

Kelly Wilson does a masterful job of framing the many different ways in which a therapist grounded in mindfulness might skillfully nurture greater awareness and self-knowing in his or her clients. His approach is a very creative use of mindfulness within the dyadic relationship, both verbal and non-verbal. Of course, it is impossible to engage in authentically without continually listening deeply to and learning from the myriad “dyadic relationships” we have within ourselves, as he so aptly and honestly recounts. This book makes a seminal contribution to the growing literature on ACT and its interface with mindfulness theory and practice.

—Jon Kabat-Zinn, author of *Full Catastrophe Living* and *Letting
Everything Become Your Teacher* and coauthor of *The Mindful Way
Through Depression*

This is a book of enormous breadth and depth, a book full of wisdom from an internationally acclaimed clinician and researcher. Wilson builds bridges between therapy traditions in a wonderful way. For those who already teach mindfulness as part of their therapy, this is a must-read. For those who are yet to do so, this book is the best invitation possible.

—Mark Williams, professor of clinical psychology at the University
of Oxford and coauthor of *The Mindful Way Through Depression*

Wilson and DuFrene have provided therapists with the clearest understanding of ACT and mindfulness that I have encountered. They explain the basic theory of emotions and human learning in simple, clear, and understandable prose. Also, I found this book rich in philosophical insights concerning the human condition. Their models of assessment and intervention flow from this basic knowledge and philosophy. This work will help all therapists see a new way to understand and assess their clients’ suffering and potential for improving their lives. They will also learn to construction treatment plans to make such a transition.

—Raymond DiGiuseppe, Ph.D., ABPP, professor and chair of
the Department of Psychology at St. John’s University

This book provides the clearest description I’ve seen of how understanding both mindfulness and behavior analysis contributes to effective therapy. It also provides unique, creative, and powerful exercises to help therapists cultivate mindful awareness of their interactions with their clients to create life-changing conversations.

—Ruth A. Baer, professor of psychology at the University
of Kentucky

In this book Wilson, an internationally respected therapist, provides an outstanding and innovative overview of new trends in behavior therapy and mindfulness and shares his insights into the complexities of what happens when we try to use our own mind to heal the minds of others. Beautifully written, clear and bristling with wisdoms from a very experienced therapist, this gem of a book will be a pleasure to read and a source for much reflection and learning.

—Paul Gilbert, author of *Overcoming Depression* and
The Compassionate Mind

There is tremendous change occurring in our collective thinking regarding empirically supported interventions. Mindfulness for Two portends the direction of this change, where the scientist, therapist and client are motivated and affected by the same set of principles. Mindfulness in general and ACT in particular apply to both the client and the therapist, and Wilson and DuFrene are insightful, emotionally honest, and pragmatic. This is a refreshing and timely contribution to therapy process.

—Thomas J. Dishion, Ph.D., director of the Child and Family
Center and professor of psychology and school psychology at
the University of Oregon

This is an extraordinary book. Wilson speaks to the reader directly and honestly. He uses not only state-of-the-art scientific research but also his own most intimate personal experiences, his considerable clinical wisdom, and even great poetry to explain some of the most technical concepts in modern behavior analysis. The book avoids getting bogged down in detailed theoretical analysis of questionable relevance to clinical work. Of equal importance, it avoids the kind of unprincipled, superficial technology common to many clinical guidebooks. Wilson demonstrates how the ancient concept of mindfulness, when understood within the context of modern behavior analysis and the new behavior therapy known as acceptance and commitment therapy, provides fresh insights into the psychotherapy process. Mindfulness for Two is a must-read for both novice clinicians seeking an introductory treatment of modern behavior analytic psychotherapy and for seasoned clinicians who wish to deepen their understanding and skills.

—James D. Herbert, Ph.D., professor of psychology and associate
dean of the College of Arts and Sciences at Drexel University

mindfulness for two

An Acceptance and Commitment
Therapy Approach to Mindfulness
in Psychotherapy

KELLY G. WILSON, PH.D.
WITH TROY DUFRENE

New Harbinger Publications, Inc.

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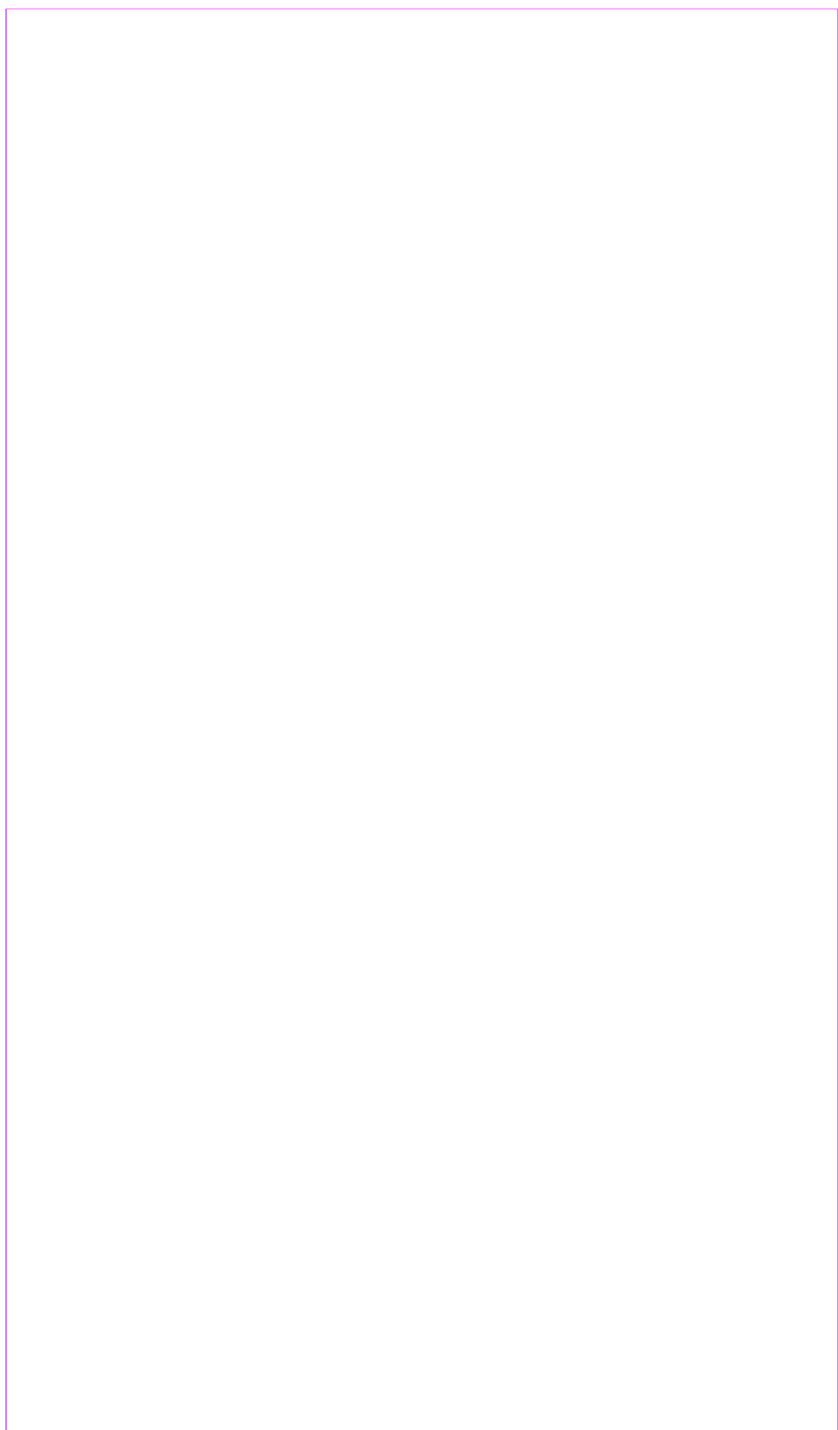
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First printing

To Mississippi, a persistent teacher of the fine art of slowing down.—KGW

To the moment (well, one in particular: 28 April 2008, sometime between 20:30 and 23:00 MDT)—TD



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Dear reader,

Welcome to New Harbinger Publications. New Harbinger is dedicated to publishing books based on acceptance and commitment therapy (ACT) and its application to specific areas. New Harbinger has a long-standing reputation as a publisher of quality, well-researched books for general and professional audiences.

The therapeutic relationship is the base of psychotherapy. Functional analysis is the base of traditional behavior therapy and behavior analysis. Mindfulness, acceptance, and values are increasingly forming the base of modern cognitive and behavioral methods. *Mindfulness for Two* is the first book to bring these strands together in a way that empowers and transforms them all. It is a groundbreaking volume that will leave few readers unchanged. Whether new to ACT or experienced ACT therapists, readers will find themselves drawn to a cusp and asked to pause there—not because they are being abandoned, but because they are being asked to experience what is possible when the question is as important as the answer.

Mindfulness for Two carefully defines mindfulness from an ACT perspective and shows how it applies to the moment-to-moment interactions between therapist and client. It develops an approach to diagnosis and case conceptualization that requires the clinician to slow down and mindfully attend to what is present. The functional conceptualization that this process yields is tightly linked to treatment and to what we are learning in behavioral science. Each ACT process is used to help cast a new light on the situation faced by clients and clinicians. The book challenges therapists to give up comfortable linearity and instead do their work inside a flexible space where every ACT process is available and potentially relevant to every therapy moment.

Kelly Wilson, Ph.D., is a leading developer, trainer, researcher, and thinker in contextual behavioral science in general and ACT in particular. *Mindfulness for Two* speaks with Kelly's voice, amplified by his cowriter Troy DuFrene. That voice, like Kelly himself, is passionate, caring, and insightful. An author of the original ACT volume (Hayes, Strosahl, & Wilson, 1999), Kelly has trained thousands, and his training experiences show in these pages. The book teaches. Details are given and insights shared. The combination of head, hand, and heart that is ACT exudes from every page.

As part of New Harbinger's commitment to publishing books based on sound, scientific, clinical research, we oversee all prospective books for the *Acceptance and Commitment Therapy Series*. Serving as ACT series editors, we comment on proposals and offer guidance as needed, and use

a gentle hand in making suggestions regarding the content, depth, and scope of each book.

Books in the *Acceptance and Commitment Therapy Series*:

- Have an adequate database, appropriate to the strength of the claims being made.
- Are theoretically coherent. They will fit with the ACT model and underlying behavioral principles as they have evolved at the time of writing.
- Orient the reader toward unresolved empirical issues.
- Do not overlap needlessly with existing volumes.
- Avoid jargon and unnecessary entanglement with proprietary methods, leaving ACT work open and available.
- Keep the focus always on what is good for the reader.
- Support the further development of the field.
- Provide information in a way that is of practical use to readers.

These guidelines reflect the values of the broader ACT community. You'll see all of them packed into this book. Kelly worries periodically that his colleagues will demand more citations and text that's denser empirically. Possibly, but those who know the literature know that this book is on firm empirical ground, and when it reaches into the unknown it does so in a way that plausibly extends what evidence suggests. This series is meant to offer professionals information that can truly be helpful, and to further our ability to alleviate human suffering by inviting creative practitioners into the process of developing, applying, and refining a better approach. This book provides another such invitation.

Sincerely,

Steven C. Hayes, Ph.D., Georg H. Eifert, Ph.D.,
and John Forsyth, Ph.D.

Acknowledgments

Writing this book has been part of an ongoing process for me. In 1985, I began a journey out of an incredibly dark place. All along the way there have been people who have nurtured me—people who saw something in me that I couldn't see in myself. I would like to acknowledge my teachers, especially Steve Hayes, Linda Hayes Parrot, Sam Leigland, Richard Baldasty, Dexter Amend, Bill Follette, Victoria Follette, and Lois Parker. These and many others brought me to this day. Sometimes I tell people that my current job is to travel around the world falling in love with people—a pretty good gig if you can get it. Back in 1985, I could not have imagined finding myself in the world I now inhabit.

I want to acknowledge New Harbinger. The NH folks have been terrific and supportive. I especially want to thank Matt McKay. Matt, with tears in his eyes, asked me for this book at the Association for Contextual Behavioral Science Summer Institute in 2007. Matt said that I didn't have to write a word, that I could just talk into a recorder and send it off to New Harbinger. Of course, this book was not written that way, but what Matt said seemed to free me up to write in my own voice. Thanks also to Catharine Sutker for pursuing me for the past half dozen years and for introducing me to Troy DuFrene. I feel that I have made a friend for life in Troy—a true brother.

On the mindfulness front, I extend the warmest thanks to Jon Kabat-Zinn for his kindness and support. Jon's guidance in planning my sabbatical and the lovely week with him and Saki Santorelli at Mt. Madonna in California were priceless. I would like to acknowledge John McNeil for his kind assistance in helping me talk and think about the relationship

between my work and Eastern philosophical and practice traditions. And I offer many thanks to Mark Williams for his gentle openness over the years and to Barry Silverstein for pushing me to think harder about the ACT-mindfulness connection.

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Lastly, I want to thank my wife Dianna and my daughters Sarah, Emma, and Chelsea for loaning me out to the world on a very frequent basis over the past ten years. None of this would mean much without you. "Set me as a seal upon thine heart, as a seal upon thine arm: for love is strong as death."

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

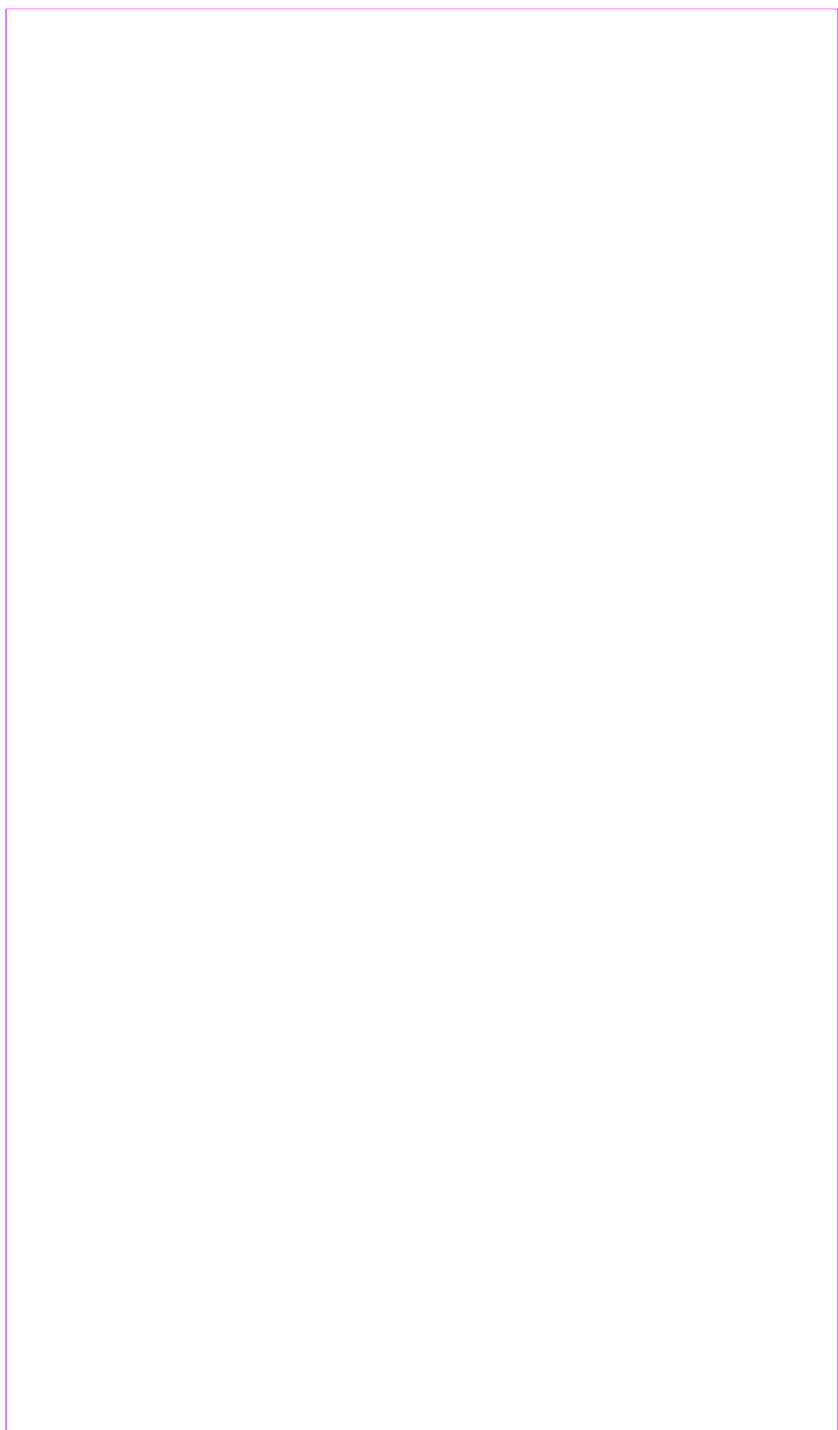
used to this more formal but perhaps less engaged voice. But when we sit down with our clients, their very presence in the room with us invites to be more present with them, to be more aware of where we are in relation to them. My hope is that, by addressing you directly, I'll be inviting you to be more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



Chapter 1

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.

Chapter 2

A Clinician's Guide to Stimulus Control

I often introduce myself by saying, in a hushed tone appropriate to a confessional, “My name is Kelly, and I’m a behavior analyst.” I typically follow by asking whomever I’m speaking to not to hold that fact against me. Given the work I do—especially the frequency with which I throw around words like heart, suffering, and liberation—many people are often puzzled by my claim to be a behaviorist. But I find that this is because the core characteristics of the behaviorism to which I adhere—contemporary contextual behaviorism in the tradition of radical behaviorism—are confusing and obscure to a lot of people. (Don’t worry if contextual behaviorism is unfamiliar to you. We’ll touch on it a little later.) Many of the folks I encounter have very firm convictions about the value of behaviorism. Yet they have a far less firm idea of what behaviorism actually is. My hope is to shift this trend, at least somewhat, with this chapter.

Brace yourself. This chapter is going to be technical, more so than any that follow it. And the terminology is going to be heavy. I can’t really get around this. My hope, though, is that by becoming more familiar with the basics of stimulus control, your ability to detect subtle shifts in stimulus control in the therapy room—whether in yourself or in your clients—will help you connect more deeply and intimately with your clients, building a strong foundation for mindfulness for two.

ACT is the application of contemporary *contextual behavioral psychology*, a study of behavior focusing on context and function rather

than form, as it emerged from the tradition of radical behaviorism. In an important sense, ACT is really applied *behavior analysis*, which is the empirical observation of behavior with the goal of predicting and influencing it. For many years, we didn't call it that—for some rather compelling reasons. Until recently, if you brought up “applied behavior analysis” in a group of professionals, most of them would say, sometimes out loud, sometimes to themselves, one of two things: “Oh, I know about that already, and I hate it, so I don't need to listen anymore.” Or, on the other hand, “Oh, I know about that already, and I like it, so I don't need to listen anymore.”

I'd like convince you that there *is* something important to listen to in applied behavior analysis, whichever side you fall on. If you're inclined to view behavior analysis as too narrow, mechanistic, and reductionistic, I ask that you keep an open mind. There are a lot of behaviorisms out there, and I think you'll find that this one may leave out the elements to which you object. If you have a positive view of behavior analysis—or, even, are a behavior analyst yourself—I would request that you join me to look anew at some domains that maybe have gone unexplored or where we, as behavior analysts, drew premature conclusions that satisfied us at the time but failed to exhaust the possibilities of the theoretical model. If you take the time to engage with this material, I promise that it will have a positive impact on the work you do in the service of your clients.

NOT THE BEHAVIORISM YOU THINK YOU KNOW

Behaviorism often turns therapists off because it hasn't particularly been known for its contributions to psychotherapy. When many of us think of behaviorism, we conjure up images of rats pressing levers. When we think of radical behaviorism, we imagine all of the limiting, negative things we think we know about behaviorism—and then we “radicalize” them, making behaviorism seem even more objectionable. In fact, *radical behaviorism*, developed by B. F. Skinner, is the philosophy that forms the basis for modern behavior analysis. Though perhaps radical behaviorism was unfortunately named, it's far from limiting.

When I encounter people who don't like behaviorism, I sometimes ask them why. The most common misconception is that behaviorism denies thinking and feeling. And the second is the notion that behaviorism shrinks human behavior down to an atomistic account of punishment

and rewards, a reductionistic process that eventually mechanizes rich and varied human experience, turning us all into robots. If these caricatures are true anywhere in behaviorism—and this is arguable—they're not found in the behaviorism of B. F. Skinner, and they're certainly out of place in the contemporary contextual behavioral account I'm describing in this book.

THINKING-FEELING BEHAVIORISM

All of us have a fraction of the world to which only we have direct access. Others may see what we do with our hands and feet quite directly, yet they don't have such direct access to our *private events*, that is, what we think, feel, imagine, and desire. Any psychology that doesn't address these matters is likely to be, and probably ought to be, rejected out of hand. But this issue of whether private events are a proper subject of study has been the frequent point of contention in the history of psychology. In the middle of the last century, empirical psychology—in its search for a so-called objective psychology—ran away from questions about this world inside the skin.

In a symposium in 1945, the famous historian of experimental psychology Edwin Boring stated, "Science does not consider private data." Responding to Boring, B. F. Skinner quipped, "Just where this leaves my contribution to the symposium I do not like to reflect... The irony is that while Boring must confine himself to an account of my external behavior, I am still interested in what might be called Boring-from-within" (Skinner, 1972, 384). Skinner never disavowed interest in private events, but his was only one voice among many in behaviorism. And many within the broader behavioral movement did call out for an analysis that dismissed our inner life—or at least placed it outside the range of science. It's very possible that a good deal of the contemporary rejection of behavior analysis has been in reaction to this rigidity, to positions that were held too stridently, to versions of behavioral psychology that truly failed to take human cognition seriously. But, as even Hamlet remarks, "There is nothing either good or bad, but thinking makes it so" (*Hamlet* 2.2.250–251). Commonsense observation alone suggests that the human capacity for cognition exerts a considerable influence on our behavior. It's not so far-fetched to imagine that, by neglecting to provide a workable explanation of the role of private events within the framework of behaviorism, the mainstream of this tradition fell into disuse during the ascendancy of cognitive psychology in the latter part of the

twentieth century. Regardless of the reason, the plain fact is that we now find ourselves at a point in time where many—if not most—individuals providing mental health care are not well trained in behavior analysis.

WHY DO WE NEED BEHAVIOR ANALYSIS?

So what? What difference would it make if none of today's clinicians were trained in behavior analysis? It might not make much difference at all but for the fact that contemporary psychotherapy took a turn in the 1990s, the new behavior therapies (of which ACT is one) emerged into the profession, and clinical research started to suggest that this work showed promise. With encouraging research findings came interest, and as interest grew, more clinicians wanted to take advantage of these new and promising technologies. And several of these new therapies formulate case conceptualization from a behavioral perspective. The glass-half-full view here is that, if you're interested in these new therapies, an understanding of behavior analysis is a genuine asset for you. But if you're partial to a more pessimistic worldview, you might say that, without a solid foundation in behavior analysis, you'll have some serious holes in your understanding and application of these technologies. And if you do, you're certainly not alone. Basic behavioral training all but vanished from clinical psychology curricula in the last couple decades of the twentieth century.

RETHINKING BEHAVIORAL TRAINING

So we have several generations of clinical professionals that may lack a strong foundation in basic behavior science, and we have a number of emerging modalities that depend on these skills for successful case conceptualization. What can we do about that?

There are several different approaches to basic behavioral training. Some are highly technical and make use of the hugely precise language and razor-fine discriminations that are necessary for basic laboratory work. Yet while these technical details are important in research, some are less so outside the laboratory. I'm going to go out on a limb and guess that you've not made notes about "a changover delay in a concurrent VI-2' /VI-2' schedule of reinforcement" on any of your clients' charts lately. What would be of great benefit to you, especially if you are drawn

to the new behavior therapies, is an understanding the core of behavior analysis: the functional relation between behavior and the contexts in which it occurs.

This is what I'll be guiding you through in this chapter. I want to introduce behavioral thinking in a way that I hope is useful for you if your behavioral training happened a long time ago, was maybe less rigorous than you might now wish, or was not well integrated with clinical work. And, of course, this chapter should be of considerable value to you if you've had no behavioral training at all. Along the way, I'll give you the barest outline of a contextual behavioral perspective from which you can observe your clients' activities (and your own).

As someone trained at depth in both basic behavior analysis and clinical psychology, I think that basic behavior analysis has an important message for applied psychology (of which clinical work is a subset). In what follows, I've struck a balance between applicability to clinical work on one hand and technical accuracy and completeness on the other. The material here is directly relevant to both understanding and doing ACT. As we go, we'll connect technical explanations with clinical examples. By doing this, I hope both to keep these technical distinctions relevant to your practice and to prevent you from lapsing into a technical analysis coma.

BEHAVIOR ANALYSIS: GETTING STARTED

The foundation upon which behavior analysis rests is the relatively uncontroversial idea that behavior is influenced by the context in which it is embedded. In a certain sense, behavior analysis can be thought of as a relatively refined language that enables us to talk about behavior and the contexts that influence it. It is, in a real sense, *contextual behavioral psychology*.

Contextual behavioral psychology serves a practical purpose: it helps us make sense of the world around us. As with other scientific perspectives—physics, geology, biology—we (humankind) adopted it because we found it useful to organize the world and its events into categories and into the relations among categories. But make no mistake: the categories and relations you'll encounter in the following pages are not “true” in the capital T sense of true or, by any means, exhaustive of all human behavior. They serve a practical purpose—to enable us to have the discussion that is behavior analysis—and we can and should let them go when they no longer serve us well.

Behavior analysis is nothing more than a way of speaking about what people do. There are innumerable ways of speaking about what people do, including other scientific ways of speaking like those I mentioned above. In addition to these, there are countless nonscientific ways of speaking—poetry, theology, just plain old common sense. Behavioral ways of speaking ought not be measured against other ways of speaking. Rather, behavior analysis ought to be measured against the ways such speaking can be useful in meeting our goals. In short, when evaluating our use of behavior analysis, or this way of speaking and categorizing, we need to ask ourselves to what extent our analysis helps us in understanding the behavior of clients such that they become free to move their lives in a valued direction.

THE DISTINCTION BETWEEN BEHAVIOR AND CONTEXT

Behavior analysis is a precise yet general way of speaking about behavior, the context in which it occurs, and the relations between behavior and context. Since the elements of our analysis will be aspects of behavior and context, it's very useful to distinguish between the two.

Behavior

There are widely divergent views in psychology regarding what is meant by behavior. My own first encounter with behavior was in developing and implementing behavior plans for individuals with developmental disabilities. I was taught in most of my introductory psychology courses that behaviorism confined itself to publicly observable responses—walking, talking, speaking, and the like. My very first course on behavior analysis was taught by Sam Leigland, an early mentor of mine who still teaches at Gonzaga University. Sam is a tall fellow of Scandinavian descent who can turn his entire body into a question mark. So, on the first day of class, this tall Scandinavian question mark turned to us and asked, “What is the subject matter of behavior analysis?” He didn't wait for an answer. He supplied one emphatically: “The subject matter of behavior analysis is any and all of the activities of the integrated organism! Any and all!”

At the time, I was carrying a copy of *Man's Search for Meaning* around in my pocket as a sort of compass. I went to Sam's office after that class and asked him, “What about this? Can behavior analysis help

us to understand what happened to Frankl in that death camp? Can it help us to understand the human capacity to find meaning in the midst of horror?"

Sam didn't give me an answer that day. Instead he gave me a job. The essence of what Sam told me was that if behavior analysis could not make sense of the most profound human activities, then it is not worth much. Sam got me reading papers like "Radical Behaviorism in Reconciliation with Phenomenology" (Day, 1992) and "Making Sense of Spirituality" (Hayes, 1984). He showed me that there was a richness in behavior analysis that was nowhere to be seen in introductory psychology texts. (As I write this, I'm reminded what a great gift my best teachers have been to me.)

Often behavior is distinguished from things like thinking and feeling. The behaviorism Sam offered to me, and that I in turn offer to you, says that if an organism can do it, it is behavior. Could a person think, imagine, believe, hope, want, freak out, or feel exuberant, despondent, inspired? Or, like Frankl, could a person find meaning in the midst of a death camp? If the answer is yes, then that is behavior from this perspective, and is an entirely proper subject matter for our science. Behavior is what is to be explained.

For our purposes, *behavior* will be considered an ongoing, evolving stream of activity in dynamic interaction with context. Behavior, so defined, is the dependent variable of our analysis. We will seek the ways in which it depends on, or is organized by, context.

Context

Just as behavior is anything that an organism can do, context is anything that can happen to an organism. This includes both what is currently happening and also what has happened to the organism all the way back to the beginning of its existence. From this perspective, context is anything outside of the behavior being analyzed that influences the development, expression, modification, or maintenance of that behavior, including both current and historical context.

Context, or some aspect of context, is the independent variable in our analysis. If we want to have an influence on our clients' behavior, we will need to understand that which influences behavior. We could suppose that behavior just changes on its own or that change will come spontaneously from the client, but if that is all there is to it, what is our job as therapists?

The issue of influencing client behavior has been a sticking point for behavior analysis. Perhaps it sounds manipulative. Sam had a response to that too. He asked me what I wanted to do for people. I told him that I wanted to help them to find meaning.

“How?” he asked. “What will you do?” In that simple question, Sam was leading me back from clients’ behavior (meaning making) out into their environment (their interaction with me and the world around them). “What will you do?” is a practical question.

This is useful because we are an important part of our clients’ environment. Anything we do to influence our clients’ behavior is done from outside that behavior. We change both the immediate context of a behavior to give clients the opportunity to do something different and, through a series of interactions, change the historical context of a pattern of behavior. The context in which the behavior occurs is your point of impact as a therapist. *Context*, then, is that which lies outside behavior, and which exerts an organizing influence on the behavior being analyzed.

Context and Behavior

Imagine a client comes into your office. He says to you, “I want to die. Every day I get up and I wonder—can I do one more day? And, if I can, how many more can I do after that?”

There are a lot of ways you could respond to a statement like that. How might it influence that ongoing stream of your client’s behavior if you threatened hospitalization, if you appeared distraught and frantic when you heard your client’s words, or if your response suggested that your first concern was to avoid liability with respect to your client? And how might it influence your client if you seemed genuinely interested in hearing the heart of his despair? Depending on your client’s history, any of these different responses might produce dramatically different effects on how he responds to you and what actions he chooses to take, if any, because of your encounter. Your client might become angry. He might jump out of the window. He might be calmed—or might feign calm.

I mean nothing controversial when I claim that context organizes behavior. Your client behaves, and you respond. Your response is the context for your client’s behavior, and it has an influence. The same analysis could, of course, be made of your behavior. Your client’s behavior is the context in which you yourself behave. Sometimes it’s useful for us to focus on the way in which context impacts your behavior as a therapist,

but for now, let's stay focused on your client's behavior. Even when we do look at your behavior, we'll want to start our analysis with one stream of behavior at a time. It's simpler and more likely to be useful to do so.

Responses and Stimuli

Another way of speaking about the behavior-context distinction is in terms of responses and stimuli. *Responses* are behavior, or what an organism does, and *stimuli* make up context, or what happens to an organism. For example, if we hear a phone ring, hearing is the response, and the ringing is the stimulus. This language highlights the practical nature of the context: we distinguish here between stimulus and response only to facilitate our discussion of what is actually a singular event, in this case, hearing the phone. A stimulus is not a stimulus apart from that which it is stimulating, and a response is not a response apart from that to which it is responding. There is no stimulating without responding and no responding without stimulating. Responding and stimulating are a functional unit. So, in this case, there is no hearing (behavior) independent of what is heard, and no what is heard (context) apart from hearing.

Thus we'll consider any behavior that we want to analyze in and with the context. Any part of any event that seems important in our project of prediction and influence will belong either on the behavior side of the equation (a response) or on the context side of the equation (a stimulus). Those on the behavior side are the events that we seek to influence, while those on the context side are the events that do the influencing. If, considering the example above, we wanted to determine how soon someone is likely to answer the phone when it rings and get her to answer more quickly (predict and influence behavior), we would consider the volume of the ringer, the subject's proximity to the phone, whether she is wearing earmuffs, and so forth (the context in which the behavior takes place).

Two Common Errors in Understanding Responses and Stimuli

Two common misconceptions about responses and stimuli are that responses are movements and stimuli are discrete objects. From a contextual behavioral perspective, these are both incorrect in the most

technical sense. On the response side, standing still is defined as a response if I can demonstrate that standing still, as the response of interest, is capable of being organized by context, which is to say, capable of being provoked by some kind of stimulus. For example, if I give you a five-dollar bill when you stand still and take five dollars when you move and thereby alter the probability that you'll stand still, then "standing still" meets our definition of behavior: it's something the organism can do. Also, standing still can be brought under contextual control—that is, it's in dynamic interaction with a stimulating environment.

On the stimulus side, the most common error is to think of a stimulus as an object. We might, for example, see the five-dollar bill as the stimulus that organizes behavior. In a limited sense, this is true, but a more sophisticated way to think of this is that standing still changes the world from one where you can't buy things to one in which, with your crisp, new fiver, you can. It is that transition from not having the power to buy things to having that power that organizes behavior, not the bill per se. For example, if I gave you a billion dollars, the promise of an extra five bucks would likely no longer organize your behavior, and you would stand still or move as it pleased you. Or if I locked you in a cell where money couldn't be spent or given away, five dollars (or even a billion) wouldn't do much to organize your behavior. Why not? Because receiving the five-dollar bill in either of those two contexts wouldn't change your world in any significant way.

In many applications, calling the five-dollar bill a reinforcer of behavior is probably workable. (We should remember that, despite the leaps and bounds of contemporary physics, Newton's classical mechanics work just fine in most instances too.) However, we want a more sophisticated understanding of the dynamic interaction of responding and stimulating.

Why does it matter? The distinction matters because sometimes there's no object or immediate discrete event to which we can point. Richard Herrnstein and Philip Hinkle (1966) carried out a classic experimental example that illustrates this point nicely. In their study, rats were placed in an experimental chamber, and the floor of the chamber was briefly electrified at random intervals. If the rats pressed a certain lever within the chamber, the shocks would come at a slightly increased, though still random, interval. What Herrnstein and Hinkle found in the experiment was that lever pressing was maintained in the rats. We cannot understand the maintenance of the lever pressing by appealing to the immediate effects of lever pressing. The most common immediate effect of a lever press was that nothing would happen. In fact, as result

of the shocks coming at random intervals, the lever press was sometimes followed immediately by a shock. Why did the rats press the lever? In simple terms, the rats pressed the lever because doing so precipitated a transition in context from one in which shocks are more frequent to one in which they are less frequent.

SEEING PATTERNS IN RESPONSE AND CONTEXT

In clinical settings, the contextual events (the stimuli that organize your client's behavior) will frequently not be nice discrete objects. You'll seldom have the luxury of seeing an M&M dispensed in the therapy room with the press of a lever. I sincerely hope that you won't see your clients respond to intermittent electric shocks. What you will see, though, are transitions in patterns of responding. And where you see the transition, that's where you'll look for organizing context.

What are we seeking as we listen to our clients' stories? How do we find the organizing context? In some respects, a behavior analyst's job is one of pattern recognition. Although I am interested in the content of my client's responding, I am even more interested in the patterns of response—including the patterning of content—and the patterns of the contexts in which they are embedded. I have a particular interest in *stereotypy*, that is, in repeated patterns. These patterns can be quite fascinatingly complex and varied. Ask yourself these questions about your client's responses:

- Is there a particular pitch and pace to her responding?
- Does he complain and complain?
- Does she ruminate and ruminate?
- Is the topic the same, over and over again?
- What is the physical posture he assumes as he conveys his story to me?

These are just a few possibilities of patterns. It's likely that your client will exhibit several patterns. Can you recognize them? Could you characterize them in terms of pitch, pace, tone, and content? This is the task we have at hand: to make useful observations about the behavior that our clients bring into the room.

Metaphorically speaking, the activity of observing behavior is like listening to a bit of music. You might listen for the bass line and for a moment let go of the lyrics and the flashier lead guitar. Can you listen and let it move you? Tha-thump, tha-thump goes the bass guitar in the background. Can you hear that patterning of response?

Once you hear that pattern, can you bring your attention to the context side of the behavior-context interaction? The sound quality of the hall, the ambient noise in the background, the shuffle and rustle of the crowd? Can you listen for both behavior and context at the same time? Focus on both the music and the room? Yes, of course, but remember that dividing your subject matter into behavior and context is a pragmatic matter. Attending to one side of the interaction at a time is simpler. As you get better at it, you can begin to see the ebb and flow of interaction, but it is best to start with a simpler set of discriminations.

Two pieces of context are particularly relevant. First, what's going on in the story the client is telling? What is the context in which the story occurs? Is it a social context? Is it a context involving intimacy or potential intimacy? Is it a time when she is alone and has nothing to do? Is it a context in which he is being evaluated by a supervisor, a parent, or an acquaintance? And, second, when does this pattern come up in session? What was your interaction with the client when this pattern emerged? Are there certain topics that precipitate the client's behavioral pattern? Do certain emotionally laden issues precipitate the pattern? Are there things going on in your relationship with the client that seem to precipitate this behavioral pattern? What you're seeking are patterns of context that are correlated with patterns of behavior.

WATCH FOR TRANSITIONS

If you think about behavior as being in dynamic interaction with context, you can assume that when you see a transition in responding, there has been a transition in context. With nonhuman species, this is often obvious. The birds are chirping, and they suddenly stop. You look around and see a cat sneaking up through the grass. The dog is lying in its bed, then jumps up and runs to the window. Moments later you hear a delivery truck pull into the driveway. The cat is sleeping on the sofa. You begin to open a can with the electric can opener, and the cat comes running. All of these are examples in which the transition in the environment organizes a transition in behavior—and the transition in

environment—the cat sneaking up, the delivery truck arriving, the can opener whirring—is quite obvious.

With humans, a transition is often not so obvious. You may sit and listen to your client describe her week. At some point in the conversation, you note a change in pace or tone. Suddenly she becomes very animated or very anxious. Or perhaps you're asking about a client's visit to a friend and see him become momentarily emotional. Why? Sometimes it may be quite obvious what precipitated the transition, but sometimes it isn't at all clear. As you delve more deeply into the ways context organizes behavior, you'll begin to see how you can look for particularly telling transitions in behavior. Neither therapists nor clients are typically skilled at detecting subtle shifts in context and the influence they exert over behavior. However, such skill can be cultivated. Noticing such transitions in behavior can lead you to understanding what precipitated them and to which interventions would be called for when you see them.

CONTEXT: ANTECEDENTS AND CONSEQUENCES

Within the broad category of context, several distinctions can be made. The simplest of these involves distinguishing whether the relevant stimulating context occurs before the behavior of interest (antecedent) or after the behavior of interest (consequence).

Antecedent Stimulation

Some client behavior is under antecedent control. *Antecedents* are stimuli that come before a response or pattern of responding that change the likelihood that the response pattern will occur. For example, a gunshot increases the likeliness that a startle response will follow. There are other kinds of antecedents too. For example, if the phone rings, we are likely to answer it. Both the gunshot and the ringing are antecedents, but as we shall see, there are important differences in the kinds of behavior they precipitate. The gunshot has a sort of automatic effect on behavior. Gunshot—startle. Gunshot—startle. We call this particular kind of antecedent an *eliciting stimulus*. The ringing of the phone is different. If the phone rings, we will probably answer it but maybe not. If we have a lot of other things to do, if a particularly good program is on the

television, or if the caller ID says “blocked,” we may not answer. We call this sort of antecedent a *discriminative stimulus*.

Consequential Stimulation

Some client behavior is under consequential control. *Consequences* are stimuli that follow a response and change the probability that the response will occur again. Depending upon the effect on behavior, we call these consequences reinforcers or punishers. Stimuli that follow a response and increase the likelihood of a response are called *reinforcers*. For example, praise could be a reinforcer for a child’s reading if it increased the probability of reading. By contrast, stimuli that follow a response that reduce the likelihood of a response are called *punishers*. A painful burn could be a consequence that would reduce the likelihood of touching a flame. These responses occur because the world changes in some important way when they happen. When a man yells at home, his wife and kids make no more demands on him. When a child cries, the parents allow another hour of television. These examples illustrate ways in which behaving (man yelling, child crying) changes the world, and how that change or transition in context (no more demands, another hour of television) influences the likelihood of that response happening again.

There’s a link between consequences and antecedents. Sometimes an antecedent, like the ringing of the phone, signals an available consequence. Discriminative stimuli and consequences go together. When the phone rings and I answer it, there are consequences. My world changes from one where I don’t get to talk with you into one where I do get to talk with you. This doesn’t happen when I answer the phone when it isn’t ringing. It seems so unfair!

BEHAVIOR: RESPONDENT AND OPERANT CONTROL

We can also look more closely at the behavior that’s linked to antecedent and consequential stimulation. (Stop and take a deep breath. I know this is getting a little dense and theoretical, but I promise that I’ll bring this back to the therapy room and show you why it’s essential to understand these distinctions. And breathe. Don’t you *feel* better now?)

Like stimuli, responses can be divided into two major categories. Some patterns of responding are primarily sensitive to antecedents. Other patterns of responding are sensitive to both antecedents and consequences.

Behavior Under Strong Antecedent Stimulus Control

Some responding is mostly sensitive to antecedents but relatively insensitive to consequences. Remember that gunshot and the startle response? What if I threatened to take one hundred dollars out of your wallet if you were the least bit startled when the gun went off? The gunshot would still produce a startle response. That startle response is just not very sensitive to consequences. You might be able to restrain it some. It's not perfectly fixed, but it is relatively insensitive to that aspect of context we call consequences. Behavior of this sort has an almost mechanical quality to it. If the stimulus happens, the response happens with near 100 percent certainty. Depending on the stimulus, if it is presented again and again in rapid succession, the response may get smaller over time. However, generally speaking, a period of time without the stimulus will restore the response to its original strength. This sort of strong antecedent stimulus control is sometimes called *respondent stimulus control*, and the behavior it controls is called *respondent behavior*.

Behavior under strong antecedent stimulus control can occur with no learning history. This would be the case, for example, if you got startled after hearing a loud noise. We call this *unconditioned respondent behavior* or an *unconditioned response* (UCR), and the relevant stimulus an *unconditioned stimulus* (UCS). However, such behavior can also be learned. For example, if you were bitten by a dog, seeing a dog later might produce strong arousal. If you were in a serious car accident, you might become fearful of driving. Driving isn't innately fearsome, but it may become so when it's paired with something that is fearsome, like an accident. Of course pleasurable things can also be conditioned. Cases like all of these are sometimes called *classical conditioning*, and the resulting behavior is called *conditioned respondent behavior* or a *conditioned response* (CR), and the relevant stimulus that was previously neutral a *conditioned stimulus* (CS).

In addition, humans often become fearful even without any direct experience of the feared object. For example, many people are afraid of snakes, even without any direct painful experience with snakes. There

are documented cases of snake phobias where the individual has never even seen an actual snake. Not only can humans become fearful of things they've never encountered, they can even become fearful of things that don't exist: demons or monsters under the bed, for instance. If you think about your difficult clients and the things that generate near-mechanical reactions in them, the overwhelming majority of the events that precipitate these reactions are learned, not unlearned. They are conditioned respondent behaviors. Some of these responses don't necessarily involve very direct learning histories, but they are, nevertheless, learned and therefore conditioned respondents.

Conditioned respondent behavior will be of particular interest to you in your clinical work. It differs from unconditioned respondent behavior in that it is much more malleable. If a person were to interact in a variety of ways with a conditioned stimulus without the unconditioned stimulus, the strong antecedent stimulus control would be reduced over time. For example, if a tone were reliably followed by a shock, the tone would begin to produce a stereotypical startle response. If the tone were presented many times without the shock, the startle response would diminish. The narrow patterning of behavior will be extinguished, leaving the stream of behavior more sensitive to other aspects of context.

Responding Under Both Antecedent and Consequential Control

Some responding is sensitive to both antecedents and consequences. For example, if you bring the phone to your ear and get to converse with someone you enjoy, you will be more likely to pick up the phone again because doing so previously has resulted in an enjoyable conversation. You do not, however, walk around with the phone held to your ear all day. You wait for it to ring. The ring signals the availability of the enjoyable conversation, which makes putting the phone to your ear more likely when the ring occurs. Holding the phone to your ear is sensitive both to the antecedent ringing and to the consequential enjoyable conversation. The absence of either the antecedent or consequential conditions is related to decreases in probability of the response. Remember, as we discussed above, this sort of behavior typically has more flexibility and more sensitivity to other conditions (you're busy, a movie is playing on TV, and so forth). We call this sort of behavior that is sensitive to both antecedents and consequences *operant behavior*.

AVERSIVES, APPETITIVES, AND ABUNDANCE

In addition to being distinguished in terms of whether they precede or follow the behavior in question, antecedents and consequences can also be distinguished in terms of their effects on behavior. *Appetitive stimuli* are what we call stimuli that an organism will work to produce. *Aversive stimuli* are those that an organism will work to stop, postpone, or attenuate. There are some critical differences between behavior under aversive control and behavior under appetitive control. Understanding these differences can make you a better clinician.

Patterns of behavior under strong aversive control tend to be relatively narrow, relatively inflexible, and relatively insensitive to consequences—with the exception of consequences that discontinue, reduce, or postpone the aversive. If I shot a gun off in the room while you were watching television, notice what would happen. First, you'd probably show a very strong startle response. That startle response is a good example of strong antecedent stimulus control. Second, you'd stop doing just about everything else. For example, you might be noticing the smell of dinner cooking, you might be shopping on the Internet on your laptop, you might be sipping a cup of coffee. All of these responses would stop immediately. Strong aversive stimuli have an overall suppressing effect on the patterning of behavior. One exception to this suppression is escape. In the presence of strong aversive stimuli, learned or unlearned, behavioral patterns become relatively narrow, relatively inflexible, and relatively insensitive to various aspects of context, except those aspects of context that are related to the aversive itself and to escape.

So in the gunshot example, you might have shown considerable flexibility in your patterning of behavior before the shot as your attention moved from the television to your laptop to smells emanating from the kitchen, and so on. After the shot, all of those things would disappear psychologically. The only things that would be psychologically present would be the gunshot and the exit. An interesting program, a really great bargain online, or the smell of the roast chicken being pulled from the oven would have little influence over your behavior. All of your attention would be focused on whichever exit was closest to you and furthest from the gun-wielding maniac.

Just because aversive control tends to result in narrow behavioral repertoires doesn't necessarily mean that *all* appetitive control results in broad, flexible ones. In fact when deprivation is particularly high, as with starvation, or where even minor deprivation is experienced as very aversive, such as with drug dependence—it often results in the same

narrowness of repertoire we find with aversive control. The greatest breadth of behavioral repertoires tends to occur when behavior is under the appetitive control of many sources of stimulation that the organism will work to produce—ample food and security, an engaging environment, and so forth. Note, however, that abundance of reinforcement is not defined independently of the behaving individual. Abundance is a psychological factor, not one that can be defined by a physicist. A rich social environment might seem to be a source of abundant reinforcement. Even when people live among many others, though, they sometimes experience themselves as being cut off, isolated, and alone.

RESPONDING UNDER MULTIPLE SOURCES OF CONTROL

The distinction between responses mostly sensitive to antecedents and those sensitive to both antecedents and consequences is purely functional. I don't intend to imply that these types of behavior actually exist as separate entities. You are one organism. You have but one stream of behavior, and there is a constant, evolving, dynamic interaction between your pattern of responding and the context within which it is embedded. Your behavior could at any given moment be sensibly described as being under multiple sources of stimulus control. If we looked carefully, we'd likely find that all of your responses are under multiple sources of control, influenced at least partially by both antecedents and consequences. It is the ebb and flow of patterns of responding and patterns of stimulus control that interests us.

I make these distinctions between different kinds of stimulus control because different behaviors that your clients exhibit will show sensitivities and insensitivities, just like the ones I've described. If your client's behavior is under strong antecedent stimulus control and you warn her about consequences or point out past consequences of engaging in that behavior, it's not likely to have much effect. Behavior under strong antecedent aversive control is like that, along with behavior under appetitive control where deprivation is high. By definition, those patterns are not sensitive to consequences (except possibly escape).

Also, it's not the form of these behaviors that distinguishes them, but rather their functional relationships with the different aspects of context. A particular behavior could look the same on the outside, but could be, in some conditions, under antecedent control and, in other conditions,

sensitive to both antecedents and consequences. For example, you might stub your toe walking down a bumpy sidewalk and begin to cry because of the pain. You may also get pulled over by a policeman and begin to cry because, in the past, you've escaped a ticket by crying. Crying outside of its context cannot be distinguished as either under antecedent or consequential control. With context, however, the distinction can be made. In the first situation, crying is under antecedent control, and in the second, it is under consequential control. At other times still, the same behavior may be under both sources of control. It's less important to determine if a behavior is an example of respondent or operant control and more important to discern degrees of control and sensitivity. Likewise, you cannot determine the meaning of client behaviors without looking to the context in which those behaviors are exhibited.

PUTTING IT ALL TOGETHER

Most psychopathology shares some restriction in range of behavior. Those with alcoholism may drink and drink; people with obsessive-compulsive disorder may wash and wash; folks suffering from major depression may stay in bed all day. The problem with alcoholism isn't drinking per se, it's *having* to drink. It's *having* to wash one's hands rather than hand washing itself that's the problem with obsessive-compulsive disorder. And that people with depression stay in bed all day with the covers pulled over their heads is really a matter of little consequence in and of itself. Staying in bed all day is delightful. I recommend it. Sometimes on vacation, I get a nice fat novel and spend a day where I get up only to eat and go to the bathroom. Ah!

No, once again, the problem isn't staying in bed. The problem is *having* to stay in bed. The problem is the dread that overcomes the person as he pulls the blankets off, drapes his legs over the side of the bed, and lets his feet touch the floor. To just roll back into bed would give such relief, with perhaps a promise to get up later. And in that moment, the act of surrendering to depression buys a little peace.

Even with difficulties typified by erratic behavior, like the dramatic cluster personality disorders, the thing that causes problems is that these individuals are systematically erratic. Try to get a client suffering in these ways to slow down a bit! Marsha Linehan, the founder of dialectical behavior therapy (DBT), has spent her career developing technologies that facilitate that process among just such clients. Setting aside the categories of problem behavior, there is a stereotypy (repeated pattern) that

cuts across categories. It may have many different forms, but the narrowness of the pattern is suggestive of behavior under strong antecedent aversive control.

Take the example of a snake phobia. The defining features of a snake phobia are arousal and avoidance in the presence of snakes. A typical conceptualization of an exposure-based treatment is that as the phobic individual begins to interact with snakes in a variety of different ways, the probability of arousal and avoidance decreases.

This process can also be construed more broadly, considering the range of responses that might be in the person's repertoire. People can feed snakes, pet them, talk about them, study them, read about them, watch them, and so on. With this in mind, snake phobia can be defined not merely by the presence of arousal and avoidance but also by the narrowness and inflexibility of the range of behaviors in which the individual engages. Likewise, the effects of exposure would not merely involve a decrease in arousal and avoidance but also an increase in the probability of alternative responses.

With our clients, however, it's not typically events that are intrinsically aversive, that create this narrowness and inflexibility. Rather, it's aspects of context—such as painful thoughts, feelings, memories, or physical sensations—that are experienced inside the skin. A client may, for example, be interpersonally engaging and facile during sessions until the memory of an abuse experience shows up. Suddenly that individual begins to exhibit affective, verbal, physical, and attentional inflexibility, just as if she had suffered an electric shock or other external aversive.

Some ACT interventions, such as values work, are about consequences. Specifically, they are about reinforcers. However, if the pattern of behavior we see is under strong antecedent aversive control, talking about values (that is, reinforcers) will have little effect. In fact, if the person notices how his own behavior precipitates costs in some valued domain, that too will be experienced as aversive, and narrow behavior even more so.

If you can encourage this individual to sit quietly in the present moment and to experience the difficult emotion with acceptance and openness, then the strong antecedent stimulus control will lessen. As it does, you'll see the gradual emergence of flexibility in affect, speech pattern, physical posture, and other aspects. Now, if you begin to gently ask questions about valued living, those questions are much more likely to be received in a more flexible and open way.

Being sensitive to the stimulus control being exerted can help to direct your interventions so that they are responsive to the stream of

behavior occurring in that moment. You'll need to cultivate a sensitivity that stands in stark contrast to the rote execution of a series of interventions. Changing behavior under antecedent control requires different interventions than changing behavior that is under consequential control. Those sources of stimulus control will come and go many times over the course of a single session. Attention to both types of behavior is necessary to help free up your clients to cultivate and pursue their values.

STIMULUS CONTROL AND THE CLINICIAN

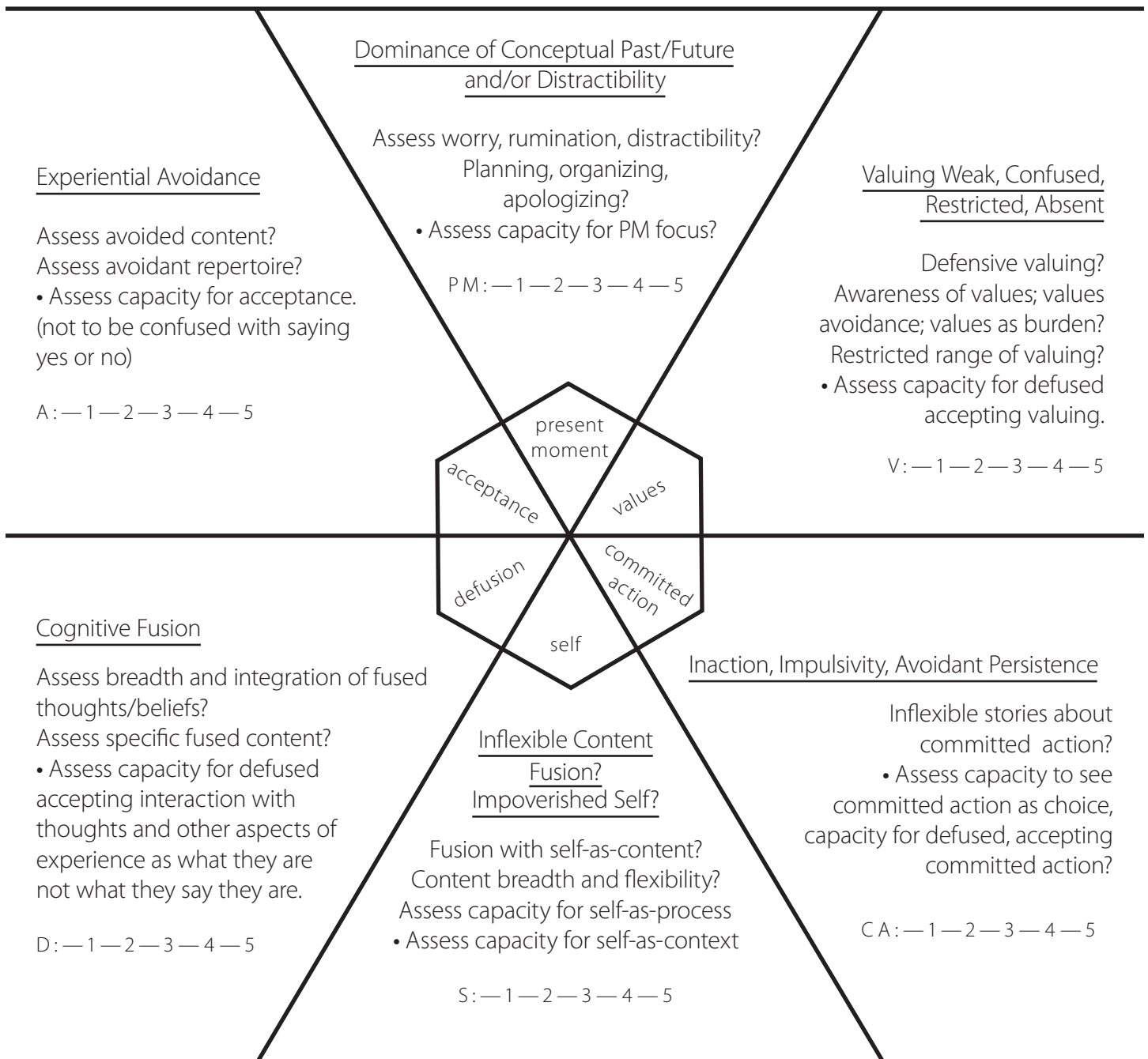
Having sufficient sensitivity to detect subtle shifts in stimulus control can sound daunting. As is true elsewhere in the ACT model, the principles that apply to clients apply equally to clinicians. In fact, if you can learn to detect the coming and going of aversive control inside your own skin, you'll be better able to detect and treat your clients with sensitivity. In fact, your own reactions are the most sensitive instrument you have in that room. Think about the last client you had who told you that she wanted to kill herself. What happened to your repertoire when those words came out of her mouth? Close your eyes for a moment right now and notice what happens as you think about them. Can you feel your chest tighten just a bit? Can you feel yourself wanting to move to the next section? That's what aversive control feels like. The time when your behavior will most likely come under aversive control is when your client's behavior is under aversive control. It is a painful fact, but your own experience is a sensitive instrument in making the discriminations I'm talking about. Generally, awareness of changes in stimulus control is a clinical asset, and mindful awareness is a means of becoming more sensitive to these changes in control. So don't forget everything you've just learned about stimulus control. It matters!

In the next chapter, we'll look more specifically at ACT processes and see how these fit with this more basic technical analysis of behavior, and we'll also take a look at mindfulness from an ACT perspective.

*and the sun on bare skin felt warm.
We did not feel the press of time
as we do now. The world seemed firm
and real, and life was slow, and long, and good.*

—Carolyn Elkins, “What We Knew” (2002, 23)

Hexaflex Diagnostic and Assessment

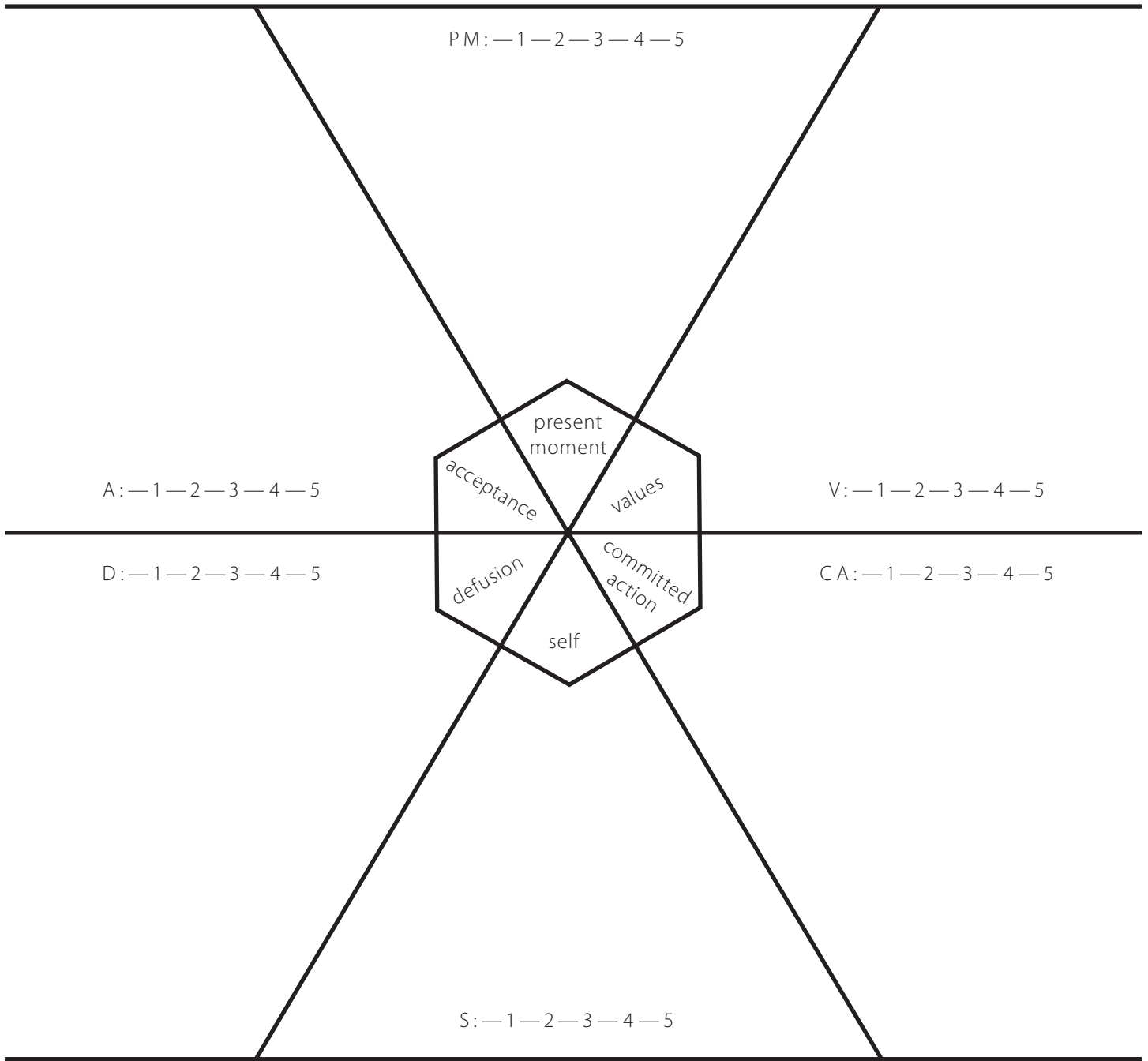


Hexaflex Diagnostic and Assessment Worksheets

The hexaflex diagnostic is a functional dimensional approach to case conceptualization, assessment, and “diagnosis.” It is intended to link assessment of functioning on clinically relevant dimensions to interventions. The approach is explicitly tied to a ACT and behavior theory more generally. The diagram above provides some domain specific orientation to common clinical difficulties within the dimension. The rating scale for each domain is intended as a general estimate of functioning within the domain with 1 as low functioning and 5 as high functioning. The worksheets should not be approached as a mere gathering of information. Deliberate, present moment focused questioning will give the best estimate of both capacities and for areas for therapeutic focus.

Hexaflex diagnostic note pages can be used to conceptualize therapist and client functioning in a given session. High scores connote optimal functioning. Low scores connote poor functioning. Note sheets can also be used as case notes to describe focus of intervention in a session and functioning with each noteworthy domain

Hexaflex Diagnostic and Assessment



date: _____

client ID: _____

Acceptance/Experiential Avoidance Worksheet

Avoided Content: Assess content that is unacceptable. Remember, even things that seem pleasant may take on aversive qualities. Intimacy may be highly valued and terrifying. Content may take any form. Aversives are simply things an individual would work to postpone, eliminate, avoid, or to reduce in intensity and duration. Although experiential avoidance refers to aspects of one’s experience that are avoided, you should also list external events that the client avoids in this section. Often external events are experienced as aversive in their own rite. For example, situations involving interpersonal conflict may be avoided. Individuals doing so may find that these situations generate anxiety, fear, and memories of conflict that are also avoided. Remember that experiential avoidance may take many forms. What is the client rationalizing, tolerating, ignoring, or experiencing with resignation (which sometimes looks a bit like acceptance, but without the vitality). Where you see these you will find avoided content. Many of the items listed here will also be important as potential areas for defusion work. List external events, bodily states, emotions, thoughts, memories, urges, cravings, memories that are avoided. Finally, list the personal qualities clients see themselves as lacking (e.g., courage, intelligence?).

date: _____

client ID: _____

Specific aspects of experience the client avoids or struggles to tolerate: thoughts, urges, bodily sensations, memories, emotions....

Situations the client avoids or struggles to tolerate: conflict, intimacy, social settings...

Things the client wishes were more so: courage, honesty, intelligence...

Acceptance/Experiential Avoidance Worksheet

Avoidant Repertoires: Means of avoidance need not appear to be avoidant. Avoidance is defined by the extent to which a response allows the client to avoid, escape, or attenuate the aversive content listed previously. Asking a client how they cope (e.g., get busy, distract, think positive thoughts). What clients do when such content emerges will provide a starting place for our list of avoidant repertoires. Remember, the form of avoidance does not have to look pleasant. Depending on a client's history, getting angry might help him or her to avoid feeling sad. Conversely, getting sad may help him or her to avoid feeling angry. Avoidance does not even always have to look like avoidance, so things like "putting up with," resignation, tolerating, fighting, and rationalizing might all be means of avoiding.

date: _____

client ID: _____

Fusion/Defusion Worksheet

date: _____

client ID: _____

Fusion: Assess fused thoughts, beliefs, emotions, evaluations. stories about “how the world is,” “what happened (past fusion),” “what the future will be like (future fusion),” why clients believe they have the problems they have (past fusion), beliefs about what would have to happen in order for them to move ahead in life and whether that is viewed as possible. Include stories about people in the client’s life, especially when “how they are” is a strong theme. Stories about past, future, and current situation that have the feel of inflexibility. Work to get a felt sense of the interiority of these stories (bring present moment focus to them). Stay out of conversations about the veracity of possibility/impossibility, truth/falsity, or justice/injustice of the stories, except to get a felt sense of the clients experience of possibility/impossibility, truth/falsity, or justice/injustice—stay mindful, these will hook you!

Past-Fusion

Future-Fusion

World-Fusion

Others-Fusion

Self Worksheet

date: _____

client ID: _____

Self-as-Content: Assess breadth and flexibility of content. Use the Valued Living Questionnaire as a guide in this conversation.

Self-Fusion/Avoidance: List content of self-as-content fusion—fusion with “my story” possibly including a story about “I don’t know why I am how I am.” Assess capacity to experience self as distinct from content. Self-as-process exercises can sometimes be the simplest way to both assess and shape this capacity.

Values Worksheet

date: _____

client ID: _____

Valued Patterns: Describe domains of valued living as dynamic, ongoing patterns. Generate short narratives in relevant valued domains. Linger inside the questions about valued domains before allowing any answers. Stay in the questions. Again, this is not mere information gathering. Mindful appreciation is key.

Values Fusion/Avoidance: Values areas/content where a sense of constraint, "impossible," "have to," or "values as burden" emerges. Capacity to be present to values and to **action or non-action** as a choice. It is in this place that freedom lives, where choice is real and not under aversive control.

Commitment Worksheet

date: _____

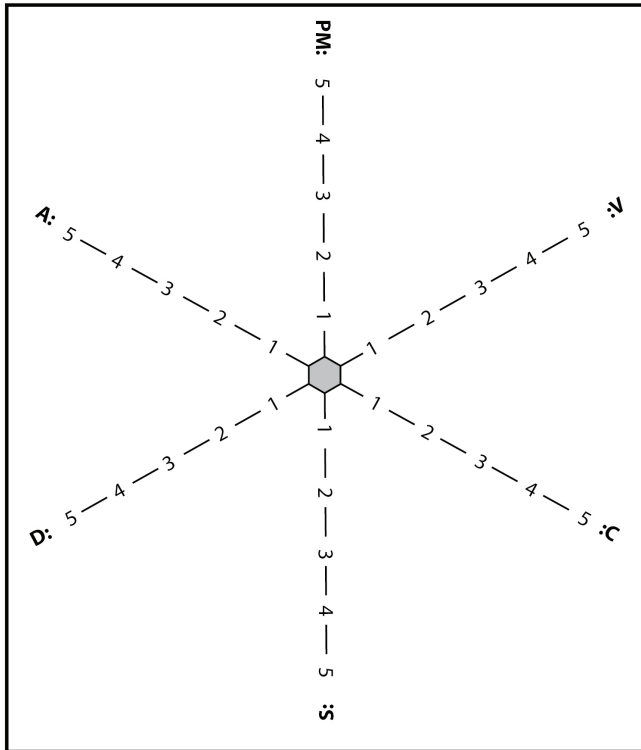
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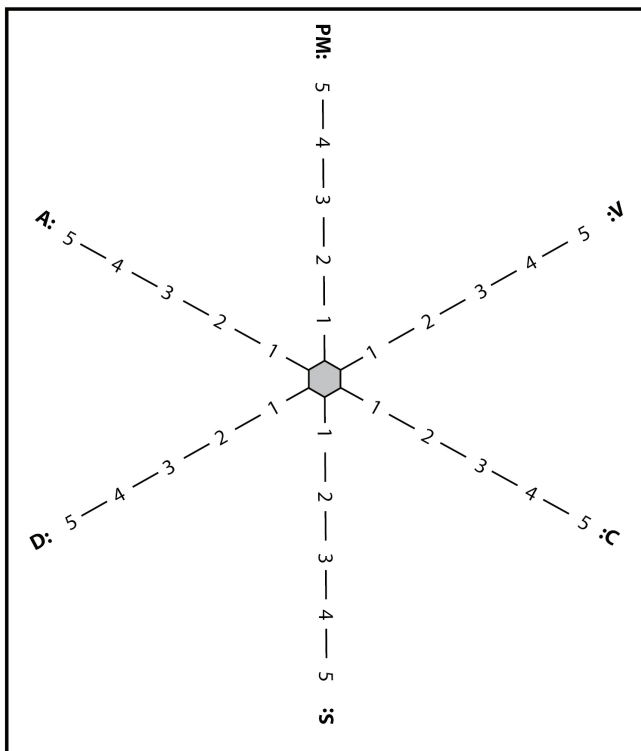
Domain and Specifics of Commitment: Assess domains of committed action and meaning of commitment. In a world where the client could make and keep commitments, what commitments would they make and keep? What is a major commitment they would like to make and keep? What small, but meaningful commitment would they like to make and keep? Very present moment focused assessment will be helpful here.

Commitment Fusion/Avoidance: Assess client stories about commitment—especially failures, inevitabilities, or any story that contains a strong sense of limitation or constraint. You will find these if you mindfully examine commitments in valued domains using the questions above.

date: _____

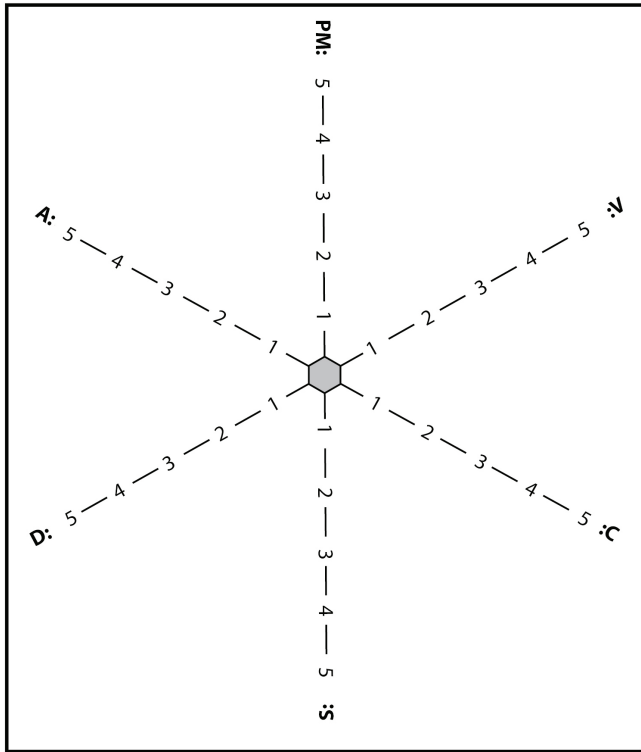
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date: _____

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Appendix A

Using the *Mindfulness for Two* DVD-ROM

Bound into the back of this book, you'll find a DVD-ROM with all sorts of interesting things you can use to support your experience with the book. Although the disc contains video, it isn't a DVD that you can play in your DVD player and watch on your television set. In order to use the disc, you'll need a personal computer.

VIDEO

There are eight video segments on the disc. You can see the Sweet Spot and Client Descending exercises, and you can practice case conceptualization on the six remaining experiential role plays. In particular, I offer a case conceptualization of "Emily and Kate: Session 2" in chapter 7. The worksheets with my notes appear on the disc as "Emily and Kate 2 HDFEI.pdf."

These segments were filmed in Denver, Colorado, in April 2008. The individuals who appear in these videos as clients adopted invented clinical personae for illustrative purposes, but I would resist calling what you see in these segments acting. While the "clients" assumed some details that would lend structure to the interviews, I think you'll agree, after you watch the videos, that something essentially human and undeniably real emerges. All of the participants, therapists and "clients" alike,

had recently completed a three-day training with me on the material featured in this book. Though the personae they adopt for the videos are invented, with their permission we used the real names of the participants to identify them in these segments.

In order to view these videos, you need to use QuickTime player, which is available free of charge for both the Windows and Apple platforms at www.apple.com.

The segments are named according to the individuals they feature:

- Emily and Kate: Session 1 (Sweet Spot Exercise)
- Ellen and Matt (Client Descending Exercise)
- Ragnar and Brandon (an experiential role play)
- Emily and Kate: Session 2 (an experiential role play)
- Bennett and Cari (an experiential role play)
- Joanne and Lisa (an experiential role play)
- Kelly and Cari (an experiential role play)

AUDIO

You'll find three audio clips in MP3 format that include my voice doing real-time inductions to the three mindfulness exercises in chapter 8: Sweet Spot, the Client Descending, and the Experiential Role Play. Depending on how your system is configured, you should be able to move these files into any major audio software and, from there, onto a portable music player or a CD for playback.

PDF WORKSHEETS AND DOCUMENTS

The worksheets and figures in the book also appear on the disc in PDF format. Feel free to print them and use them as you please in your clinical and educational work. To view and print these documents, you'll need either Adobe Acrobat or Adobe Reader. Adobe Reader is available free of charge at www.adobe.com.

On a separate page of the VLQ-2 (which appears only in the PDF version on the accompanying disc), clients are asked if they had to choose only five areas that they could work on, which would they choose; if they could only choose three, which would they choose; and if they could choose only one, which would they choose. They are asked to consider these questions both at this time in their lives and in their lives as a whole. The version of the VLQ-2 below is for your ease of reference. If you plan to use the VLQ-2 with clients, please use the copies of the PDF version on the accompanying disc.

Valued Living Questionnaire

Below are areas of life that are valued by some people. We are concerned with your quality of life in each of these areas. You'll rate several aspects in regard to each area. Ask yourself the following questions when you make ratings in each area. Not everyone will value all of these areas, or value all areas the same. Rate each area according to your own personal view of each area.

Possibility: How possible is it that something very meaningful could happen in this area of your life? Rate how possible you think it is on a scale of 1 to 10. 1 means that it isn't at all possible at all and 10 means that it is very possible.

Current importance: How important is this area at this time in your life? Rate the importance on a scale of 1 to 10. 1 means the area isn't at all important and 10 means that the area is very important.

Overall importance: How important is this area in your life as a whole? Rate the importance on a scale of 1 to 10. 1 means that the area isn't at all important and 10 means that the area is very important.

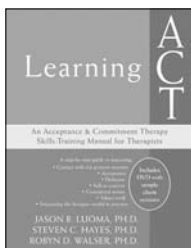
Action: How much have you acted in the service of this area during the past week? Rate your level of action on a scale of 1 to 10. 1 means you haven't been active at all with this value and 10 means you've been very active with this value.

Satisfied with level of action: How satisfied are you with your level of action in this area during the past week? Rate your satisfaction with your level of action on a scale of 1 to 10. 1 means you aren't at all satisfied and 10 means you're completely satisfied with your level of action in this area.

Concern: How concerned are you that this area won't progress as you want? Rate your level of concern on a scale of 1 to 10. 1 means that you aren't at all concerned and 10 means that you're very concerned.

	Possibility	Current Importance	Overall Importance	Action	Satisfied with Action	Concern
1. Family (other than marriage or parenting)						
2. Marriage, Couples, or Intimate relations						
3. Parenting						
4. Friends and Social Life						
5. Work						
6. Education and Training						
7. Recreation and Fun						
8. Spirituality						
9. Community Life						
10. Physical Self-Care (diet, exercise, and sleep)						
11. The Environment (caring for the planet)						
12. Aesthetics (art, literature, music, beauty)						

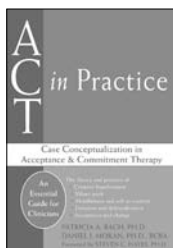
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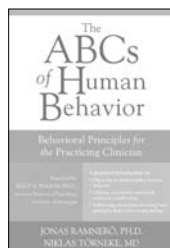
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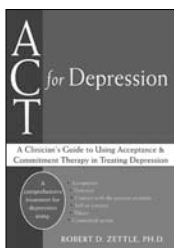
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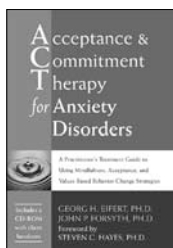
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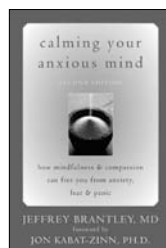


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