

Geller, S. (2009). Cultivation of Therapeutic Presence: Therapeutic Drumming and Mindfulness Practices. Dutch Tijdschrift Clientgerichte Psychotherapie (Journal for Client-Centered Psychotherapy), 47(4), 273-287

**Cultivation of Therapeutic Presence:
Therapeutic Drumming and Mindfulness Practices**

Dr. Shari Geller

Private Practice and York University

ABSTRACT

Therapeutic presence is a powerful and essential stance for therapists to take with clients. Being fully in the moment, open and receptive to the depth of clients' experiencing, can help therapists to be more empathic, attuned and genuine, as well as in contact with their own internal experience of being with the client. Therapeutic presence can also help clients feel open and safe to explore their internal world as well as help in deepening the therapeutic relationship. While presence cannot be assured in a session, steps can be taken to optimize the possibility for presence to emerge. The cultivation of presence also includes removing the obstacles to being fully present, such as stress, excessive planning or thinking, self-neglect, unresolved issues or difficult emotions. Two particular ways of cultivating presence are proposed in this article, therapeutic drumming and mindfulness. This article expands on each of these approaches as aids in removing stress and cultivating present moment awareness as well as increase inner and other connection. Engagement in the cultivation and maintenance of therapeutic presence is proposed as essential to any therapists' training program as well as ongoing for experienced therapists optimal functioning.

**Cultivation of Therapeutic Presence:
Therapeutic Drumming and Mindfulness Practices**

Therapeutic Presence is a poignant and deep offering of the therapist's whole being, in service of the client's healing. Therapist's capacity to be fully in the moment with their client, can allow clients to feel safe to open up and explore difficult therapeutic issues, to express their pain in an unguarded and trusting manner, and to develop a sense of presence, acceptance and compassion with themselves. Presence also allows the therapist to work at a relational depth and enhance the therapeutic relationship and alliance between therapist and client, a key factor in successful therapeutic work (Mearns, 1997).

Therapeutic presence is defined in part as bringing one's whole self into the encounter with a client, being completely in the moment on a multiplicity of levels, physically, emotionally, cognitively, and spiritually (Geller, 2001). Presence also involves being grounded in one's self, while being open and receptive to the verbal and bodily expression of the client's in the moment experience (Geller, 2001; Geller and Greenberg, 2002). While this inner receptivity involves an openness and deep listening to the client's multidimensional internal world, it also involves attunement to therapists' own bodily experience in order to access the knowledge, professional skill, and wisdom embodied within. Being fully present then allows for an attuned responsiveness that is based on a kinesthetic and emotional sensing of the client's affect and experience as well

as the therapist's own intuition and skill. Presence also allows therapists to maintain an awareness of how their responses are impacting the client.

While Person Centered and Experiential therapists generally view presence as an important therapeutic quality, there is a gap in the literature when it comes to the cultivation of qualities of therapeutic presence. While presence cannot be assured in a session, there are practices or intentions that therapists can engage in, both in life and prior to session, that help to facilitate inner presence and hence optimize the opportunity for presence to emerge in session.

An important aspect of cultivating and maintaining a state of therapeutic presence, involves recognizing and removing obstacles to presence. Obstacles to presence in life could include stress, fatigue, burn-out, lack of self-care, overworking, unresolved personal issues, lack of presence with others in daily life, and excessive busyness. Obstacles to presence prior to entering into session or in-session itself could include preplanning the session, not taking time to prepare, excessive or analytical thinking, lack of self-awareness, noisy or interrupted office space, attachment to a particular perspective on the client or what a good outcome is, feeling ungrounded, anxiety, depression or unresolved difficult emotions.

Two perspectives or ways to facilitate presence will be discussed in this article. First, a program of therapeutic drumming will be discussed for therapists to reduce stress, increase connection with self and others, and remove the obstacles to presence so one can experience themselves and others in a much deeper, connected and more present centered way. Second will follow a discussion on mindfulness, both in its theoretical perspective as well as specific mindfulness practices, to enhance therapeutic presence.

Prior to an examination of both therapeutic drumming and mindfulness approaches to the cultivation of presence, presence will be examined in relationship to Rogers' relationship conditions, followed by a definition and understanding, based on empirical research, of a relationship theory of therapeutic presence.

Rogers' Relationship Conditions and Presence

Carl Rogers, the founder of person-centered therapy, asserted throughout most of his life that the therapist's ability to be congruent, unconditionally positive and accepting, and empathic, what he called Therapist Offered Conditions (TOC), were necessary and sufficient for psychotherapeutic change (Rogers, 1951, 1957). What follows from the TOC is the creation of a safe and supportive environment that allows for the emergence of the client's actualizing tendency and optimizes the client's potential for growth. In his later years Rogers began writing about "one more characteristic" that exists in the realm of the mystical and spiritual (Rogers, 1979, 1980, 1986). This "characteristic" (see Rogers, 1980, p.129) has been referred to by client centered writers as presence, and as a possible fourth condition of equal merit to the three core conditions. Prior to his death, Rogers began to refer to Presence as more of a spiritual dimension that allowed a greater healing to occur. Following Roger's death, there was a post-humous publication by Baldwin (2000), where Rogers suggested the essential nature of presence:

I am inclined to think that in my writing I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of those condition that is really the most important element of therapy – when my self is very clearly, obviously present (p. 30).

Unfortunately Rogers did not have the opportunity to develop the understanding of presence, as it was only beginning to unfold before his death. It is also possible that he was not yet willing to refer to a powerful and spiritual domain that may overtake or change his original contentions. The perspective offered in this article, however, is that therapeutic presence can be viewed as the underlying foundation or the preparation for the emergence of the TOC. To be empathic, genuine or prizing, one first has to cultivate a state of presence, openness, and receptivity to the client's and one's own internal moment-to-moment experiencing.

Therapeutic Presence Studies

To date there have been only two empirical studies on therapeutic presence (Geller, 2001; Geller & Greenberg, 2002; Geller, Greenberg, & Watson, in press). First, a qualitative study was conducted on therapeutic presence in order to understand the depth and multidimensional quality of this important concept (Geller, 2001; Geller & Greenberg, 2001). Geller (2001) initially conducted interviews with 7 expert therapists and subjected their responses to a qualitative analysis. The qualitative analysis yielded a model of therapeutic presence, which included three broad categories essential to therapeutic presence (See Figure 1). The first category was labeled **preparing the ground for presence**, this category referred to therapists' pre session and general life preparation for therapeutic presence. The second category described **the process of presence**, and refers to the processes or activities therapists engage in when being therapeutically present, or what the therapist "does" when present. The third category was labeled **the actual in-session experience of presence** (see Geller and Greenberg, 2002 for a more detailed description). The current article is focusing on the first

category, as we can not assure a state of presence in session, however steps can be taken to **prepare the ground** or optimize the conditions for therapeutic presence to emerge.

The second two categories in the model of therapeutic presence, that is the **process** and **experience** of presence, were used as the basis for a second study which involved the development of the therapeutic presence inventory, a therapist (TPI) and client (TPI-c) self-reported measure of therapist's presence. (Geller, Greenberg, & Watson, in press). Items of the measures were generated from the model of therapeutic presence, and then subjected to item analyses and expert ratings. The TPI and TPI-c were then provided to therapists and clients in two psychotherapy research studies. Findings revealed that both the TPI and TPI-c had good reliability, face validity and construct validity. It was also found that clients reported a positive session change as well as a positive therapeutic alliance following a therapy session where they felt their therapist was present with them. The latter finding was not significant with therapists' self-ratings (TPI) and client session outcome or the therapeutic alliance.

It is important to note that these findings are reflective of psychotherapy research in general (Duncan & Moynihan, 1994). Clients' experience of the therapist has greater impact than how therapists experience themselves. For example, Rogers came to the conclusion that it is the degree to which the client perceives the therapist as being unconditionally accepting, empathic and congruent that is the main factor for a good therapeutic outcome (Rogers & Truax, 1976). The findings of this study reflect this notion, that it is the degree to which clients perceive the therapist as present that impacts clients' session outcome.

Findings also indicated a positive relationship between therapist's presence (TPI) and aspects of Roger's relational conditions, such as empathy, unconditional positive regard, and congruence. This finding supports the notion of therapeutic presence as an underlying foundation of the TOC. While each of the TOC are a part of the whole, therapeutic presence is a larger concept that contains and makes it possible for empathy, unconditional acceptance and congruence to be fully optimized and expressed.

Therapeutic Presence Theory of Relationship

A therapeutic presence theory of relationship proposes that therapeutic presence is an essential quality underlying effective therapy, including good session process and outcome, as well as being integral in deepening the therapeutic alliance. Further, this theory holds that the verbal and non-verbal communication of presence is essential as clients need to experience their therapist as present for therapeutic presence to be effective to client's therapy progress. Finally, a deeper relational presence is formed through clients experiencing their therapist as present, which allows for greater presence in the client, and within the therapist, as well as a deepening of the relationship between them. This reciprocal relationship between therapists' felt and communicated presence and clients receiving and feeling therapists' presence allows for the development of relational presence. Therapeutic presence and the emergent relational presence is a both a healthy state for the therapist and a healing state for the client.

Therapeutic presence is an essential aspect in optimizing the therapeutic alliance as well as facilitating the client's healing process. While research suggests that the therapeutic alliance is one of the non-specific factors that contributes to good therapy process and outcome, I am proposing that therapeutic presence contributes to the

development and deepening of the therapeutic alliance. Particularly, research has suggested that clients, who experience their therapist as fully present with them, have a better therapeutic relationship and session outcome, regardless of the therapeutic orientation (Geller, Greenberg, & Watson, in press).

A therapeutic presence theory of relationship involves the therapist being present which allows for a synergistic relationship to emerge where the client develops greater presence and there is a deepening of relational presence or I-thou contact. With therapeutic presence, the most important guide to a therapeutic response or direction (or non-direction in the case of person-centered therapy) is to be present, be grounded, and fully open and listen to the client in that particular moment. From that place of receiving the client on a multi-sensory level, therapists tunes into their own theoretical, learned, personal, and intuitive understanding of the client and a natural response or direction emerges from within. This encourages clients to feel open, safe and accepting or present with themselves and with the therapist, which allows for a relational presence to emerge and a deepening of the therapeutic relationship.

Therapeutic Drumming and the Cultivation of Presence

While there are many ways that presence can be cultivated in a therapist's life, one important aspect involves removing the obstacles to presence as well as enhancing practice of present centered activity. Music and creating rhythm is a powerful nonverbal way to develop deep listening, access intuition as well as release stress. An intentional form of group drumming combined with mindful imagery has been used by the author with numerous health care practitioners in this vein, and the benefits have been extensive. Reports by participants have included stress-release, deeper relaxation, self-nourishment,

enhanced intuition, deeper listening, feeling of connection with self and others, as well as increased joy and vitality. Therapists, including the author, have described this program as helping to maintain states of energy and presence in life and in session with clients.

What is Therapeutic Drumming and how is it helpful?

Therapeutic Drumming and Mindful Imagery (TDMI) is a program involving group drumming, relaxation exercises and guided imagery to promote health, wellness, and authentic expression while deepening connection with community, inner wisdom and potential for growth. Drumming and rhythm making has been used for centuries as a tool to provide deeper connections and stronger communication within and between people in communities. All cultures across time and the globe have used drumming as a way for nonverbal expression, communication, ritualizing important events and increasing general wellness and community relationships. Drumming and rhythm making has also been used in indigenous cultures to reduce dis-ease and increase harmony with one's self, community, and nature (Clotey, 2004; Diamond, 1999). Music in general, has been linearly defined in western culture as a performance based activity. Therapeutic Drumming is not performance based but rather a form of expression.

Therapeutic Drumming and Mindful Imagery (TDMI) is a variation of Remo's Health Rhythms Protocol. Health Rhythms is a form of recreational music making (RMM) that "encompasses enjoyable, accessible and fulfilling group music based activities that unite people of all ages regardless of their challenges, backgrounds, ethnicity, ability or prior experience" (Bruhn in Bittman and Bruhn, 2008). Therapeutic drumming is also referred to as empowerment drumming, which is defined as a

comprehensive whole-person evidence based therapeutic approach that enriches wellness (Health Rhythms protocol).

TDMI is a way that therapists can enhance their own well-being, release stresses associated with being a therapist, access their own inner potential, and remove the obstacles to becoming fully present. In today's fast-paced society, there are multiple demands on the therapists to not only help their clients but also maintain multiple roles and demands as family members, workers, teachers, friends, not to mention squeezing in a little time for one's own self-interests and self-care. These multiple pressures lead to increase stress, which is a major inhibitor to allowing for the emergence of presence, both in life and with clients in session. TDMI can help therapists to not only express and release some of the stressors associated with work and life, but also to allow for self-nourishment and community connection, which in turn can help to establish a basis for presence and reestablishing internal balance and homeostasis to maintain health and wellness.

Research on Therapeutic Drumming

Ancient wisdom on drumming has been translated to recent research. For example, a few studies by Bittman and colleagues have demonstrated that a 6 week composite drumming group resulted in decreased stress, reduced burn-out and fatigue, improvement in mood, anxiety and depression, increase in immune functioning, and an increase in natural cell activity (Bittman, Berk, Felten, Westengard, Simonton, Pappas, Ninehouser, 2001; Bittman, Bruhn, Stevens, Westengard, Umbach, 2003; Bittman, Snyder, Bruhn, Liebfried, Stevens, Westengard & Umbach, 2004; Bittman, Berk,

Shannon, Sharaf, Westengard, Guegler, and Ruff, 2005). Group drumming also facilitates personal expression and increases communication among group members.

Of particular interest to therapists are two studies conducted on the impact of recreational music making for long-term care workers. Bittman et al (2003; 2004) demonstrated that a 6 week mind-body wellness HealthRHYTHMS Recreational Music-Making program resulted in improved mood disturbance and reduced burnout in long term health care workers as well as first year nursing students. Overall, group drumming has been demonstrated to balance mood states, combat stress, and increase immune functioning. Releasing the obstacles to presence, such as stress, burnout and difficult emotions, and increasing self-expression, health and wellness are all important factors in allowing for the cultivation of therapeutic presence.

Therapeutic Drumming and Presence

Therapeutic Drumming is a powerful way of increasing health as well as inner harmony, states that are conducive to therapeutic presence. Drumming is an ancient indigenous technology that uses the twin realities of rhythm and sound to bring about an alignment of body, mind and spirit. It offers a natural medium for restoring health and wholeness (Clotey, 2004). When we are not in a healthy state, emotionally or otherwise, it can facilitate therapists' ability to be present.

Stress in particular is a significant barrier to therapeutic presence as it inhibits therapists' ability to clear a space inside and to access a receptive inner state. This open and receptive state is inherent in preparing and being in presence, and allows for contact with the depth of clients' experience as well as with therapists' own intuition. Group composite drumming has not only shown a reduction in stress in general, but also

increased natural killer (NK) cells that are central in improving immune functioning, which fights stress (Bittman et al, 2001). Therapeutic drumming also supports a reversal in the classic stress response, as well as a reduction in burn-out (Bittman et al, 2003; 2005). Reducing stress and increasing self-care and emotional release is helpful in clearing a space inside to allow for the emergence of presence.

Therapeutic Drumming also offers an opportunity for therapists to build community with other therapists, which enhances general wellness and self care as well as increases inner vitality. Often therapists work in isolation, and especially as experience increases, there can be less contact with other therapists in a therapeutic setting that is geared towards their own self-care. Ongoing self-care is one of the key aspects that was named by experienced therapists as essential in the cultivation of therapeutic presence (Geller, 2001; Geller & Greenberg, 2002).

TDMI also allows for the expression of difficult emotions, including vicarious traumatization associated with being a caregiver. While ultimately being in presence with a client allows for the release in the moment and nonattachment to difficult emotional states of the client, this is not always possible. Having a forum and tool to express these residual emotions as well as working through one's own personal emotional states is optimal for therapists in the cultivation of presence. This time and space to drum in groups with other therapists, also supports the release of stress and difficult emotions as well as ongoing self awareness for the therapist which is key in therapeutic presence.

TDMI also helps therapists to enhance their own intuition and imagery skills. This can help therapists in multiple ways to cultivate presence. TDMI can support the development of visualization skills, which are helpful in both emptying one's self of

judgment or preconceptions and to open and prepare to see a client, which is a part of preparing for presence. TDMI can also help therapists to increase extrasensory perception, which can support therapists enhanced listening and sensing skills as they allow for present based awareness with a client. Further, it can enhance the listening skills within the therapist, to their own bodily reaction to the client's expressed experience, so they can access this knowledge in understanding and responding to the client in a present based way.

Group drumming and imagery also supports therapists in general self-care, health, and presence through exercise, connection with their own and others emotional and spiritual being, enhancing joy and vitality, and ultimately bring enhanced attention to the present moment. Group drumming can help therapists become more synchronized with their own rhythms as well as the rhythms of others. This fine balance of self and other attunement is central to therapeutic presence.

Therapeutic Drumming Practices

Participating in a group drumming program with a community of therapists or health care practitioners would be ideal in promoting health and wellness and releasing stress that can act as an obstacle to presence. Group drumming has also been used in team building and personal and professional development as well as with a variety of health related conditions (Friedman, 2000). Finding a local drum circle, or particularly someone who is skilled in facilitating intentional drumming such as Health Rhythms Program, could give an opportunity to experience the benefits of group drumming.

In addition particular drumming exercises can be done in a group or on your own to promote this mindful present based state. The first step is to gain awareness of rhythm.

Listening to rhythm based music and tapping along on a table or drum can begin to give your body an experience of arriving into presence and tuning into rhythm. Being aware of your own inner rhythm can be helpful, including the rhythm of how you move through the day or the week, as well as rhythms that helps to calm you. Being aware of bodily rhythms such as rhythm of breath, heart beat, or pulse can help you to gain a sense of innate rhythm and attune to the presence of your own body.

Moving rhythm awareness to an instrument can be a next step in gaining the benefits of drumming. Sitting with a drum and starting from a place of breath awareness. The next step is to become aware of any stress or unresolved issue in your life or therapy work. Begin to tap out this feeling on the instrument, while keeping the focus on expression as opposed to performance. Allow this expression to come to full crescendo and then return to gentle tapping and then breath.

A simple yet powerful therapeutic drumming exercise is to create a simple rhythm, which could be a heartbeat (hitting the center of the drum twice and then repeating) or another variation of a simple rhythm. Keeping focused on this simple yet repetitive rhythm for 10 minutes, while being aware of breathing can help to increase focus, deepen listening and increase contact with self and the moment. This simple exercise can also help to connect to present based emotions as well as provide an opportunity for synchronization of mind and heart.

Drumming along with music can also provide an opportunity to use rhythm awareness to synchronize cognitive and emotional aspects of self. Further, drumming in a group either together or in a talking pattern, where one person or group plays and the

other person or group responds, promotes nonverbal expression and increases a sense of connection internally and with others.

Integrating imagery can also be a powerful way of evoking inner wisdom and intuition. An example could be tapping a simple beat that mirrors the rhythm of walking, while imagining taking a journey on a path through a forest or to a beautiful nature location that can evoke meaning and inner calm. Imagery can be supported through CD's and drumming softly and evenly, with the intent of releasing stress and accessing presence and inner intuition.

Mindfulness in the Cultivation of Presence

Mindfulness is a profound way of cultivating present moment attention and hence is a way therapeutic presence can be facilitated. Mindfulness involves paying attention, on purpose and without judgment. Mindfulness is based in Buddhist philosophy, and has more recently been adopted in western approaches as a therapeutic aid as well as an approach that helps to develop present moment awareness.

Mindfulness has sometimes been interchanged with presence in the literature, however I see this as a confusion of the term. For example, mindfulness has been noted to be an "embodied state of being." (Hick, 2008). However, mindfulness is an actual technique or way of developing this state of being in the moment, or presence. In particular, mindfulness can help deepen therapists' ability to be fully present and accessible for clients as well as be open and aware to their own responsive emotional experiences, professional wisdom and deeper intuition. The compassion and acceptance developed in mindfulness meditation is viewed as ultimately valuable as the basis of

compassion and acceptance towards others (Dalai Lama, 2001). There are different approaches to mindfulness, the most common being mindfulness meditation.

What is Mindfulness?

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

Mindfulness means seeing how things are, directly and immediately seeing for oneself that which is present and true. It has a quality of fullness and impeccability to it, a bringing of our whole heart and mind, our full attention, to each moment (Goldstein & Kornfield, 1987, p.62)

Mindfulness involves "clear seeing yet with undiminished compassion" (Salzberg, 1999, p. 7). Mindfulness involves a willingness to come close to our pain and discomfort without judgment, striving, manipulation or pretense (Salzberg, 1999; Santorelli, 1999; Welwood, 1996). Mindfulness with ourselves and our experience is equivalent to Person-Centered approaches to being with the client's pain. It is a way of being with experience, with full acceptance and without judgment. Hence, therapists' practice of mindfulness with themselves, helps them to cultivate qualities of acceptance, empathy, compassion and presence not only within, but ultimately with the client.

Mindfulness reflects the capacity to observe and be with experience without getting overwhelmed. This reflects both the grounded quality in presence as well as being immersed with a larger state of expansion, equanimity and calm. An expansion of self and sense of luminosity or spaciousness are aspects of mindfulness (Epstein, 1995; Salzberg, 1999; Welwood, 2000). The expansion quality allows for viewing and feeling experiences with some clarity and impartiality, without getting caught in the details of the suffering. The ability to experience deeply and yet view it from an expanded sense of being is the essence of a Buddhist approach and the essence of therapeutic presence.

Mindfulness is not about altering or changing experience but rather it is a technique to allow an opening and being with one's emerging experience in a non-judgemental and loving way (Kabat-Zinn, 1990, 1994; Salzberg, 1999; Santorelli, 1999). Mindfulness meditation is a technique or way of being towards internal experience and life in general, that helps in the cultivation of presence. It incorporates the attitudes of acceptance, non-attachment, and loving-kindness.

Mindfulness and Therapeutic Presence

Mindfulness is not about altering or changing experience but rather it is a technique to allow an opening and being with one's emerging experience in a non-judgemental and loving way (Kabat-Zinn, 1990, 1994; Salzberg, 1999; Santorelli, 1999). Mindfulness meditation is a technique or way of being towards internal experience and life in general, that helps in the cultivation of presence. It incorporates the attitudes of acceptance, non-attachment, and loving-kindness.

While the majority of research to date has focused on client's experience with mindfulness, some approaches have begun to recognize the importance of a personal

mindfulness practice for therapists, which is essential from a Buddhist perspective. A personal understanding of the benefits of mindfulness and particularly present moment awareness is central to the Buddhist approach.

This notion of acceptance of present moment experience is akin to experiential and humanistic approaches. The fundamental belief of these approaches includes the importance of therapists' intent to create a safe and supportive atmosphere to allow for the emergence of client's inherent growth tendency and movement towards healing. Therapist's ability to be fully present is essential to developing empathy, acceptance and unconditional regard and allowing for this natural tendency towards growth to emerge.

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

There are few formal research studies with respect to mindfulness and therapeutic presence. However, in the qualitative study discussed earlier (Geller & Greenberg, 2002), more than half of the therapists interviewed discussed daily meditation as an important contribution to the development of therapeutic presence. For example, one therapist stated, "I do know that by far the main thing that correlates with increasing presence for me is regular meditation practice." Another therapist described the experience of therapeutic presence itself as being akin to a meditative state or being aware or mindful, which is a key aspect of vipassana or mindfulness meditation in

Buddhism. Their experience and practice of mindfulness meditation allow therapist to be move easily into being fully in the moment with a client.

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

O’Donovan and May (2007) explored the relationship between mindfulness, wellbeing, burnout and job satisfaction in therapists. Findings indicated that higher levels of present moment, non-judgmental and mindful awareness was associated with cognitive and emotional wellbeing, satisfaction at work. While they did find that actual mindful practice of therapists did not enhance mindfulness; the authors suggest that mindful awareness, akin to presence, can improve the functioning of therapists and ultimately improve client outcome.

One study examined the integration of mindfulness into a therapy training program (Grepmaier, Mitterlehner, Loew, Bachler, Rother, & Nickel, 2007). They found that therapists in training who also were taught and practiced Zen Buddhist mindfulness meditation prior to sessions with clients, had a greater impact on client’s outcome than therapists who did not meditate prior to session. In particular, clients of therapists in training who practiced meditation showed greater symptom reduction than clients of therapists in training who did not meditate.

Mindfulness can be a powerful healing tool in developing therapeutic presence, as it allows us to move from the details of personality to a larger state of being, and from this comes the discovery of inner resources and wisdom (Welwood, 1996). As therapists tap their own inner resources, they can facilitate the client in a much more effective manner and ultimately help the client access their own presence and inner wisdom.

Mindfulness Practices to Help Cultivate Therapeutic presence

Particular practices and ways that mindfulness can facilitate presence for therapists can be beneficial both in session and in life for therapists. One approach may be to develop a formalized mindfulness meditation practice, initially with a teacher or group. Mindfulness meditation is a formal practice of mindfulness, and hence, ultimately a formal practice of presence. In mindfulness meditation, attention is given to what is being experienced in the moment, either in the breath or body, without judgment or interpretation. The key principles of mindfulness meditation are outlined by Kabat-Zinn (1990) and include non-judgement, patience, beginner's mind, trusting oneself, non-striving, letting go, and acceptance. The Buddhist rationale is that the cultivation of these positive qualities diminishes the strength of negative attitudes such as anger, grasping, aversion, clinging, and laziness, and forms the basis of a more compassionate and loving heart towards self and others.

Mindfulness meditation practice involves eliciting a relaxation response through attention to breathing, and then observing bodily parts and bodily sensations (body awareness technique) and all perception, thoughts, emotions, internal experience, through an open and accepting focus. By not resisting, judging, grasping, or evaluating experience, including bodily pain and general sensations and emotions, a reduction in

sunny

Comment: small point- I'd reverse the last two so as to not end the sentence with a verb (go).

suffering is possible. Daily meditation practice can help to release stress and unclutter the mind, to enhance in the moment awareness as well as a sense of grounding. This can allow for the development of the capacity to be with the depth of experience while maintaining a sense of calm and spaciousness, which allows for clear and undiminished seeing and feeling without being overwhelmed or distant.

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

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

frustrating experiences such as traffic or waiting in life. It is an opportunity for practice to be in that moment, pulling back from the anticipating of the next moment or the frustration of being held up.

A few moments of mindful awareness or breath awareness prior to a session can be helpful in arriving and clearing a space to be open and accessible to the client and the depth of their experience. These few moments can allow for a conscious noticing and letting go of difficult emotions and experiences that are active in a therapist's professional or personal life prior to a session, so they can prepare the ground for presence with a client.

Mindfulness techniques can aid in the therapist's ability to be deeply present with a client. It can help cultivate qualities of presence such as taking in the fullness of the client's experience while maintaining a separate sense of self. Mindfulness practices can also help to cultivate awareness of when a therapist is not present in the session so that they can use their practice out of session, to develop the skill to easily move back in the moment in session.

Summary and Conclusion

Therapeutic presence is a profound state of being fully in the moment with the client. With therapeutic presence, therapists use their present self as a receptive guide in listening deeply to the client on a multi-sensory level, as well as listening to the therapist's own self in response to the client and the relationship evolving between them. Therapists' responses then emerge from their non-judgmental and non-imposing understanding of the client combined with therapists' own inner wisdom and therapeutic skill. Therapeutic presence can be seen as the basis of the TOC, and supports therapists

and client's actualizing and growth potential to emerge. When clients feel that their therapist is fully present in the moment and engaged at a relational depth with them, it can allow clients to feel safe to explore the depth of their difficult emotions and move towards their growth potential. Clients can also develop greater presence within themselves and a deepening in a relational presence can emerge.

While presence cannot be assured in a session, the conditions to optimize the cultivation of presence can help the emergence of this important state. Two ways that presence can be cultivated, in self and with others, is through therapeutic drumming and mindfulness. A program based on therapeutic drumming and imagery techniques (TDMI) can be a valuable way of releasing the obstacles to presence, such as stress and difficult emotions. Further TDMI is a way to promote attunement to rhythm, both within one's self and with others. This helps in the development of deep listening as well as maintaining the multidimensional and multi-sensory awareness of self, other and the between, that is a part of therapeutic presence.

Mindfulness is also a helpful aid in the cultivation of therapeutic presence. Mindfulness meditation or general mindful practice can help therapists to attune to present moment experience, without judgment, and with compassion. This present centered awareness can aid a therapist in session to provide a means to listen deeply in the moment while minimizing or working with distraction both in the room and within oneself.

Therapeutic Drumming and mindfulness practices would be beneficial as part of a training program for new therapists or ongoing self care for experienced therapists. New therapists are often clear that presence is a valuable quality but uncertain on how to

develop and maintain therapeutic presence, especially in the face of stress and difficult emotions. Further, therapists who are deeply compassionate and empathic, can sometimes be overwhelmed with the intensity of emotion they are feeling from the client and take it home with them, which increases their own stress and burn-out. The incorporation practices of presence, such as therapeutic drumming and mindfulness, can help to cultivate the essential qualities of a good therapist with an ability to let go of residual or difficult emotions and maintain a larger sense of grounding and spaciousness within self. This can maximize the aliveness and health of the therapist themselves, while ultimately can reduce burn-out and compassion fatigue.

Therapeutic Drumming and Mindfulness practices can also help therapists in training as well as experienced therapists to be with the unknown as they explore the difficult terrain of client's experience. This unknown aspect that is inevitable in a client-centered approach, especially when entering in with the client to the depth of their experience and trusting their own innate capacity for healing, can heed anxiety for the therapist. The ability to cultivate a sense of presence can help calm the anxiety associated with unknown and maximize therapists' ability to be grounded yet deeply engaged with the client in their internal discovery.

While there are many ways to develop and support one's ability to be present, two ways that are proposed here have been shown to be positive indicators for therapist's stress release, and overall enhancement of health and wellbeing. Hence, consideration of these approaches and perhaps other approaches for therapist's self-care can be considered a part of therapist's personal and professional responsibility in the caring of others. The enhancement of present moment awareness, as well as therapist's own self care, health

and wellness, are essential components in the cultivation of therapeutic presence, and hence essential ingredients in a positive therapy experience for both the client and the therapist.

References

Baldwin, M. (2000). Interview with Carl Rogers on the use of the self in therapy. In M. Baldwin (Ed.), The use of self in therapy: 2nd Edition (pp. 29-38). New York: The Haworth Press.

Bittman, B. & Bruhn, K. (2008) Recreational Music Making Defined. Retrieved February 8, 2009 From Remo - Health Rhythms Web site:
<http://www.remo.com/portal/pages/hr/learnmore/Recreational+Music+Making.html>

Bittman B, Berk L, Felten D, Westengard J., Simonton O, Pappas J, Ninehouser M. (2001) Composite Effects of Group Drumming Music Therapy on Modulation of Neuroendocrine-Immune Parameters in Normal Subjects. Alternative Therapies, 7, 38-47.

Bittman, B., Berk, L., Shannon, M., Sharaf, M., Westengard, J., Guegler, K.J., & Ruff, D.W. (2005). Recreational Music-Making Modulates the Human Stress Response: A Preliminary Individualized Gene Expression Strategy. Medical Science Monitor, 11, 31-40.

Bittman, B., Bruhn, K. T., Stevens, C., Westengard, J., & Umbach, P. O. (2003). Recreational music-making: A cost-effective group interdisciplinary strategy for reducing burnout and improving mood states in long-term care workers. Advances in Mind-Body Medicine, 19, 4-15.

Bittman, B., Snyder, C., Bruhn, K. T., Liebfried, F., Stevens, C. K. Westengard, J. and Umbach, P. O. (2004). Recreational Music-Making: An Integrative Group Intervention for Reducing Burnout and Improving Mood States in First Year Associate Degree Nursing Students. Insights and Economic Impact. International Journal of Nursing Education Scholarship, 12, 1-29.

Clotney, K. (2004). Mindful Drumming: Ancient Wisdom For Unleashing The Human Spirit And Building Community. Oakland, CA: Sankofa Publishing

Dalai Lama (2001). An open heart: Practicing compassion in everyday life. Boston: Little Brown and Company.

Deatherage, G. (1975) The Clinical use of mindfulness meditation technique in short term psychotherapy. Journal of Transpersonal Psychotherapy, 6, 133-42.

- Diamond, J. (1999). The Way of the Pulse: Drumming with Spirit. Bloomington, IL: Enhancement Books.
- Duncan, B. L., & Moynihan, D. W. (1994). Applying outcome research: Intentional utilization of the client's frame of reference. Psychotherapy, 31, 294-301.
- Epstein, M. (1995). Thoughts without a thinker: Psychotherapy from a Buddhist perspective. New York: Basic Books.
- Friedman, R. L. (2000). The Healing Power of the Drum: A psychotherapist explores the healing power of rhythm. Reno, NV: White Cliffs Media.
- Gehart, D., & McCollum, E. E. (2008). Inviting therapeutic presence: A mindfulness based approach. In S.F. Hick & T. Bien (Eds.) Mindfulness and the Therapeutic Relationship. New York: Guilford Publications.
- Geller, S. M. (2001). Therapeutic Presence: Development of a Model and a Measure. Unpublished Doctoral Dissertation, York University, Toronto.
- Geller, S. M. & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapeutic encounter. Person-Centered & Experiential Psychotherapies, 1, 71-86.
- Geller, S. M. & Greenberg, L. S., & Watson, J. C. (2009). Therapeutic presence: The development of a measure. Manuscript Submitted for Publication.
- Goldstein, J. & Kornfield, J. (1987). Seeking the Heart of Wisdom, the Path of Insight Meditation, Boston, Shambala Publications.
- Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapy training influence the treatment results of their patients: A randomized double blind control study. Psychotherapy and Psychosomatics, 76, 332-338
- Hick, S. F. (2008). S. F. Cultivating Therapeutic Relationships: The Role of Mindfulness. In S.F. Hick & T. Bien (Eds.) Mindfulness and the Therapeutic Relationship. (pp. 3-18). New York: Guilford Publications.
- Kabat-Zinn, J. (1990). Full catastrophe living: The program of the Stress Reduction Clinic at the University of Massachusetts. New York: Dell Publishing.
- Kabat-Zinn, J. (1994). Wherever you go, there you are. New York: Hyperion.
- Marlatt, G.A., & Kristeller, J.L. (1999). Mindfulness and meditation. In W. R. Miller (Ed.). Integrating Spirituality in Treatment. (pp. 67-84). Washington, DC: American Psychological Association.

- Mearns, D (1997). Person-Centred Counselling Training. London: Sage
- O'Donovan, S., & May, A. (2007). The advantages of the mindful therapist. Psychotherapy in Australia, 13, 46-53.
- Rinpoche, S. (1992). The Tibetan Book of Living and Dying. San Francisco: Harper Collins.
- Rogers, C. R. (1951). Client-centered therapy: It's current practice, implications, and theory. Boston: Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21, 97-103.
- Rogers, C. R. (1961). On becoming a person. Boston: Houghton Mifflin.
- Rogers, C. R. (1979). The foundations of the person-centered approach. Education, 100, 96-107.
- Rogers, C. R. (1980). A way of Being. Boston: Houghton Mifflin.
- Rogers, C. R. (1986). Client-centered therapy. In I. L. Kutash & A. Wolf (Eds.), Psychotherapist's casebook: Theory and technique in the practice of modern therapies. San Francisco: Jossey-Bass Publishers.
- Rogers, C. R., & Truax, C. B. (1976). The therapeutic conditions antecedent to change: A theoretical view. In C. R. Rogers, E. T. Gendlin, D. J. Kiesler, & C. B. Truax (Eds.) The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics. (pp. 97-108). Westport, CT: Grennwork.
- Salzberg, S. (1999). A heart as wide as the world: Stories on the path of lovingkindness. Boston: Shambhala Publications, Inc.
- Santorelli, S. (1999). Heal thy self: Lessons on mindfulness in medicine. New York: Bell Tower.
- Thera, N. (1973). The heart of Buddhist meditation. New York: Samuel Weiser.
- Welwood, J. (1996). Reflection and presence: The dialectic of self-knowledge. The Journal of Transpersonal Psychology, 28, 107-128.
- Welwood, J. (2000). Toward a psychology of awakening: Buddhism, psychotherapy, and the path of personal and spiritual transformation. Boston: Shambhala.

Complementary Therapies in Clinical Practice 15 (2009) 61–66. suicide.¹⁴ Given these findings, attention has been extended to health care trainees, particularly at the outset of their training periods.¹⁷ Professional training in medicine, nursing, and psychology is posited to be particularly stressful in light of the challenges inherent to the application of theoretical classroom learning in the field coupled with the novice's sense of urgency to "do something." Mindfulness practice has been proposed to reduce stress and burnout among health care professionals through a number of pathways linked to the tenets underlying the philosophy of practice.¹⁸ Mindfulness-based psychotherapies: a review of conceptual foundations, empirical evidence and practical considerations.