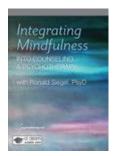
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"The Dalai Lama is Always Giggling": Aversion, Acceptance, and Freedom From Suffering in Siegel's Mindfulness-Informed Psychotherapy

A Review of

Integrating Mindfulness Into Counseling and Psychotherapy by Ronald D. Siegel

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The proliferation of mindfulness-based approaches has become a defining feature of psychotherapy in the 21st century. Mindfulness, which holds interest for therapists of nearly all theoretical persuasions, has become a unifying force in a field that had been growing ever more fragmented (Fulton & Siegel, 2013; Lin & Seiden, 2015; Stewart, 2014). One problem facing the mindfulness movement in psychotherapy, however, has been achieving consensus about exactly what "mindfulness" is and what role practice should play in treatment. Numerous mindfulness-based interventions feature variations on the 8-week course format Kabat-Zinn (2005) pioneered for mindfulness-based stress reduction (MBSR). Examples include mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2013), mindfulness-based relationship enhancement (MBRE; Carson, Carson, Gil, & Baucom, 2004), and mindfulness-based eating awareness training (MB-EAT; Kristeller & Wolever, 2010). These approaches offer structured curricula, as well as training models for prospective treatment providers. Similarly, evidence-based psychotherapies that emphasize mindfulness as a key therapeutic process, such as acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2012) and dialectical behavior therapy (DBT; Linehan, 1993), have ample literatures regarding the use of mindfulness practice in the therapeutic context. What the field has lacked, however, are clear examples of strategies for integrating mindfulness into existing psychotherapies and counseling methods. Ronald D. Siegel's (2015) video program Integrating Mindfulness Into Counseling and Psychotherapy strives to close that gap by offering an approach to using mindfulness in individual psychotherapy that is flexible and integrative.

Siegel introduces mindfulness quickly in the video, spending little time on theories concerning its constituent dimensions. Although the brevity of Siegel's conceptual

introduction could leave novice therapists wondering what mindfulness is all about, there is a significant upside to this presentation strategy. The experience and practice of mindfulness are given considerably more weight than are theoretical conceptualizations of the term. As a result, those new to mindfulness can learn alongside the four clients with whom Siegel works. These detailed demonstration sessions include extensive psychoeducation, and they allow interested therapists to learn, and practice, as Siegel engages the clients in dialogue and brief mindfulness exercises. The case examples are interspersed with commentary by Siegel and illuminating conversations between Siegel and Victor Yalom, the video series' host. Additionally, the program concludes with audio recordings of Siegel leading mindfulness exercises that therapists can use as examples or guides for their own practice.

While Siegel emphasizes the experiential nature of mindfulness work, he also provides working definitions of key terms and guideposts for therapists attempting to incorporate mindfulness into their lives and work. For example, he concisely distinguishes between "mindfulness" and "mindfulness practice," noting that exercises (such as guided meditation directing attention to inner experience) are not in themselves mindfulness, but, rather, they are practices designed to cultivate the experience of mindfulness. As for a definition of "mindfulness" itself, Siegel initially describes it as an "attitude" characterized by awareness and acceptance of present moment experience. This definition shifts slightly, however, as the program progresses. When introducing mindfulness to a client, he defines it as "the ability to be aware of the present moment with acceptance." This shift from "attitude" to "ability" is subtle but important. One problem with attempts to distinguish between mindfulness as practice and mindfulness as a state of consciousness is that state definitions omit the important behavioral dimensions of accepting present moment experience. When one takes an active view of acceptance, mindfulness becomes something one does, rather than an attitude one holds or state one achieves. This distinction between attitude and ability highlights the dialectical relationship between "being" and "doing" in mindfulness work (Stewart, 2014). The active sense of "doing mindfulness" seems closer to capturing what Siegel demonstrates in his interactions with clients.

Freedom Through Flexibility

A particularly inspiring aspect of Siegel's therapeutic style is his flexibility. He provides numerous points of entry to mindfulness work for psychotherapists of varied orientations, from cognitive behavior therapy to Gendlin's (1996) focusing. He also notes that he uses mindfulness differently with different clients. In this discussion, he draws a useful distinction between "mindfulness-based" therapy, which includes mindfulness practices, and "mindfulness-oriented" therapy, an approach in which the awareness and acceptance of present moment experience, including aversive emotions, informs the therapist's stance and goals of therapy without involving mindfulness exercises. In the client sessions, Siegel moves deftly between these two approaches, particularly when working with an anxious, emotionally distressed client who expresses discomfort with standard, eyes-closed mindfulness practices.

Another valuable aspect of Siegel's therapeutic work is the compassionate interpersonal style he brings to his therapeutic encounters. Much of what Siegel does in the demonstration sessions could technically be classified as psychoeducation, but it is a particularly nuanced and personal form of teaching. There is a lightness of touch and a

direct, yet warm and playful, quality to the interventions he demonstrates. He employs metaphors that arise naturally from his relationship with the clients and knowledge of the clients' history. When working with a retired professional with a technical background, for example, he makes effective use of a sine-wave metaphor, describing the highs, lows, and fluctuations of emotional experience and emotional intensity. He also uses both humor and empathy with aplomb. At one point, Siegel observes that "the Dalai Lama is always giggling," and he suggests that consistent mindfulness practice contributes to a freedom from unnecessary suffering that makes this joyfulness possible. At another moment, however, he notes that it is unlikely "anything can really feel meaningful to us if a tear can't come to our eye." The didactic power of Siegel's work stems primarily from his capacity to embody this unconditionally accepting stance, continually validating the client's distress through acknowledgment of what is at stake in life (i.e., sorrow, pain, alienation, fear) while remaining open to relating to experience in novel ways. This capacity for acceptance of what Kabat-Zinn (2005) dubbed "the full catastrophe" is conveyed not merely through operational definitions and discussions of recent research regarding neural correlates of mindfulness, but also through Siegel's low-key gentleness and humor, his caring attention, gestures, posture, eye contact, and mannerisms—that is to say, through the person of the therapist and the qualities of therapeutic presence.

Missed Opportunities

There is a subtle yet potentially important inconsistency in Siegel's presentation of mindfulness that practitioners of third-wave therapies (Hayes, 2004) might notice. When exploring the problems associated with efforts to avoid or control inner experience, he focuses almost exclusively on the ironic consequences of these efforts (Wegner, 1997). As Siegel notes, "what we resist persists" and efforts to squelch anxiety, pain, and sadness often lead to the intensification of those aversive experiences. He observes astutely how human beings exacerbate suffering through struggles to escape or avoid it, and he suggests a strategy that involves allowing or befriending unwanted experience "as though it were really OK." The person in pain, he observes, citing the Buddha's teaching from the Sallatha Sutra, is like one who has been shot with two arrows—the first arrow is pain, the second aversion. Siegel returns repeatedly to the ways that our aversion to unwanted experience contributes to the persistence of that experience. In doing so, he observes that allowing or welcoming pain or unpleasant experiences reduces suffering, distress, and discomfort. Throughout this discussion, he considers the exacerbation of distress to be the primary cost associated with fighting or avoiding aversive experience. Yet this exacerbation is neither the only nor the most problematic cost likely to be associated with avoidant responding. Lacking the functional contextualist framework that allows ACT therapists to explore the cost of experiential avoidance and control strategies in terms of movement away from valued life directions (Hayes et al., 2012), Siegel does not investigate how struggles to eliminate vulnerability and avoid aversive experience contribute to missed opportunities for leading a vital, fulfilling life.

It seems possible that those new to mindfulness-based approaches could construe acceptance, as presented by Siegel, as a long-term strategy for ridding oneself of distress. Siegel's comparison of mindfulness to a carefully titrated form of exposure therapy could also be interpreted in this way—as a strategy of opening up that is ultimately deployed in the service of feeling better or extricating oneself from pain or discomfort. Although there is extensive research supporting Siegel's claim that struggles to avoid and control unwanted

experiences serve primarily to intensify them (Feldner, Zvolensky, Eifert, & Spira, 2003; Sloan, 2004), the paradoxical implication that the primary benefit of mindfulness practice is long-term relief could lead practitioners to attach to particular outcomes and scan for progress toward this deferred "payoff." Consideration of acceptance in the service of greater life engagement, along with an increased emphasis on the inevitability of adversity in human life (i.e., examining the intricate links between pursuing what matters most and the experience of vulnerability), could strengthen the framework in which Siegel presents mindfulness and its utility.

With *Integrating Mindfulness Into Counseling and Psychotherapy*, Siegel, Yalom, and Psychotherapy.net have assembled an inspiring instructional program that is both well-designed and clearly presented. The streaming video format, which is accompanied by scrolling transcript and links to additional resources, is a particularly convenient way of accessing the program. Teachers and students of psychotherapy alike will find useful information and examples of sound clinical practice in this collection of dialogues, case illustrations, and mindfulness exercises.

References

- Carson, J. W., Carson, K. M., Gil, K. M., & Baucom, D. H. (2004). Mindfulness-based relationship enhancement. *Behavior Therapy*, *35*, 471–494. http://dx.doi.org/10.1016/S0005-7894(04)80028-5 PsycINFO \rightarrow
- Feldner, M. T., Zvolensky, M. J., Eifert, G. H., & Spira, A. P. (2003). Emotional avoidance:
 An experimental test of individual differences and response suppression using biological challenge. *Behaviour Research and Therapy*, *41*, 403–411. http://dx.doi.org/10.1016/S0005-7967(02)00020-7 PsycINFO →
- Fulton, P. R., & Siegel, R. D. (2013). Buddhist and Western psychology: Seeking common ground. In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 36–56; 2nd ed.). New York, NY: Guilford Press. <u>PsycINFO</u> →
- Gendlin, E. T. (1996). Focusing oriented therapy: A manual of the experiential method. New York, NY: Guilford Press.
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, *35*, 639–665. http://dx.doi.org/10.1016/S0005-7894(04)80013-3 PsycINFO →
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy:*The process and practice of mindful change (2nd ed.). New York, NY: Guilford Press.

 PsycINFO →
- Kabat-Zinn, J. (2005). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness (15th anniversary ed.). New York, NY: Delta. PsycINFO →
- Kristeller, J. L., & Wolever, R. Q. (2010). Mindfulness-based eating awareness training for treating binge eating disorder: The conceptual foundation. *Eating Disorders: The Journal of Treatment & Prevention*, 19, 49–61. http://dx.doi.org/10.1080/10640266.2011.533605 PsycINFO →
- Lin, P., & Seiden, H. M. (2015). Mindfulness and psychoanalytic psychotherapy: A clinical convergence. *Psychoanalytic Psychology*, *32*, 321–333. http://dx.doi.org/10.1037/a0038170 <a href="https://psycinfo.com/Psy
- Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York, NY: Guilford Press. PsycINFO \rightarrow

- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). New York, NY: Guilford Press. PsycINFO \rightarrow
- Sloan, D. M. (2004). Emotion regulation in action: Emotional reactivity in experiential avoidance. *Behaviour Research and Therapy*, *42*, 1257–1270. http://dx.doi.org/10.1016/j.brat.2003.08.006 PsycINFO →
- Stewart, J. M. (2014). *Mindfulness, acceptance, and the psychodynamic evolution: Bringing values into treatment planning and enhancing psychodynamic work with Buddhist psychology*. Oakland, CA: New Harbinger. PsycINFO →
- Wegner, D. (1997). When the antidote is the poison: Ironic mental control processes.

 *Psychological Science, 8, 148–150. http://dx.doi.org/10.1111/j.1467-9280.1997.tb00399.x

 *PsycINFO →