

# Mindfulness and Psychotherapy

## Shrink Rap Radio

### Episode #251

#### **David Van Nuys interviews Dr. Patrick Thornton**

Patrick : When I was ordained by Thich Nhat Hanh, one of the first of the precepts was to not become attached to form or ritual. Looking at mindful space practices, it's very easy to get dogmatic about something, whether it's this or that. I think we also have a responsibility not to get attached to a specific form and say this is how mindfulness is practiced or presented, because then we lock ourselves in. We can't grow. I would encourage that kind of open-ended work with it. I'd encourage anybody who is a therapist who wants to do this work to really have direct experience of it.

David: That was the voice of my guest, Dr. Patrick Thornton discussing the uses of mindfulness in psychotherapy. In 1975, Patrick Thornton, who had been an evangelical clergyman at the time, left the church because, as he often will say, quoting the Hebrew prophet Isaiah, "The bed was too short to stretch out on, and the covering so narrow that he could not wrap himself in it."

Having left the church, Patrick still had a longing for spiritual direction and practice. Through the writings of Thomas Merton, Patrick developed a deep interest in contemplative practice. From that influence, he wanted to learn about contemplative practice through direct experience. Finding a flier advertising a beginning class in insight meditation in the early '80s, he took the six-week course and came home to the practice.

In 1991, Patrick attended a 28-day silent residential retreat with Zen Master Thich Nhat Hanh at Plum Village, France, where he received ordination. In 1992, Patrick met Jon Kabat-Zinn and with Sylvia Boorstein, a founding teacher with Spirit Rock Meditation Center, taught his first mindfulness-based stress reduction program for physicians. Since then, Patrick has taught mindfulness-based stress reduction and cognitive therapy for thousands of patients and medical and mental providers at medical centers and residential retreats on the West Coast and in the Heartlands.

During this period, he has also served as a direct provider and executive director with community- and hospital-based hospice programs, and as clinical director for the San Francisco Cancer Support Center. He has also been a conference presenter on mindfulness-based cognitive therapy, most recently at the American Psychotherapy Association in Orlando, Florida. Over the years, he has had a keen interest in the intersection of spirituality, psychology, and neurology. Patrick has a private practice in Santa Rosa, California. Now, here's the interview.

Dr. Patrick Thornton, welcome to Shrink Rap Radio.

Patrick : Thank you.

David: This is a little bit of a different setup. Once again, I'm using my iPhone to try to record an interview. We're in your office on Cherry Street in Santa Rosa, which is kind of "Therapists' Row" in Santa Rosa. Lots of therapists have their offices in these old Victorian houses on Cherry Street. You're in a good tradition. This is actually our first meeting. You and I were both at Larry Robinson's house for Barry Spector's presentation.

Patrick : Correct.

David: I think my wife chatted with you. She said, "Hey, you ought to interview this guy."

Patrick : Yes.

David: That's how we've come to get together here. I know that you've been doing mindfulness-based therapy and trainings for some time, and that you've trained with Jon, is it Kabat-Zinn? I always said Jon Cabot-Zinn.

Patrick : I pronounce it Jon Cabot-Zinn, but there are many people that use "Ka bat'." The interesting thing is it's a hyphenated name, you probably noticed, and Z-I-N-N is Howard Zinn.

David: Yes.

Patrick : He's married to Howard's daughter.

David: Oh, he is?

Patrick : Yeah, he took on Howard's last name and hyphenated it. He was originally just Jon Kabat.

David: Well, I'm glad to get that background because I was feeling a little bit irritated about him having a hyphenated name and not knowing whether to say Cabot or Kabat. You've probably heard him say his last name. Does he say Cabot or Kabat?

Patrick : He says Cabot.

David: Okay, we have it from the ...

Patrick : The source.

David: The horse's mouth so to speak. He has become quite well known, I think, for his work with mindfulness and mindfulness-based stress reduction. What can you tell us about that experience and his approach? How long ago was it that you trained with him?

Patrick : I met him first, actually first was a verbal contact. I'd just come back from a retreat at Plum Village, France with Thich Nhat Hanh, a month-long retreat. Came back and was, I think I saw the Bill Moyer show on Jon Kabat-Zinn.

David: I haven't seen that.

Patrick : Quite interesting. His "Healing the Minds" series. He gave a 40-minute coverage of him. I was quite impressed with that. I was working with Sylvia Boorstein at that time at Spirit Rock, one of the founding members of Spirit Rock.

David: Somebody who I've interviewed on this series actually.

Patrick : Oh, really?

David: Yeah.

Patrick : Okay. I worked with her for about seven years I guess. She and I taught the first mindfulness-based program for physicians on the West Coast at Spirit Rock.

David: Oh, wow.

Patrick : We did three weekends with physicians. It was around that time that I met Jon and was interested in whether or not we could teach without going through the curriculum that he has. At that time, there was no formal curriculum. Jon made some comment about, "I know who my Dharma friends are. You have enough background. You've got the credentials. Vocationally, you know what you're doing." We just took it by the seat of our pants, in a way. We'd read his book *Full Catastrophe Living*.

Then I think, I and a gentleman named Bob Stall, and about half a dozen other people, the first one teaching it on the West Coast. We developed curriculum standards and the teacher qualifications, this small group, and I was the lead author on that. It ultimately became the template for what U Mass Medical Center and the Center for Mindfulness is now using for their teacher training program. In a way, we grandfathered in because, before, there was really informal structure.

David: Because you were both a qualified psychologist and, I guess, a long-time meditator.

Patrick : Right, correct.

David: You mentioned studying with Thich Nhat Hanh. I recently heard from a listener that suggested I should interview Thich Nhat Hanh. Of course, that would be a wonderful thing to be able to do. Would he be accessible for that sort of thing, you think? Or not?

Patrick : That's hard to say. I don't know what his calendar might look like. It's been a decade since I've had contact, so I don't know how accessible he is, or if there are other windows you have to go through in order to reach him.

David: You don't have his email address?

Patrick : I don't have his email address, no. At the time, I knew Arnie Kotler, who owned the press that Thich Nhat Hanh was using for publishing all of his books. He had purchased the old ... I forget the name of the publisher now in Berkeley. North Point? Yeah, North Point Publishing. He was sort of an avenue for me to make that contact.

David: You mentioned Jon Kabat-Zinn's book titled *Full Catastrophe Living*.

Patrick : Correct.

David: I was not familiar with that title, but I recognize the reference to *Zorba the Greek*.

Patrick : Right, it came directly from there.

David: Yeah, the full catastrophe. When he was answering a question. What was the question that was put to him. I think somebody asked him was he married. That's where he says, "I've felt the full catastrophe."

One of the things that intrigued me was, all of your background in mindfulness training, I'm wondering, do you use ... You're a therapist. We're in your therapist office here on "Therapists' Row." Do you use mindfulness explicitly in the one to one therapy that you do? Is it kind of a basis of your work or is it an auxiliary thing that you bring in some times? Tell us about that.

Patrick : It's more the basis of my work. I do use it with, I'd say the majority if not virtually all of my clients. I don't use it in a structured form. This is one of the concerns I have. I've been teaching six-week mindfulness-based cognitive therapy programs for psychotherapists. One of the things I'm more concerned about is that one have a conceptual understanding of the practice, and then can integrate it into their practice, than I am that they follow a specific curriculum.

When we're teaching in groups, I follow the curriculum because we're not working individually, and we're not addressing specific needs, and we're working with multiple diagnostic groups. In the practice, I'm interested in where the client is at that particular time. Then I'll use the mindfulness practice as a tool or a vehicle, but not in a linear way.

David: The danger, I guess, would be that it would become too rote and formulaic in how people might present it?

Patrick : It would, and there's some dynamics that make it difficult working individually with clients. One of the dynamics is that it is not a group process, so you don't have the benefit of the support of the group, and the kind of accountability that a person has in a group process that they may not have in a one to one basis. I don't know what the psychology is in that, but there's something about the peer support.

David: People feel more pressure to actually do their homework? Is that what you're saying?

Patrick : Yes, I believe so, because ... I don't know if it's the competitive spirit or not when they come into the class. I've had up to 35 people in one class. When people come and share their experience, you also find how common your experience is. One of the reasons we haven't worked with specific diagnostic groups is because we don't want people identifying with their illness, and to treat all of these in a common way so that we realize that here's a method that has a broad application. I know people that are using the schizophrenic personality disorders, borderline personality disorders, and so on.

David: That was one of the things that I wanted to ask you about, is whether or not it's contraindicated for certain conditions. Maybe one of the first places that most people would go would say, "Well, don't use it with schizophrenics. You don't want them looking at their unconscious or whatever."

Patrick : I think that comes from a misunderstanding about what the practice itself is.

David: Okay, tell us about that.

Patrick : Well, I think a lot of people have an idea, first of all, that meditation is about focusing on a particular object and narrowing that focus down.

David: Yes.

Patrick : Even maybe to the exclusion of any proprioceptivity that might distract them. In the mindfulness practice, it's not passive, it's very active, but what you're doing is staying open to whatever rises from moment to moment. What we do is develop an affect tolerance for what's arising. I commuted biweekly for 30 weeks a year over a 2-1/2 year period to Omaha, Nebraska, and set up a program with the Alegent Health System there, which is sort of like the Kaiser of the midlands.

I had one physician, a family physician, who was an intern of mine. She came in one week and she said, "I got it." I said, "What did you get?" She said, "This is like affect tolerance without Prozac."

David: Affect tolerance. That's an interesting phrase that I haven't heard before. I assume what you're referring to is the ability to tolerate whatever emotions are coming up?

Patrick : Correct. Without judgment.

David: Without judgment.

Patrick : Here's one of the places where I think we differ somewhat from cognitive behavioral therapy, because we decentrate toward the perturbation rather than away from it. We don't think in terms of negative thoughts and positive thoughts, but treating all thoughts as just thoughts. One of the foundations of the practice

that I use is that every story we've had, we've made up. Some of it is true, some of it isn't. It's all something we've made up because the filter that we look at things really is based on our experience of what our relationship with life is.

David: There's always projection.

Patrick : Every time.

David: In everything that we look at or tell ourselves?

Patrick : Whatever it is, right. The negative thought, if we treat it just as a thought rather than a fact, treat the thought as an event rather than a fixed item in the environment, then I think, even having that schizophrenic personality disorder, to allow whatever arises to be there. Develop the capacity to not believe it to be factual, but it's an experience that we have. When we stop pushing things away and have the capacity to hold that experience without judgment, it changes.

David: I would think that, you know Jungians talk about having a safe container. I would think that your presence as a therapist would be important to support and train that ability to tolerate these unacceptable or unpleasant emotions.

Patrick : Mm-hmm (affirmative), I agree with you. In fact, Mark Epstein, who is a psychiatrist and a mindfulness-based practitioner in New York, has written a number of books. One of them is ...

David: Who I'm going to be interviewing in a couple of weeks.

Patrick : Oh, you are?

David: Yes.

Patrick : Oh, good, good. I better quote him correctly.

David: I'm reading his book right now.

Patrick : Which one are you reading?

David: Uh, oh. What is the title? I think it's the most recent one. It was written in 2003. It's a collection of essays over time, over his developmental course.

Patrick : I think in his book, *Thoughts Without a Thinker*, I believe it's in that book that he refers to this practice as a transitional object. I like to think of it as almost like a mediation bowl. You know, you can hold whatever arises in a safe container so that for that 45 minutes, let's say, you're doing practice at home, whatever arises is in a perfectly safe container. Whatever comes up is fine.

In the therapeutic process, and I'll touch on this because I think it's an important part, it's not a practice that you can read about and study and then go out and implement. It's the difference between knowing the map and recognizing the

terrain. When I'm working with a client individually, rather than starting at a beginning and following a continuum of the curriculum, I make an assessment about where they are at that particular point that they come in and what seems to be presenting need at that time. Then we work from there.

That's really working with the topography of the terrain itself rather than a Google map about how to get from Cherry Street to Bodega Bay or some place like that. That's a hard one because I think a lot of us that are mental health practitioners come from an academic background. Hopefully we've all had our own therapy, but to pick up a book and then know how to work with the mindfulness practice would be difficult. There are four basic foundations in the practice. They can be approached in a linear way, or they can be approached individually.

David: What are those four basic foundations?

Patrick : Those basics are, first of all, the first awareness we have of anything, the first conscious awareness that we have of anything is known by the body itself. There's a physical experience that arises even before cognitive awareness arises. If we pay attention to what's going on in the body, we get the clues really quick. I've sat in conferences, I think most of us have business meetings, most of us have, and something is not going right or it's awry and we're in disagreement.

We may not have a conscious awareness of it, but we know that our body is really uncomfortable. There may be constriction of the stomach. We may feel heat around the ears and the neck and whatever, but we'll forge forward rather than pay any attention to the message that's being sent to us. We're working with developing first an awareness of the experience in the body. In the eight-week program, the standard curriculum for the stress reduction program, we start out with a lying-down body meditation.

Rather than relaxing to go to sleep, Jon Kabat-Zinn will say that "We're falling awake." We're paying attention to what arises. I have some patients that would come in to group settings, and they'd say, "Ah, I'm sleeping better now than I ever have in my life," or in the last few years. I'll say, "That's really great. Now try staying awake." Rather than dismissing that, "Okay, that's fine, we'll include that, but here's what we're looking for."

David: This particular foundational step reminds me of things in the '60s, of Charlotte Selver's sensory awareness, of Fritz Perls working with people in Gestalt therapy and calling attention to, "I see that your hand is clenched as you're talking about your father. Give your hand a voice." Something that I learned personally during that period, both running and being a member of encounter groups and learning to tune into my body to kind of be aware of the fact that, "Oh, I'm feeling frustration" or "I'm feeling anger" and so on. This makes a lot of sense to me. What are the other three foundations?

Patrick : The other three, I want to bridge the first one with the second. Benjamin Libet who, I don't know if he's still involved with UC Davis or not, but he was with UCSF and did 25, 30 years of study about the activity of the brain, professor emeritus with UC Davis last I heard. He wrote a book called *Mind Time*.

David: How do you spell his last name?

Patrick : L-I-B-E-T. He found that from the time an event arises to the time that we become consciously aware of it, is a span of almost half a second.

David: Okay.

Patrick : Now, this last weekend, I was visiting with my daughter and son-in-law and three of my grandkids. We watched the Giants win the Pennant. It was a real cliffhanger. You watched the pitcher pitch the ball and it's going maybe, at top speed, 90 miles an hour. You have 61 feet between the pitcher's mound and the batter's plate. The ball is traveling 132 feet a second, so it crosses that plate around 450 to 400 milliseconds, where conscious awareness hasn't even arisen yet. But there's a place of core consciousness, which is about 350 milliseconds, in which emotions arise, impulse arises, creativity arises, and that comes out of that limbic process.

David: Yes, this is all subcortical processing.

Patrick : Right, and so the batter trains over and over again in the batter's box until the body begins to respond from the sensory input even before conscious awareness arises. I like a quote by Yogi Berra, who says, "You can't think and hit the ball at the same time." I like to think that maybe Yogi was maybe moonlighting as a neurologist or something, because it's really accurate.

David: Wow.

Patrick : If you're paying attention to the body, we're already responding emotionally to whatever stimulus is arising. The second step then is paying attention to perceptions and feelings. This is an interesting one because often when I ask people what they're feeling, they tell me what their thoughts are about their experience.

David: Yes.

Patrick : They're not telling me about what their emotional state is, what are they feeling, what they feel in the body, being aware of that, what are the feelings of pleasant or unpleasant, pushing this experience away or grasping to hold on to this pleasant experience. The perception is that whatever this experience is, it belongs to me. It's mine. Or, it identifies who I am. Or, it represents my philosophy. The idea of working with multiple diagnostic groups in the group setting, that's what we're really working with, is dismantling that concept that we're alone in this experience. It's an experience that we're having, not one that we own or that owns us.

The second step is working with the thoughts themselves, the activity of the mind, because when something is unpleasant, we've got a story that arises. To recognize that story and to recognize what the story is in service to.

David: Is that the second or the third?

Patrick : That's the third one, so physical feelings and perceptions, and then the activities of the mind, what are the thoughts that arise and so on. In that process, the fourth foundation has to do with my relationship with that experience with those thoughts, and developing some awareness and understanding of the impermanence of all these experiences we have. They're not going to last forever. Working with the meditation practice is a good way of recognizing that. Because when discomfort arises, if we can just look at the discomfort rather than the story of, "Well, I can't live with this for the next 30 years."

Well, can I live with it right now in this moment? Well, yeah, maybe I can. When we stay with it, we recognize that it morphs into something else. We'll hear something that distracts us, or we'll have some pleasant thought that distracts us, and the discomfort goes away. Then it comes back again. When you begin to recognize that the story is just a story, we'll have another story the next minute. Now, we don't present, or at least I don't present it in that linear of a fashion.

That's what I mean about identifying where the client is at a particular moment. Then to look, "Okay, where can I enter in here." Then I can go back, and we can look at that. So, where does this awareness first arise for you?

David: What was number four?

Patrick : Number four is what our relationship is with all of these other three. What's our relationship with the experience of the body, or our thoughts and perceptions, or the story we have, and to recognize its impermanence. When we do, we're able to relax into that recognition. There's a model for, Dr. Edwin Shneidman at UCSF developed a model like children's building blocks, five high, five wide, five deep. It's an acuity scale. What it measures is pain, perturbation, and press, or stress, as we'd call it. He was a thanatologist at UCSF and, for course on suicidology—

David: I remember his name from years ago. When I first got out of graduate school, I set up a suicide crisis line, and I think he was the leading expert at that time.

Patrick : That would make sense. What his theory was is that when all three of these are at a level of five, an acuity of five, we're at the highest risk of possible suicide. I've adopted that model for the mindfulness program because I think mindfulness practice is one of the few disciplines I know of that can really help address all three of these planes, of the pain, as well as the story that we have about our pain, as well as whatever the external pressures are that either exacerbate or keep it alive. I think I may have gone off your point answering the question.

David: I don't know what point I'm on. One thing I'm wondering about is sometimes I will, I've learned enough about this that I will catch myself having a negative thought about something that's going on. I will make a choice at that point to move off of that, to not go there. What is that? Is that mindfulness? Am I doing cognitive therapy on myself? What is that? There's a bit of conscious intention there.

Patrick : Mm-hmm (affirmative). If I were to draw a line of demarcation, I would say that it's more about cognitive therapy than it is mindfulness-based cognitive therapy, if what we're doing is pushing the thought away. It the intention is not to just look at the thought and recognize it and name it, but to somehow do away with that thought, to stop it. What we encourage is that when the thought arises, we bring our attention back to the breath.

Not as an object of focus, but as a centering object, but only after we've identified, "Ah, here's a negative thought. Okay, treat as a thought." We pull back from the story, recognize the story, but we don't try to dismiss it or push it away or call it flawed or unhealthy or that sort of thing.

David: Okay, I think I'm doing some of what you're describing. I'm recognizing that it's, "Ah, ha, okay, this is just a thought," and to bring myself back into the present, bring myself back to the now. It seems to me that there's been an interesting crossover here. I hear you making a distinction, saying that mindfulness and cognitive therapy are not identical. Boy, there's some way in which it seems to me that East and West have arrived at a pretty similar place that I find remarkable and exciting and fascinating.

Patrick : I would agree with you on that. I also think that neurology enters in there too. We've looked at neurology and psychology as though they were maybe cousins of each other but not close blood relatives. I find the more research that we're doing around mindful space practices, the more we're finding how it also modifies or influences the neurology. Some of the research coming out of Harvard, measuring just the cortical thickness and how it actually is strengthened or thickened. Whereas with you and I, over a period of years, 23 to however long we live, that thickness begins to become less and less.

David: Yeah, I've been fascinated by that as well. I've had the privilege to interview some of those people, Sara Lazar at Harvard, Richie Davidson at Wisconsin, and Rick Hanson was my last interview. His book *Buddha's Brain*, he reviews a lot of that stuff.

Patrick : You've had good exposure.

David: Yeah, I feel very privileged to have this kind of front-row seat on a lot of this stuff that's going on.

Patrick : Danny Siegel's two most recent books, one on *The Mindful Brain* and the other one on *The Mindful Therapist*. Because if we don't have the practice, we're not paying attention to our own countertransference when we get pulled into it. Maybe after the fact we'd see it. If we're looking at what's going on in my physical experience while I'm working with this client, what's the story I have about this client, I think we do better work.

David: Yeah, and that raises another interesting overlap, which is analytic work, psychoanalytic, Jungian analytic. This attention to one's own processes to

countertransference, the importance of being analyzed oneself, knowing one's inner world. You mentioned Mark Epstein, is he trained as an analyst?

Patrick : He is.

David: Yeah, his book is very ... He's really bridging the two worlds quite a bit.

Patrick : He's a psychiatrist, a medical doctor, works with human behavior.

David: Yeah, it's all fascinating stuff. I saw a slide presentation on your website about mindfulness that you had given earlier this year at a conference. One of the slides talked about what mindfulness is not. I thought that was kind of interesting and helps maybe to clarify mindfulness. Because mindfulness, I'm noticing, is becoming, boy we're having a mindfulness bubble, right? It's everywhere.

Patrick : I had a difficult time with our last presidential administration when we were moving our forces into Iraq, and we were talking about, I say "we" in the big collective, we were talking about being mindful of the facts that we're making this decision. I knew full well that their terminology and mine wasn't pointing in the same direction.

David: Yeah, definitely not. There are so many books right now about mindfulness. It's very au courant right now. Going back to what mindfulness is not. Tell us what mindfulness is not.

Patrick : Well, it's not about analyzing something. It's about understanding it. An understanding that goes beyond what we know about things, that comes from a deeper, direct experience of what we have. We're not analyzing. I mentioned earlier that we do center toward the perturbation rather than away from it. It's not an ism. This was a big hurdle for me when I was working with the health system in Omaha, because Mercy Hospital had a very large clinical pastoral education program.

In some of the first classes I was teaching, I had all of the members of the clinical pastoral education program coming in to determine whether or not I was trying to present some Buddhist doctrine. I was interviewed by the local press for a Sunday supplement, and I said, "Please, what I don't want you to do is to present me as a Buddhist teacher." Of course, with the press as it sometimes can be, this was a noteworthy, newsworthy item in Omaha, Nebraska.

The first thing that showed up is this Buddhist teacher in this Catholic/Lutheran health care system teaching this Buddhist practice. Also, in the concept that we're, rather than looking outward toward some divine intervention, we're focusing inward. It's a subtle nuance that, in some cases, people who have a very fundamentalist Christian background can stumble over. I start off, right off the bat by saying, this is not an ism. You don't have to give up your belief system in order to practice this.

This could be difficult for people who come from a more orthodox Buddhist background, some of the monks from Burma or some of these areas, when you talk about not having to give up your belief system. Well, if you believe in a resurrection and eternal life and a personal god or savior, then we've already crossed that line. We are giving up a doctrine or a belief if we are coming up against a Buddhist doctrine that's saying there is no after life or that there's karma.

David: Or reincarnation.

Patrick : Or reincarnation.

David: Yeah, I was interested. I just recently heard a podcast interview with Stephen Batchelor, who is another major Buddhist writer. He's been moving ... He's articulating an atheistic viewpoint of Buddhism, in which he's really challenging the idea of reincarnation. He says it's not something that he particularly believes in, as well as a couple of other fundamental things that come out of Buddhism. In a way, we're seeing a process of maybe a secularization of some of the Buddhist practices.

Patrick : I think that's true to an extent. I'll come back to that. I remember when Jon Kabat-Zinn first got notoriety with the book *Full Catastrophe Living*, and this is what Bill Moyer read and drew him into wanting to learn more about this practice and contacting Jon and doing the 40-minute coverage of him. Here in the Vipassana community, I can speak to that, anyway, that there are a lot in Buddhist tradition, there were some people that felt like this was inappropriate, that this is not the way people should come to understand the "Dharma", that they should go through a Buddhist community or whatever.

I think, in terms of reincarnation, I can't find anything in my own studies, at least in the Theravadan tradition, that speaks to reincarnation. I don't even know that it's relevant. The think that the word "karma" essentially means action. It's ethically neutral. I'd heard the example of karma being like racking a billiard table with the balls and then taking the cue stick and striking the cue ball and how all the other balls will scatter. When I first heard that story as an illustration of karma, I kept looking at the rack of balls and the direction they went in.

I couldn't grasp that concept about how this illustrates karma until I brought my attention to the cue ball, and that was the ball that set things in action. There was a reciprocal action to the cue ball. That essentially is sort of a rough concept of karma. I believe that we go through many deaths and rebirths and lives in this very life.

David: In this life, right.

Patrick : I like to focus on that. What is it that ignites something in us and we grab ahold of it as though it was an absolute truth. Then we come up against some experience in life that does not comport with that belief, so we don't have a context of a belief

system that creates a context that we can hold that experience in. There's a whole death process that we go through in releasing that.

David: Yeah, I think I've gone through some of those myself, these transition places in our life. Like retirement, for example, and letting go of ...

Patrick : We're at a crucial point right now too. My daughter has a pretty responsible job working with a council of governments in the Sacramento area on developing infrastructures that are appropriate for our present culture, our present economy, our present ecological conditions. She had Thomas Friedman, came and was speaking to this group. We were talking about the conditions we're living in now, and I made some comment to her over the weekend about we are right at the brink of crises.

She said that Thomas Friedman referred to it as catastrophic, the inevitability of the catastrophic conditions that we're moving into. There's going to be a lot of loss in that process. There already is. We don't look at grief other than in a physical death. We're looking at grief through the loss of a job, the loss of retirement as we had planned it, all sorts of losses. I think working in a practice like this is really in some sense a repository of sanity.

David: Mm-hmm (affirmative). That might be a good place for us to wrap it up because we're running out of time, and I'm really liking speaking with you. We may have to speak some more another time. I think there's a lot more that we could go into. I wonder if there is any sort of last thing that you'd like to say to kind of sum up what we've been talking about.

Patrick : I think one would be, when I was ordained by Thich Nhat Hanh, one of the first of the precepts was to not become attached to form or ritual. Looking at mindfulness-based practices, it's very easy to get dogmatic about something, whether it's this or that. I think we also have a responsibility not to get attached to a specific form and say, "This is how mindfulness is practiced or presented." Then we lock ourselves in. We can't grow. I would even encourage that kind of openhanded work with it.

I would encourage anybody who is a therapist who wants to do this work to really have direct experience of it. There's nothing we know for certain but what we know it from direct experience. We read, what we see, what we hear is somebody else's experience. Getting in touch with what our own experience is and honoring that experience, rather than pushing it away, and treating it with real loving kindness is very important.

David: Okay, well that's a great wrap-up statement. Dr. Patrick Thornton, thanks for being my guest today on Shrink Rap Radio.

Patrick : You're very welcome. Thank you.