the gruesome personal examples?! I don't want to think about my own children being suicidal. It would be easier to understand this if you didn't do that."

I did fall silent. I stood speechless for a moment in front of a hundred people. And I did stop giving personal examples. But in that moment, in the front of that room, I thought hard about Eliot: "Go, go, go, said the

bird: human kind cannot bear very much reality.” I suspect that the pervasiveness of human suffering isn’t any easier to understand without the personal examples, but I have no doubt it’s easier to tolerate. We so want suffering to be an abstraction, to be about someone else, somewhere else, or at least somewhere else. As an old Greek saying puts it, luck is when the arrow hits the other guy.

I went silent that day, but in my hesitation, I became keenly aware of the cost of that silence. I paid a price personally. So did all of the people in the workshop. In a way, the countless people who go silent in the face of suffering every day pay a price in that moment of concession. Why is it that we, our brothers, sisters, friends, and, yes, even our own children, will surely suffer and likely suffer alone? We all bear some responsibility and possess some ability to respond. But we remain silent about our own suffering. And, in sometimes subtle and sometimes not-so-subtle ways, we conspire to silence suffering around us.

When talking with clients about suffering and especially suicidality, I’ve sometimes gone for a walk with them and counted: one, two, one, two, one, two.

“That one? And that one? And maybe that one.”

I sometimes ask whom my clients have told. Most commonly they answer, “No one.” “Them too,” I reply, nodding toward the ones we just counted.

If they admit to having told someone, I ask, “How did that go?” The most common response is near apoplexy on the part of the person in whom they confided. This is often true even of mental health professionals.

Please be clear: I’m not advising my clients to go out proclaiming their suffering. This exercise of wondering how many of those we encounter each day suffer in silence is an act of appreciation, not a prescription for future action. Having to tell is as much a trap as having to remain silent. The exercise is a chance for us to sit with suffering and appreciate the size of the cloth.

What would it mean for us, as professionals, if we let ourselves see that the supposed rarity of any given mental health diagnosis was a just a trick of perception? The result of looking at the whole cloth of human suffering as though it were a thousand separate threads? What would it mean if we all learned to catch “the thread of all sorrows”? If we truly apprehended the vast size of the cloth into which we, client and therapist alike, are woven?

I’m suggesting another path we can take. What if our willingness to let this suffering come close allowed us to sit near our clients and to truly hear the heart of their suffering? Really it’s not even so much letting it

come close as it is letting ourselves see how close it already is. Could it be that in the same ways that we conspire to silence suffering, we could begin to allow suffering to be present, for the good of our clients, ourselves, and those we love?

EXERCISE: Letting Suffering Get Close

Let your mind come to rest on some of the figures listed above, especially the statistic that more or less half of us have known pain and desperation so acute and so severe that we've seriously considered taking our own lives. Bear this statistic in mind as you engage in this simple exercise. Before you begin, find some way to time yourself—an egg timer, a stopwatch, an alarm clock. Allow about three minutes to consider each of the following scenarios. Just sit with them; let them be. Don't try to understand them, solve them, or sympathize with them. Just notice them; let them get close to you. When you finish with one scenario, open your eyes and take a few breaths. Then move on to the next.

Be warned: Your mind will literally do backflips to get you to run away from these scenarios, more so as they progress. When it does, thank it for the effort and gently return your attention to the scenario.

Sit comfortably in your chair. Close your eyes and take a few deep, slow breaths.

1. Imagine someone you know casually—a chance acquaintance, an occasional coworker, the friend of a friend—someone whose features you know but whose personal story might be less familiar to you. Picture this person sitting alone in a room, deep in sorrow. Imagine that he has just learned of the loss of someone dear. Allow your awareness to come to rest on this person's face. Notice the details of his expression. Do you see tears? Trembling? Shallow or rapid breath? Is the hair across his brow in disarray? Keep allowing your awareness to wash over this person like water, just appreciating his sorrow and loss without doing anything with it, until your timer goes off.
2. Now imagine someone you care about—a dear friend, a sibling, your spouse or child. Imagine that this person is struggling with an overwhelming feeling and abiding in great pain. It might be a profound sense of hopelessness,

extraordinary anxiety, or a blinding rage. Let your attention fall on her body, hands, and face. See the terrific suffering in her eyes. Notice how the humor, vitality, and engagement that you may be used to seeing in this person seem to have drained away. Imagine her totally alone, with no one to turn to, feeling lost and alienated. Even though your awareness is sharply focused on this person, gently let go of any urges you feel to reach out to her. Just allow yourself to be aware of her pain until your timer goes off.

3. Finally, imagine a person, perhaps a client, whom you're concerned about, someone you feel you'd like to help but maybe can't help fast enough or even can't help at all. Imagine this person, sitting alone in a darkened room. Although he is in great pain, imagine that you can see a look of cold, determined resolve on his face. Allow yourself to slowly, slowly become aware that you are watching this person on the last day of his life. Nothing you can say, nothing you can do will alter the inexorable course that, set in motion years and years ago, will now proceed to its conclusion. There is nothing to be solved now, no solutions to be found, no protocols to be followed, no avenues to explore. Let yourself simply witness this person in these last hours. Notice what your attention falls on in him, and also notice what comes up in you. Do you long to reach out to him? Do you want to figure out what has happened? Do you try to turn and run? As best you're able, remain a witness to this person, calm and present, until your timer goes off.

WHY ACKNOWLEDGE SUFFERING?

I'm sometimes asked why we should spend time lingering with the ubiquity of suffering. People ask, "Isn't it normal to act to reduce suffering?" Of course. It's entirely normal. It's also normal for the dog that has been hit by a car to bite the stranger who tries to rescue it from the middle of the road. But the bite doesn't help the dog get to the veterinarian.

When the source of suffering is lions and tigers and bears that might attack and eat us, withdrawal is entirely adaptive. But what are

the consequences of withdrawing from psychological suffering—from embarrassment, from grief, from fear? What if withdrawing from suffering entails withdrawing from the sufferer also? As clinicians, we must ask ourselves, would I be willing to sit with suffering if it allowed me to sit with my clients?

I'm not suggesting that we cultivate a morbid preoccupation with suffering. I'm not even suggesting we spend a great deal of time with it. I am suggesting that, to the extent we're intolerant of suffering, we'll feel compelled, consciously or unconsciously, to turn away from it in our clients and ourselves. Sebastian Moore puts it this way:

*The rejection of our common fate
Makes us strangers to each other.
The election of this common fate, in love,
reveals us as one body.*

—Sebastian Moore (1985, 94)

When we turn away from suffering, we miss the other things, rich and varied, that are inextricably linked to suffering. Values and vulnerabilities are poured from the same vessel. Consider the ways you have been most deeply hurt in your own life and see if each hurt was not connected to a deeply held value. The betrayal that led to divorce wouldn't have hurt had you not valued the trust and love of your spouse. The taunting of the kids at school wouldn't have hurt except that you valued companions and the respect and regard of your fellows. The death of your mother wouldn't have hurt, except for the great love you bore for her.

I don't know of a way to breathe in without being willing to breathe out. I don't know of a way to love without being willing to feel the sting of loss. I care about you, the reader, even though we may not have met, but I don't know how to say these words without knowing also the fear that they will seem hollow to you.

AMBIGUITY AND SUFFERING: THE BEAR AND THE BLUEBERRIES

Humans don't just suffer when things are bad. They also suffer when things might be bad. In the experimental literature on nonhumans, it is readily shown that organisms prefer environments in which painful things are predictable over environments where they are not (Abbot,

1985; Badia, Harsh, & Abbot, 1979). If pressing a lever changes a rat's environment from one in which shocks come at random times into an environment in which they occur at regular intervals, the rats will press to produce regular shocks. This is so even when the absolute number, duration, and intensity of shocks are identical.

Humans are like that too. It isn't difficult to imagine why this might be so. There are lots of ways for a species to survive. If you're a squid, you spawn tens of thousands of babies. If five or ten thousand of your kids get eaten, survival of your genes isn't especially threatened. But we humans aren't so prolific. We usually have our babies one at a time or, more rarely, in twos or threes. If even one of your kids gets eaten—well, it's likely to be the low point of your day. So for us, as for all creatures with relatively low reproductive rates, characteristics that lead to the survival of the individual organism are at a premium.

Let's look at the relationship between ambiguity and survival in our often hostile and dangerous world. Imagine you and I are two early hominids out on the savanna. We see, off on the horizon, a vague shape.

"Is that a bear or a blueberry bush?" I ask.

"I think it's a blueberry bush," you reply.

A little tentatively, I say, "I don't know. It might be a bear."

"No, I really think it is a blueberry bush."

"Well, I'm going back in the cave, just in case."

You shrug and dash off into the distance. Later, you come back to the cave, belly distended, talking endlessly about how fabulous the blueberries were.

"They were the biggest, juiciest blueberries you've ever seen!" you cry. "I can hardly move I'm so stuffed!"

That night I go to bed a little unhappy and a little hungry. Imagine that this scenario plays out several times. Each time, I express my concern that it might be a bear and go back to the cave, and each time you express your conviction that it's a blueberry heaven, just like last time. One afternoon you go sauntering off with your blueberry basket on your arm, but you don't come back to the cave. When you're still not home the next morning, I get up and go over to your part of the cave, gather up your stone ax, that mammoth hide of yours I've always secretly coveted, and, most importantly, your mate.

If you go off to eat those blueberries enough times, eventually the shape on the horizon turns out to be a bear, and that day you're the bear's lunch. For us, the central evolutionary imperative is that it's better to miss lunch than to be lunch. We're capable of missing lunch many, many

times, but we can only be lunch once (and after that, perhaps dinner and breakfast, but that's largely up to the bear).

We're the children of the children of the children (and so forth) of the ones who played it safe and went back to the cave. As we evolved for millions of years in an unforgiving world, natural selection weeded out the brazen and the brash. Our ancestors, the ones who survived and passed on the genetic material of which we are all made, were selected for their caution. They were the ones who assumed that what's bad is bad and what's ambiguous is bad too.

BETTING WITH YOUR LIFE!

The State of the World

	It's a bear.	It's a blueberry bush.
I bet it's a bear.	I miss being lunch (and survive).	I miss lunch (and survive).
I bet it's a blueberry bush.	I am lunch!	I get lunch!

This means that ambiguity itself will often be experienced as aversive. Clinically, ambiguity is often a source of considerable suffering. Consider the internal dialogue of someone addicted to heroin who has made a commitment to abstinence. Will I, won't I? Will I, won't I? Will I, won't I? And the truth? No one knows. The person with the addiction doesn't have a crystal ball; she can't see the future. There's only one way to know for certain, only one way she can eliminate that dense ambiguity, and that's to stick that needle in her arm. In the moment she uses, she gets a moment of relief from the ambiguity. And, altogether too often, that moment is enough. Somehow right in the middle of the relapse, or right before a relapse, stories about "next time" seem much more plausible.

EXERCISE: Sitting Inside Significant Questions

We don't have to appeal to behavior as extreme as heroin addiction to find the seeds of this reluctance to sit with ambiguity that lie within all of us. Consider the things you'd like to do in your own life. Especially

consider things with fairly high stakes: should I get married or divorced, have children, change careers, or start a new business? Ponder one of these or another that feels significant to you. Try doing this while intentionally not deciding one way or the other, and without evaluating or drawing any conclusion. Rather than decide or conclude, let yourself wonder what you will do.

If you notice yourself deciding or weighing the pluses and minuses, gently let go of that process and come back to the question. Repeat the question gently to yourself, listening with care to each word. If you find yourself concluding, “Well, I’m not really going to do that” or “Sure, that’s a good idea,” let yourself notice that you are drawing conclusions about an unknown future. Your conclusion may indeed be the most likely outcome, but sometimes very, very unlikely things happen. As many times as you find yourself concluding or deciding, gently come back to the question and linger. Let yourself wonder for a few minutes. Notice also how quickly you are ready to move on to the next thing on your to-do list.

This is jumping the gun a little, but there’s another exercise in this vein in chapter 6 called To Eat or Not to Eat. It serves another purpose there, but if this idea of finding and just inhabiting the edge between doing and not doing intrigues you, you can skip ahead and take a look.

LEARNING TO LOVE AMBIGUITY

Most of the things in life we truly care about are very ambiguous, and if we can’t tolerate ambiguity, we are doomed to act in the service of its elimination. I’ll come back to this topic repeatedly throughout the book, as it will be central in our discussion of work with clients.

Learning to love ambiguity can be very powerful. By love here, I don’t mean the feeling or state of love. I mean love as an *act*: to care for or relish ambiguity, to make an honored place for it at the table, to sit with it quietly and see what it has to say to you. There are things in the midst of ambiguity that can’t be seen elsewhere. The poets understand this better than psychologists, though not necessarily in a way that readily informs clinical practice.

*At the still point of the turning world. Neither flesh nor
fleshless;*

*Neither from nor towards; at the still point, there the dance
is,
But neither arrest nor movement. And do not call it fixity,
Where past and future are gathered. Neither movement
from nor towards,
Neither ascent nor decline. Except for the point, the still
point,
There would be no dance, and there is only the dance.*

—T. S. Eliot, “Burnt Norton” (1991, 175)

THE UBIQUITY OF HUMAN PROBLEM SOLVING

The complement to the ubiquity of human suffering is the ubiquity of human problem solving. Wherever you find a human, you find a problem. A simple breathing meditation provides a marvelous example of the near impossibility of separating humans from their problem solving, and it gives us a clear window through which to observe the human condition. Give a human an altogether simple task and he’ll find a problem to solve. It’s pretty much a given that if you have a pulse, you have a problem. And if you don’t, give it a minute. The human capacity for problem solving seems near limitless. Of course, we get little reprieves here and here. But if it were common or easy to let go of problem solving, there wouldn’t be a hundred meditative traditions to teach us the altogether simple skill of repeating a word or phrase, or sitting, or breathing—of taking a moment to not problem solve.

Try it yourself.

EXERCISE: Solving the Problem of Solving the Problem of Solving the Problem of . . .

You have everything you need to try this exercise. You know how to breathe. You know how to count to ten. You know how to sit. Choose a time when you have a bit of time on your hands without any pressing responsibilities.

Sit down in a comfortable position. Gently close your eyes. Begin to count your breaths from one to ten, starting again when you reach ten. Then, watch the show.

Okay. Here I go: one, two...ah, my back hurts a little.

You adjust a little and solve the back-hurting problem.

Ahh, that's better. One, two, three...gee, my knee hurts a little.

You move your knee a little bit and solve the knee-hurting problem.

There we go. Much better. Now I'm ready. One, two, three, four...this is going pretty well, feels nice...Oops! Where was I?

Then you solve the wandering-mind problem. And so forth.

As you go, notice how effortlessly your mind moves to solve problems and even invents problems for you to solve if none readily present themselves.

THE PROBLEM WITH PROBLEMS

There are very good evolutionary reasons why problem solving is so essential to our nature. If we go back to the savanna and imagine that there was variability in the propensity to problem solve, it's hard to imagine that many early humans lost their lives because they couldn't sit quietly and count their breaths for forty-five minutes. It's much more likely that the problem solvers, not the breath noticers, survived.

So here we sit, at the tip of an evolutionary branch with our fellows, ready to find and solve any and every problem that exists now, existed in the past, or might exist in the future. This capacity has allowed us to outstrip every species on the planet in terms of our ability to spread across the face of the earth (and even off of it). But this marvelous capacity hasn't come without a cost.

The great success of human problem solving has a dark side. The cost is that problem finding and problem solving get extended into areas where they interfere with valued living. The irony is that, even there, they appear to be in the service of valued living. The problem with problems is that when we're in the midst of problem solving, the rest of the world disappears for us. It makes sense that problems would dominate our awareness in this way.

Returning again to the savanna, imagine our early hominid lying out on the grass on a sunny day with a belly full of food. She feels the

soft grass pressing into her back, looks up at the clear blue sky, smells the sweet spring day, and feels the warmth of the sun on her face. Suddenly she hears the roar of a lion. What happens to her awareness of the grass, the scents in the air, the blue of the sky, the warmth of the sun? Gone. In that instant, everything vanishes from her awareness except the lion and the best way to make it safely to a nearby hole in the rocks that is just too small to accommodate a lion. The lion and the hidey-hole are the only things that matter in that particular moment.

The trouble for us humans is that things like self-doubt, anxiety about failure, and concern about acceptance—which feel every bit as threatening to us as lions, tigers, or bears—are, in fact, very different in kind from these threatening beasts. What happens if you linger with a lion? You get eaten. But what happens, though, if you linger with depression, anxiety, or self-doubt? And what happens if you linger with a client that presents these same things? You might be tempted to say, “I’d get eaten metaphorically. I’d be pulled in, and it would get worse.” But I think you’d agree that there is significant difference, in kind, between being eaten figuratively and eaten in fact. I think you can see where I’m heading.

What if problem solving twenty-four hours a day, seven days a week weren’t the best way to live? What if problem solving twenty-four hours a day, seven days a week weren’t even the best way to problem solve?

ON MATH PROBLEMS AND SUNSETS

For therapists, our clients often appear to us as problems to be solved. This is especially true with our most difficult clients. I frequently do consultations on difficult cases. (Funny, people never call me about their easy cases.) When consulting on difficult cases—clients who are suicidal, clients who don’t improve in spite the best efforts, clients who keep coming back to the same issue again and again and again—I often ask therapists, “Is your client a sunset or a math problem?” The usual response is a puzzled look.

“I asked whether your client is a math problem or a sunset?”

“Huh?” the therapist puzzles.

“What’s two plus two?”

The therapist stares at me.

“This isn’t a trick question: What’s two plus two?”

He gives in. “Four.”

“Right,” I say. “And what is three times five?”

“Fifteen.”

“Right again. And so, what do you do with a math problem? You solve it. Or, maybe if it’s a hard math problem, you struggle for a while first. And if it’s a really, really hard problem, maybe you struggle for a while and then give up or you ask someone else to help you solve it. But what do you do with a sunset?”

The therapist pauses. “You look at it?”

“Right,” I reply. “And if it’s a really gorgeous sunset, perhaps you stop, rest a moment, notice the variation in color, the way it plays off the clouds. You appreciate it. Do you ever try to solve a sunset?”

“No,” the therapist replies.

“Okay. So when you sit in the room with this client, what’s it like to be with her? Is she more like a problem to be solved or like a sunset to be appreciated?”

“Yes, now I get your point.”

“Have you ever been a problem to be solved?” I ask. “Maybe in school? Maybe at home with your parents? Or with your spouse or at work? Have you ever been someone’s problem? What was that like? What’s it like to be a problem to be solved?”

“Not fun,” the therapist concedes.

“And how about the way your client sees herself? Is she a sunset to be appreciated or a problem to be solved?”

All of this isn’t to belittle attention to problems or to diminish in any way the extraordinary problems our clients often bring to therapy. Do our clients have problems? Sure. Are our clients problems? Sure. Are they merely problems? No. It’s simply the case that the problems get our attention and tend to diminish our attention, awareness, and, perhaps most importantly, appreciation of the whole human who is sitting in front of us.

There is another side to this coin. What’s it like to be appreciated?

EXERCISE: Appreciation

I would ask you to think back in life to times when you were appreciated by someone. Maybe it was a parent. Maybe you had a teacher who took a special interest in you. Close your eyes a moment and see if you can visualize that person or recall what it was like to sit with her. Linger, for a moment, with what it meant to you to be noticed, seen, admired, appreciated.

As we move along in the book, I'll introduce exercises and ways of being with clients that contain a good bit of simple appreciation. Understand, though, that I'm not suggesting that appreciation alone is sufficient. But I do feel that there's good reason to believe that appreciation is a place from which important work can be done.

LIBERATION: THE OTHER GREAT FACT OF HUMAN SUFFERING

The one great fact of human suffering is that it lies all about us. We're capable of suffering under just about any condition. In the poem "Dover Beach," we hear the words of the newlywed listening to the waves break on the sea coast:

*Ah, love, let us be true
To one another! for the world, which seems
To lie before us like a land of dreams,
So various, so beautiful, so new,
Hath really neither joy, nor love, nor light,
Nor certitude, nor peace, nor help for pain;
And we are here as on a darkling plain.*

—Matthew Arnold, "Dover Beach" (1998, 78–79)

We might imagine his wife abed and Matthew at the window, contemplating the darkness and futility of the world. Frustrated with his poetic melancholy, mightn't Mrs. Arnold say, "Just come to bed, dear?"

It appears to be possible for humans to suffer under any and all conditions. However, there is a complement to the extraordinary capacity of humans to suffer, and that's our capacity for liberation. A prototypical example can be found in Victor Frankl's landmark book *Man's Search for Meaning* (2000). In the book, Frankl describes his experience in the Nazi death camps during World War II. He speaks at length about suffering in the camps, which is no surprise. However, the point upon which the entire book turns is Frankl's description of the time he and a companion find a way to escape the camp. They gather some food and a few other supplies. The day before their planned escape, Frankl decides to make one last round with the patients in his makeshift hospital. He knows that his medical efforts are largely futile. The prisoners under his care are

dying of malnutrition, dysentery, and untold other causes. He has little to offer them except comfort.

Frankl describes one fellow he had been particularly keen on saving, but who was clearly dying. On Frankl's last round, the man looks into his eyes and says, "You, too, are getting out?"

Frankl writes, "I decided to take fate into my own hands for once." He tells his friend that he will stay in the camp and care for his patients. Upon returning to sit with his patients, Frankl describes a sense of peace unlike any he had ever experienced.

I would contend that Frankl was freed that day in the camp. Even though his outward circumstances were some of the cruelest fetters devised by human beings, Frankl was able to experience freedom. What this means to me in my work with clients is that no matter what circumstance they've suffered, no matter what hardship or loss they've endured, it's possible for them to experience freedom and dignity. I hear Frankl give voice to it, and I've seen it with my own eyes. One great fact of human suffering is that it's pervasive; the other great fact is that liberation is at hand.

By this, I don't mean liberation from pain. I don't mean "and they lived happily ever after." I mean that I assume every client who walks through my door is capable of experiencing a sense of meaning and purpose in her life—that she is capable of having a life that she could say yes to, independent of the pain it brings. I also don't mean that this is likely. I'm not interested in probabilities as much as I'm interested in possibilities. I care less about what's likely to happen and more about what *could* happen. This may appear naive. In a certain sense it is, but it's not a naivety born of ignoring or denying what is likely. It's naivety chosen—a sense of wonder chosen in the service of those who ask for my help.

Why? Well, sometimes very, very improbable things happen. In the early 1970s, if you had asked me how apartheid would end in South Africa, I would have bet that it would end with blood running in the streets. I was wrong. My suspicion is that when Gandhi suggested that the British could be compelled to give up their colonial interest in India without force of arms by simple, passive resistance, people thought he was nuts. And they too were wrong.

I had a client fifteen years ago who participated in an HIV-positive substance abuse support group. She came to me after living for more than a decade on the streets of San Francisco as a street prostitute, thief, and heroin addict. She'd lost a couple of children permanently to child protective services because she couldn't care for them. This was about

1990, so the survival prospects for AIDS were poor. Virtually everyone in the group had watched a host of friends waste away and die. We had AZT, but none of the newer, more effective antiretroviral drugs had been developed.

In that very first session, I could see in her a longing for something. I could see someone who, long ago, had imagined something better for herself—some ambiguous *more*. That *more* had not appeared, but the spark of the longing survived. Humans are amazing.

I was moved to respond to that longing. I told her that if she wanted, I could help her find a place in Reno where she could hunker down, learn to take care of herself, and live out her time with some comfort. The fight against AIDS was in its early days. People were terrified of the disease. Even people who knew better would stiffen a bit when they hugged someone with AIDS. The people in that group could feel it.

I told her that there was another thing she could do. In a war, the first soldiers who step up out of the trenches are all killed in a hail of bullets—every single one. And in the next wave, more of the same. Certain death follows for the soldiers in the wave after that. But perhaps in the next, a soldier or two make a few steps forward, and after that, a few more soldiers make it. And, if they keep coming and coming and coming, eventually they make it across that field of fire.

I told her that day, with tears in my eyes, that I wished it were not so, but that in the fight against AIDS we were seeing that very first line of soldiers step up from the trenches. They would all fall. If she wanted, she could do that. She could step from the trenches and give voice to the plight of people suffering with her illness. There was a spark in her eyes, and she picked that banner up.

“Frontline soldiers,” she said.

She lived for a few more years. She got clean and stayed clean. She worked in substance-abuse treatment facilities and traveled around the region talking to women in treatment at community events. She sometimes scared the hell out of people who took her around. Her language was coarser than you’d expect from a public speaker. But her message to women was one of hope and love and compassion.

“You can stop. It’s okay. You don’t have to live that way anymore.” And her message to the communities was a plea to care for the ill among them.

When she died, there were maybe five hundred people at her memorial. We all benefited from the love she’d brought to the world in those

five years. My clearest image of her toward the end of her life was from a meeting we both attended. She was in wasting syndrome—thin, her hair wispy, her skin gone transparent like a fine silk covering. I was there with one of my daughters, who was an infant at the time. She asked to hold the baby. I recall with such clarity the joy in her eyes as she looked down into the eyes of my child—one life ending, another beginning.

I felt then and feel blessed now to have known her. She didn't live long, she didn't live without pain and struggle, but she lived well. She wanted her life to be significant, to make a difference, and she chose to not allow even death to be a barrier to that significance. She lives and inspires still in the stories I and others whom she touched pass on. She left behind a real and lasting legacy. If you ever have occasion to see that great, sad AIDS quilt, she lives there too and reminds us all not to give up on our fellows.

What is at the heart of this story? Sometimes, sometimes, very unlikely things happen. How likely was that story? Not likely at all, yet it happened. And what's possible from your most impossible clients?

WILSON'S WAGER

Is it possible for something extraordinary, marvelous, to happen in the lives of our most troubled clients? We don't know. But we get to bet with our actions and with the posture we take with our clients. Blaise Pascal, a mathematician and philosopher of the seventeenth century, proposed a stake known as Pascal's wager. This gambit examines the outcomes of assuming and not assuming the existence of God using a two-by-two contingency table. I've always thought of this as the logician's approach to faith. In philosophy, it is known as the argument from dominating expectations. In a nutshell, Pascal proposed that, in the absence of a way to verify the divine through reason, we still ought to live as if God existed. If there is a God, and we live our lives as if there were so, we gain infinite reward in heaven. If there isn't, we're none the worse for our pains. If we choose to live as if there is no God and we're right, there's no problem. But if we're wrong, we suffer infinite loss. (Pascal didn't actually describe the details of perdition, figuring that loss of infinite gain would prove his point. But you can almost smell the sulfur.)

PASCAL'S WAGER

	God exists.	God doesn't exist.
Live as if God exists.	Infinite gain	No difference
Live as if God doesn't exist.	The loss of infinite gain	No difference

Never having been accused of excessive modesty, I thought that if Pascal can dabble in oddsmaking, why not me? So I offer Wilson's wager. Imagine that in the columns below we have the state of the universe. Imagine that it's at least remotely possible that for any given client, something extraordinary could happen in his life. Here I don't mean extraordinary on my terms but rather on his, the client's, terms. Extraordinary might look very, very different for different clients. Extraordinary might mean finding meaningful work, reconciling with a child, or, like my client above, serving her fellows. In the rows, to the left, are our assumptions. We can assume that something extraordinary could happen, or not. What follows then, is to work through the quadrants of the contingency table.

WILSON'S WAGER

	Something extraordinary could happen.	Something extraordinary could not happen.
Assume yes	You and your client get to experience richness.	You feel bad and your client feels bad.
Assume no	Your client gets sold short.	You get to feel good about being right about what a hopeless case your client was.

Beginning with the upper right quadrant, imagine that, at the end of days, you can tap some omniscient power and learn with certainty that this client never had the chance to experience richness and beauty in his

life, yet in life you assumed something was possible and worked as if it were so. There's a cost that both you and your client paid. You peered out into the future, longing for something marvelous that never came. You and your client feel saddened by that loss. That's a real cost.

Focus now on the lower right quadrant. This time the extraordinary was impossible and you assumed so all along. "Aha! I was right," you cry. "He really was a hopeless case!" You get to feel good about being right. It seems a small prize.

Now look to the bottom left quadrant, where you assumed your client was hopeless but you were wrong. Against all odds, he could have experienced something transformational and extraordinary. Instead, you assumed the least and coached him to accept and pursue some minimal existence. You sold him short.

And, finally, consider the upper left quadrant. You held out hope that, against all odds, there was some spark of life, some unrealized possibility available to your client. You and he doggedly sought it out, wondered about its shape. You taught him to wonder, to dream, to feel for a life that was significant *for him*. And, this time, you were right. That day, you get to see things like I saw them with the client in my story and all the others with variations on that story.

There are four outcomes in Wilson's wager, but only two ways to bet. You either bet yes or you bet no. There are two mistakes possible in Wilson's wager. One mistake is betting the client can have something extraordinary and being wrong, and the cost is feeling bad. The other mistake is betting the client cannot experience something extraordinary and being wrong. The cost in that quadrant is selling the client short. So you have to decide which kind of mistake you're willing to make.

You need to enter into Wilson's wager with open eyes. In contrast to Pascal's, my wager does have inevitable and painful consequences if you bet yes and you're wrong. If you bet yes, with me, you'll bury clients. They'll storm out the door and come to bad ends. You'll have to watch them slip away, despite every ounce of your very best efforts. All of those outcomes will bring you pain and self-doubt.

Yet the consequences of the other option, I think, are too horrific to even contemplate, no matter what pain it might let us ignore. I assume that it's my job to bet yes on every single client who walks through my door. No matter what. I assume that there's a way for my clients to live their values under any and all circumstances. I assume that if Victor Frankl could live his values and experience liberation in a death camp, my clients, no matter what their history or circumstance, have that same richness available to them.

SUMMING UP

So, pausing a moment, let's reflect on where we've come from. I claim, along with many before me, that suffering is part of life. I'm claiming that it's in the human condition to suffer and that we're capable of suffering under any and all conditions. I claim also that it's in the human condition to resist suffering and that resisting psychological suffering has a cost. I'm claiming that the resistance is pathogenic and exacts a cost in experienced vitality and fullness of life. Further, I'm claiming that liberation is possible, that it's possible for our clients (and for us) to experience richness, beauty, and a sense of purpose under any and all conditions.

So what?

Well, if you're with me so far, it now falls to us to figure out how to best act out our yes bet in the therapy room. I'm arguing that this starts with getting our clients and ourselves to fully show up in the therapy room. In the next chapter, I'll start laying the foundation for an approach to psychotherapy that I think makes this possible—an approach that gives us the chance to really foster mindfulness for two. What follows in chapter 2, as well as in chapters 3 and 4, is somewhat theoretical. Just so you know, though, I will get to the practical stuff. Chapters 5 and 6 detail practical ways to promote mindfulness in the therapy room, chapter 7 develops a new means of case conceptualization, and chapter 8 goes over three major exercises that I think get to the very core of this work. But first, in chapter 2, I want to go over some of the basic behavioral foundations of what I'm proposing, and then, in chapters 3 and 4, I want to situate mindfulness for two within the context of ACT.

I'm grateful for your patience. I hope it will be well required.