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Mindfulness In Clinical Practice

Richard W. Sears, PsyD, MBA, ABPP
Dennis D. Tirch, PhD
Robert B. Denton, PsyD



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Foreword by Lama Surya Das

MINDFULNESS NOW or THE JOY OF MEDITATION

This is an exciting time in the field of consciousness evolution and mental health. Neuroscientific research is starting to catch up to Eastern contemplative understanding about the nature of mind and attention, and the field of mental health is tapping into the therapeutic and awareness-wisdom-developing methods of the timeless meditational traditions. Mindfulness-Based Stress Reduction is widely taught, employed and found useful in many hospitals and other mainstream contexts today. This book is designed to give you an overview of the ever-growing research base and further clinical applications of mindfulness-based clinical interventions.

The literature on mindfulness is growing rapidly as new applications are being found for an increasing number of populations and presenting issues, as well as pointing toward potential future directions for clinical interventions through utilizing ages-old, tried-and-true techniques found in the Zen and Tibetan Vajrayana inner sciences of awakening. I heartily recommend this fine new book as an outstanding contribution to the field, useful for clinicians and practitioners, expert and beginner alike.

Mindfulness is becoming recognized as excellent medicine for our time-starved era. Awareness is curative, awareness is joy, lightness and brightness. Mindfulness is, simply defined, the opposite of mindlessness – and who doesn't understand the problems inherent in mindlessly sleepwalking through life? Mindfulness helps us wake up and fully inhabit and savor the present moment. It is a heightened presence of mind, a nonjudgmental state of total attention to the eternal instant, the holy Now. I don't leave home without it!

Once I asked a Buddhist master what is the true Buddha, the enlightened mind, the essence of all spiritual practice. He said, “Nowness-awareness is the authentic inner Buddha.”

Learning to cultivate and practice this moment-to-moment, focused attentiveness in daily life is where the rubber really meets the road on the path of awakened enlightenment.

We’re all Buddhas by nature; we only have to recognize who and what we truly are.

*With love,
Surya Das*

Foreword by Steven C. Hayes

RESEARCH AND APPLY; LIVE AND PRACTICE: Integrating Mindfulness Methods Into Clinical Practice

Therapists are in a privileged profession. It might not always seem like it, since we deal with so much human misery. But from that base we are able to witness and encourage human growth and courage; human liberation and transformation. In our work we touch the most vulnerable and values-laden aspects of life, even in ourselves. In that sense, therapy is perhaps the most intimate profession.

There was a time when *empirical* clinical methods, however, sometimes had the feeling of techniques for someone else. We applied them, but we did not necessarily take them home. We used them, but we did not necessarily practice them.

In the last decades, something extraordinary has happened. Science itself has opened the door for work on acceptance and mindfulness to enter empirical clinical psychology. These methods carry empirical clinical work into some of the deepest issues of human existence, such as self and spirituality; transcendence and consciousness; wisdom and interconnectedness. These are not methods just to be applied or used. These are methods to be lived and practiced.

That is exciting, but it is also challenging. No one invited therapists to become spiritual leaders, so we cannot enter this territory in exactly the same way as do teachers in the mindfulness traditions. And it would not make sense to import methods that are thousands of years old into a scientific and professional discipline without taking the time to integrate the two. Integration is not easy, however. It requires breadth of knowledge and a good sense of balance. It requires a clear vision that does justice to our profession and scientific discipline, and also to the spiritual and wisdom traditions we are exploring for inspiration.

These authors have all of that.

There are other volumes on mindfulness and clinical work but there is nothing else quite like this book. Not that I have seen. No other volume of which I am aware is as clear, broad, and expressed in such a clear and consistent voice. You can find books on the specific methods of mindfulness; you can find books on Eastern psychology that fail to grapple with the scientific details; you can find edited volumes that are broad but that speak in a tangle of voices. But I do not know of another book on this topic with the scope and consistency of this one.

This book is a comprehensive guide to mindfulness methods in clinical practice written by expert clinicians with a long standing interest in contemplative practice and the mindfulness traditions. The authors know the roots of these methods, both in Eastern thought and in Western science. The range of methods is broad, from Mindfulness-Based Stress Reduction to Acceptance and Commitment Therapy, so the focus is wisely placed on targets of change, not just the formal similarities of these techniques. Given the broad background of the authors, they have the skills and knowledge to explain how these methods can be used in clinical practice, and they do so with an ease and clarity that will reassure those exploring that possibility. At the same time, their scholarly and scientific background allow them to lay out the state of the contemporary scientific evidence in a clear and no nonsense fashion, making insightful suggestions about future research that needs to be done. Finally, they have the knowledge needed to discuss differences in strands of Eastern thought and explain how these might suggest future directions as well.

The consistency of their voice and quality of their writing allows readers to get comfortable with these authors. They are like personal guides you will come to understand and trust, and like a good guide they know what is out there to explore and how best to get into the center of these areas.

When I arrive at a foreign city, I like using guides. It helps me learn the lay of the land so I can dive into specific areas that interest me. If you are considering how to include mindfulness work in your clinical practice, you can trust this book. Let this book take you by the hand and show you the territory and to guide you through that process, for your clients and for yourself.

Steven C. Hayes
University of Nevada

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Introduction

When we speak to therapists about mindfulness, we are often asked, “If I could read just one book about mindfulness, what would you recommend?” Unfortunately, we never had a good answer to this question – the books thus far have been focused on one specific area of mindfulness, or were edited books filled with detailed research. These resources are, of course, quite necessary and important, but this book is designed to give general clinicians an overview of the many facets and applications of mindfulness, in a straightforward and practical way.

But what is mindfulness, and what are its clinical applications?

An ancient Chinese story reminds us to let go of judgments and stay in the present moment (Watts, 2004):

A farmer in a small village once had a horse run away. Since the village was poor, his neighbors came by and said “What a terrible thing, your horse running away!” The farmer simply replied, “maybe.” The next day, the horse came home, and had brought along a group of wild horses. “Wow, how fortunate!” said the neighbors. “Maybe,” replied the farmer.

When the farmer’s son was trying to tame one of the wild horses, he was bucked off and broke his leg. “How awful!” the neighbors exclaimed. “Maybe,” said the farmer.

Later, an army passed through the village, conscripting all able-bodied young men. The farmer’s son was passed over because of his broken leg. “How lucky you are,” the neighbors said. You can guess the farmer’s response.

Too often, we are making judgments and comparisons, which tend to keep us stuck in the past or lost in thoughts about an unknown future. Mindfulness is about learning to let go of unnecessary judgments, and about feeling more at home in the present moment.

Much attention has been given recently in the clinical and scientific literature to the concept of mindfulness. At one extreme, a large number of popular books, seminars, and presentations have now added “mindfulness” to their titles.

At the other extreme, the research base on mindfulness-based approaches is booming, but is often too technical for practitioners. Many books and articles leave neophytes confused and bewildered as to how to actually apply these methods clinically.

Part of the confusion comes from using a word that is rather common in the English language. When we give our own presentations, people often tell us “we already do this,” whether they call it cognitive-behavioral therapy, hypnosis, gestalt, focusing, and so forth. Although it is true that some of the essential ingredients of mindfulness are based upon sound therapeutic principles that are present in a wide variety of approaches, mindfulness has come to be associated with a specific approach that is achieved through systematic training.

Another problem in the field is that enthusiasm sometimes gets ahead of the empirical research. Although our suffering clients need help immediately, and cannot necessarily wait years for research support, there is nevertheless the danger of seeing mindfulness as some type of panacea. Although we believe that mindfulness can be a useful adjunct to almost any therapy, it is not meant to replace all of the standard, well-grounded psychotherapy theories, techniques, and skills.

In this book, we will endeavor to present that which has been supported empirically, that which is based on clinical experience, and that which is based on sound principles but needs further research.

The story of how all three of the authors came to get involved in mindfulness work speaks to our interest in writing this book. We all practiced mindfulness before becoming psychologists. All three of us were inspired by Stephen K. Hayes, the man who went to Japan in the 1970s and brought the “ninja boom” back to the West. Far more profound than that which was presented in so-called ninja movies or turtle cartoons, the art of ninjutsu held a deep appreciation for the development of the body and the mind. The roots of the tradition were deeply entwined with the ancient meditative disciplines of Asia.

Richard Sears taught martial arts and meditation for years, but felt what he learned about traditional forms of meditation was not enough

to deal with the modern problems the students would bring him. He met Dennis Tirsch at a meditation seminar in Texas when Dennis was a graduate student. Dennis kindly shared his hotel room with Richard, and they discussed the potential of both approaches. Richard met Robert Denton while they were both graduate students, and the idea for this book was discussed while they spent 2 weeks together in the foothills of the Himalayas in Nepal.

Our unusual mutual interests in psychology, Eastern traditions, and martial arts brought the three of us together. We hope that we will be able together to provide a unique and valuable perspective and contribution to the field.

In Chapter 1, we will provide an overview of mindfulness. This chapter will present the historical background and development of mindfulness, provide a working definition, and explore the underlying mechanisms that make it effective.

In Chapter 2, we will discuss mindfulness for the clinician. Before using and teaching mindfulness to clients, the clinician must thoroughly understand the principles and be able to put them into practice. This chapter explores how a clinician can utilize mindfulness in the therapeutic session and how to develop competency in its use with clients. We will also discuss how mindfulness can be used for provider self-care to prevent stress and burnout.

Mindfulness-Based Stress Reduction (MBSR) was first developed by Jon Kabat-Zinn (1990) for stress, anxiety, and chronic pain. Chapter 3 will cover this pioneering 8-week mindfulness program that incorporates mindfulness and Yoga.

Chapter 4 will cover Mindfulness-Based Cognitive Therapy (MBCT). This approach was developed by Segal, Williams, and Teasdale (2002), building upon the foundations of MBSR. Their pioneering studies showed that MBCT is effective in preventing relapses of depression, and it is currently being applied to a wider range of populations and presenting issues.

Dialectical Behavior Therapy (DBT) was developed by Marsha Linehan (1993a) for use with individuals with Borderline Personality Disorder. In Chapter 5, we explore DBT training, which involves a component where clients are taught mindfulness and radical acceptance to help with emotional regulation. In DBT, brief mindfulness exercises are used at the beginning of every group training session.

Acceptance and Commitment Therapy (ACT) was pioneered by Steven C. Hayes and colleagues (1999). ACT involves learning to accept one's present circumstances and to make a commitment to moving in the direction of one's desired values and goals. We discuss ACT in Chapter 6.

In Chapter 7, we will discuss a number of other group approaches to using mindfulness. Most of these approaches are based upon the work of Jon Kabat-Zinn on Mindfulness-Based Stress Reduction (MBSR; 1990) and that of Segal, Williams, and Teasdale (2002) on Mindfulness-Based Cognitive Therapy. Because these are newer approaches, research is still being conducted and evaluated. These approaches include groups designed for chemical dependency, eating disorders, relationship enhancement, parenting, children and adolescents, geriatric populations, and inpatient populations.

Thus far, the most researched mindfulness programs (with the notable exception of ACT) are conducted in a group format. In Chapter 8, we will explore promising interventions for using mindfulness with individual clients.

In the final chapter, we will identify potential future directions. The literature on mindfulness is growing rapidly as new applications are being found for an increasing number of populations and presenting issues. We also discuss other forms of meditation, such as Zen and *Vajrayana*, which show promise as potential clinical interventions.

We have included an audio CD in this book, in order to give the reader a first-hand experience with mindfulness techniques.

- Track 1 Introduction – Richard Sears
- Track 2 Body Scan – Richard Sears
- Track 3 Sitting Meditation – Richard Sears
- Track 4 Three-Minute Breathing Space – Richard Sears
- Track 5 Loving-Kindness Meditation – Dennis Tirsch
- Track 6 Mindfulness for the Clinician – Robert Denton

The techniques themselves are described later in this book. The recordings are only meant to be introductions to these techniques; if we pique your interest, we encourage you to obtain more detailed guided mindfulness exercises from Jon Kabat-Zinn (www.mindfulnesscds.com), Susan Woods (www.slwoods.com), and others.

HOW TO GET MORE INVOLVED

This book is designed to give you an overview of the ever-growing research base and clinical applications of mindfulness-based clinical interventions. For those of you who are interested in applying mindfulness in your clinical work, or if you just want to learn more, we invite you to get involved in the professional community.

SOCIETY FOR CLINICAL MINDFULNESS & MEDITATION

The Society for Clinical Mindfulness & Meditation was founded to bring together clinicians, researchers, and others who are interested in the clinical applications of mindfulness. Full members are listed in a public directory, have access to online forums where they can discuss topics related to mindfulness and meditation with colleagues, and receive a quarterly newsletter listing training events and other news. For more information, visit www.clinical-mindfulness.org.

JOURNAL OF CLINICAL MINDFULNESS & MEDITATION

Thus far, research related to mindfulness and other forms of meditation has been spread throughout a variety of journals. The *Journal of Clinical Mindfulness & Meditation* seeks to bring the latest scholarly writings together in one publication for researchers and practitioners. For more information, visit www.journal.clinical-mindfulness.org.

CENTER FOR CLINICAL MINDFULNESS & MEDITATION

The Center for Clinical Mindfulness & Meditation was created by the PsyD Program in Clinical Psychology of Union Institute & University. It serves as a resource for researchers and practitioners to share research and information and to provide training opportunities. The CCMM also provides links to other similar centers around the world. For more information, visit www.myunion.edu/ccmm.

Chapter 1

What is Mindfulness?

*Descartes said “I think, therefore I am.”
If you don’t think, then what?*

-Zen Master Seung Sahn

Interest in the use of mindfulness is growing in popularity in the scientific literature, in the clinical community, and in the public (Didonna, 2009a). Although it has been practiced for thousands of years, mindfulness in clinical work is now receiving growing empirical support, particularly in the prevention and treatment of stress, anxiety, and depression. Mindfulness groups for clients dealing with stress and chronic pain were pioneered by Jon Kabat-Zinn, in a program known as Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990). Since then, mindfulness has been incorporated into a variety of treatments, such as Mindfulness-Based Cognitive Therapy (MBCT) for prevention of depressive relapse (Segal et al., 2002), Dialectical Behavior Therapy (DBT) for borderline personality disorder (Linehan, 1993a), and Mindfulness-Based Relapse Prevention (MBRP) for addictions (Witkiewitz & Marlatt, 2007). Acceptance and Commitment Therapy (ACT), though made public only relatively recently, has been in development for decades (S. C. Hayes, Strosahl, & Wilson, 1999). Several mindfulness-based programs are now considered evidence-based practices on the Division 12 website of the American Psychological Association (www.PsychologicalTreatments.org).

Mindfulness has been called the “third wave” in cognitive-behavioral therapy (CBT) (Fletcher & S. C. Hayes, 2005; S. C. Hayes, 2004; Segal, Teasdale, & Williams, 2004). Though often linked with CBT, due to its attention to thoughts and behavior, mindfulness can be seen as a core process in all of psychotherapy (Martin, 1997).

Mindfulness is a powerful method, but is not necessarily meant to replace the other techniques of good psychotherapy.

Asking “what is mindfulness?” is a bit like asking “what is psychotherapy?” Although we will attempt to talk about mindfulness as such in this chapter, the following chapters will focus on specific Mindfulness-Based Interventions (MBIs), that is, psychotherapeutic interventions that explicitly utilize mindfulness as a core process.

Though it has been used with a wide variety of meanings, in the context of psychotherapeutic interventions, mindfulness refers to a state of awareness that can be enhanced and sustained through systematic practice. Mindfulness developed out of the meditative traditions of Asia, but the process itself is quite natural, and beyond culture and tradition.

Mindfulness is nothing mysterious. If anything, people tend to dismiss the concept too quickly as being overly simple. Mindfulness is more of an approach or attitude, more of an active ingredient in successful therapy than an artificial, manipulative technique.

You can directly experience a little bit of mindfulness, even right now. As you are reading this, pay attention to your physical body. Most people only notice what they are feeling physically at certain moments, like when they are in pain, or when they are experiencing a particularly pleasurable sensation. Except for those practicing such things as dance, Yoga, or martial arts, most of us tend to ignore the continuous signals our bodies send us. So right now, see if you can sense a particular part of your body, such as the right toe. Do you notice any sensations of pain, any tingling, any warmth, any moisture, any numbness? Is your foot making contact with a sock, shoe, or the floor? Notice if you are making any judgments or thoughts about what you are experiencing, and bring your awareness back to noticing just what is there, as best you can. You can shift this type of attention to any point in your body or do a quick scan of the entire body to see what you notice. Eventually, you can learn to hold an awareness of your entire body at the same time, rather than looking at it piece by piece.

Next, see if you can shift your awareness to any type of feelings or emotions that are present. Are you feeling a little happy, do you feel a sense of stress, any sadness, any sense of boredom, any excitement, or are you not noticing any particular emotion? Many people only notice their feelings when they are particularly strong, not realizing that emotions come and go continuously throughout any given day, any

given hour, any given moment. One way of preventing problems is to notice emotions as they rise and fall, rather than pushing down negative feelings until they become overwhelming.

Lastly, even right now in this moment, can you notice your own thoughts? Often we identify ourselves with our thoughts, so this may be more subtle and difficult to observe, but can you detect what thoughts are present in your mind? (If you have the thought that you are not thinking right now, that itself is a thought.) As you gain practice in this, you will begin to notice that you rarely have complete thoughts. Most people do not talk to themselves in complete dialogues. Thoughts come and go in bits and pieces, sometimes in images and impressions. However, all of these thoughts have an impact on your feelings, and even on your physical body, which may show up as a tendency to hold tension in certain areas.

This simple exercise is a basic demonstration of mindfulness. By paying attention moment to moment, we break through the automatic pilot that we so often live in. Although mindfulness is simple, it can also be quite subtle, and not necessarily easy. The concept is not difficult to understand, but it takes practice to be able to sustain this type of attention, and to engage it even in difficult situations.

Now that you have had a brief taste of mindfulness, let's explore more formal definitions.

DEFINITIONS OF MINDFULNESS

Jon Kabat-Zinn, one of the pioneers of the clinical applications of mindfulness, defines it as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment to moment” (Kabat-Zinn, 2003, p. 145). Because this definition is widely accepted, and summarizes the essential features of mindfulness, we will look at each piece in turn.

“THE AWARENESS THAT EMERGES . . .”

Mindfulness is about “waking up” to our experiences. We often get lost in a mental world of ruminations about a past that cannot be changed or a future that does not yet exist. In mindfulness practice, we practice bringing conscious awareness to our current experiences.

This is a natural process, utilized by everyone on a daily basis. However, just as with physical exercise, regular practice of mindfulness makes it easier to bring awareness to more of our experiences. Anxiety is often sustained by negative reinforcement, through avoidance of feared situations and emotions. Mindfulness encourages a “turning toward” attitude.

“... THROUGH PAYING ATTENTION ...”

Many people equate attention only with concentration, but neuropsychology texts (e.g., Vanderploeg, 2000) teach that there are a number of forms of attention, each with different neurophysiological pathways. Mindfulness aims to exercise all of these various forms.

Posner and Rafal (1986) posit three forms of attention: arousal, vigilance, and selective attention. Arousal is a key component of mindfulness practice. One of the challenges beginners face is the tendency to fall asleep when sitting still. Vigilance refers to sustained attention. Inevitably, when attempting to focus, the mind will wander. In mindfulness practice, the key is to gently and continually bring the mind back, thereby strengthening the relevant brain pathways. Selective attention refers to the ability to tune out distractions. In sustaining your attention to read this book right now, you have to ignore other potential distractions, such as environmental noises, internal bodily states, all the visual input around the letters of this page, and so forth.

Sohlberg and Mateer (1989) describe five forms of attention: focused attention, sustained attention, selective attention, alternating attention, and divided attention. The first three are similar to those described above. Alternating attention involves not only sustaining attention, but also shifting attention. In the body scan, one not only pays attention to particular parts of the body, but also practices shifting attention to other regions. Likewise, when one notices the thoughts one is having, one can practice shifting attention to the process of thinking itself rather than the content of the thoughts.

Divided attention is the one people probably do too often, but there are times we need to do multiple things at once, such as having a conversation while walking. As we know, some people have a lot of difficulty with divided attention.

Training in mindfulness is much like training muscles for weightlifters – one is able to have much more strength and endurance through regular exercise of one’s attention.

“ . . . ON PURPOSE . . . ”

This part of the definition denotes the deliberate, conscious aspect of mindfulness. Cultivating mindfulness helps one to step out of the “automatic pilot” mode in which we live most of our lives, allowing us to discard old, unconscious, maladaptive patterns.

We live in a world that is very complex. There are many variables that we need to constantly pay attention to, going on all around us, at any given moment. Right now, if you were to put down this book and look around you, what might you notice? Within your own body, there are all kinds of things going on. Food is being digested, so you may feel pressure in your intestines or churning in your stomach. You may notice muscular tension in various parts of your body. You may notice temperature variations on the surface of your skin, or the slight movements of air. As you expand your awareness to what is going on around you, you may notice quite a number of things that you had not noticed until just now. Perhaps there was somebody sitting near you whom you were not aware of before. Or perhaps you knew there were other people in the room, but had no idea of what kind of clothing they were wearing. Do you know where all the exits are in the room you are currently in? How is the weather outside? What is the emotional mood of all the people around you (if there are any)?

Evolutionarily, human beings needed to pay lots of attention to the things going on in their environment. However, especially nowadays, there is simply too much going on for us to be aware of it all. We adapted, and we evolved the ability to do things automatically so that it would require less of our conscious attention. Often, we are aware of things without being consciously aware of them. We might call this the “floodlight consciousness,” as Alan Watts (2004) described, sort of an expanded awareness of what is going on. It is this form of awareness that allows us to drive several miles while talking to a friend, to somehow dodge all the traffic and potholes in the road, adjust our speed, make minor corrections to the steering as we go along, and so on, all without consciously thinking about it. And yet when there is a problem, such as road construction, we can immediately stop our conversation with our conscious attention, which Alan Watts refers to as “spotlight consciousness.” The difficulty, of course, with spotlight consciousness is that it needs to do one thing at a time, and in that sense is akin to serial processing rather than the parallel processing of the floodlight consciousness. When we learn something new we must pay lots of

attention using our spotlight consciousness, until it can be ingrained into our floodlight consciousness.

This is a very useful skill to have. However, there are times when our programming becomes unconscious in a way that is not productive, or is harmful to us. Mindfulness works to develop a conscious attention and an attitude of acceptance and nonjudgment to our experiences to break out of maladaptive patterns. Through repetition, this habit, this pattern of acceptance, of paying attention, of being friendly with oneself, one's body, and one's thoughts, sinks down into our way of being in the world.

Initially, when we learn a new skill, it is time-consuming and awkward as our conscious cerebral lobes attempt to process the new information. Eventually, however, through repetition and practice, connections are made deeper inside the brain, affecting our emotional responses to situations within our own thinking, and in the world around us. These emotional patterns affect, in turn, our physical bodies, such as muscular tension, adrenal responses, and other sympathetic system responses.

Although there are times we are happy to coast through life on automatic pilot, sometimes our automatic pilots are set to take us into places we do not wish to go. For example, automatically using worrying and thinking as an attempt to fix problems can keep us stuck in ruminations and worries. Mindfulness helps us to consciously break our automatic patterns of reacting and to accept the moment as it is without making it worse, and therefore to be in a better position to make choices in each successive moment.

" . . . IN THE PRESENT MOMENT . . . "

Many times, clients present with excessive thoughts about the past (ruminations) or thoughts about the future (worries). These thoughts are often confused with reality itself. Through mindfulness, clients are taught that they have thoughts, but they are not their thoughts. They have feelings, but they are not their feelings. They are taught to observe thoughts, feelings, and sensations without getting so "caught up" in them.

Of course, in actuality, we can never escape the present moment; the future is only an idea, and the past exists only in memory. Even when we are reminiscing or making plans, we are doing it now.

However, the practice of mindfulness can help us to be more conscious of how we use our present moments. Because many people live in a mental world created by thoughts, mindfulness can help us get grounded in reality.

“... AND NONJUDGMENTALLY ...”

This aspect of mindfulness is often particularly challenging. Our minds habitually make comparisons. Although this is not inherently bad, it can cause us to constantly judge our experiences by some arbitrary standard, and we can miss the reality of the present moment. In mindfulness practice, clients are taught to notice judgments as they arise, and not be overly identified with them. Of course, frequently clients laugh at their tendency to judge. Letting go of judgments leads to acceptance.

The concept of mindfulness is intertwined with the concept of acceptance. The only way we can be fully in the present moment is to accept the present moment as it is.

Alan Watts (2004) used to tell a story that illustrates how we don't like to accept where we are starting from. A man was once lost in a small town, and asked the way to another city. The local scratched his head and replied, “Well, sir, I do know the way, but if I were you, I wouldn't start from here!”

Too often, our clients are trying to start from a place besides the one in which they find themselves. They want to be courageous after they've gotten some courage, and want to be happy after they find happiness. They work hard to push away the past, the oftentimes horrible abuses they've suffered. They want to fix all their problems before they look for peace. However, if one cannot accept where one is currently, one cannot progress forward into the future.

In clinical work, there is a delicate balance here. Accepting things as they are does not mean that we like how things are, or that past hurts were okay. We do not want to lack empathy, or negate the seriousness of past trauma. However, pushing away the reality of past hurts only perpetuates them. We need to foster acceptance of past and current traumas in order to be in a better place to move forward. In ACT, the word “engagement” is sometimes used instead of acceptance (S. C. Hayes, 2008).

Because the term acceptance often carries other connotations, such as implying that what happened was okay, Marsha Linehan (1993a,

1993b) and Tara Brach (2003) use the term “radical acceptance.” This will be discussed in further detail in Chapter 5.

“Willingness” means fostering an attitude of openness toward experiencing things as they are. It is a concept used in both DBT and ACT, which will be discussed in Chapters 5 and 6.

There is something of a paradox in acceptance and mindfulness-based interventions. Clients are learning mindfulness to change things, but true mindfulness is accepting how things are. Sometimes clients try to use a mindfulness technique to get rid of anxiety, which is a kind of avoidance. However, by allowing themselves to experience their anxiety, it tends to diminish by itself.

“... TO THE UNFOLDING OF
EXPERIENCE MOMENT TO MOMENT.”

This part of the definition speaks to the active quality of mindfulness. It is not simply passively watching the world go by. Jon Kabat-Zinn (CD included with M. Williams et al., 2007) describes mindfulness as being “portable,” not just for formal sitting practice.

In psychotherapy, both therapist and client can actively practice mindfulness throughout the session (Wilson & DuFrene, 2008). If either person spends too much time thinking about what he or she said earlier in the session, or what he or she is going to say, an opportunity for real engagement and connection will be missed.

In formal mindfulness groups, clients are taught mindful Yoga or stretching exercises and a mindful walking exercise to begin bringing mindfulness into daily activities. They are also asked to begin to choose ordinary activities to do mindfully, such as washing the dishes or taking a shower (Segal et al., 2002).

OTHER DEFINITIONS OF MINDFULNESS

The Vietnamese Zen teacher Thich Nhat Hanh refers to mindfulness as “keeping one’s consciousness alive to the present reality” (Hanh, 1975, p. 16).

Bishop et al. (2004) wrote an entire scholarly article devoted to an attempt to define mindfulness. They put forth the following:

In summary, we see mindfulness as a process of regulating attention in order to bring a quality of nonelaborative awareness to current experience and a quality of relating to one's experience within an orientation of curiosity, experiential openness, and acceptance. We further see mindfulness as a process of gaining insight into the nature of one's mind and the adoption of a de-centered perspective (Safran & Segal, 1990) on thoughts and feelings so that they can be experienced in terms of their subjectivity (versus their necessary validity) and transient nature (versus their permanence). (p. 233)

Marsha Linehan, pioneer of Dialectical Behavior Therapy (DBT), describes mindfulness skills as vehicles for balancing “emotion mind” with “reasonable mind” to achieve “wise mind.” DBT breaks down mindfulness into three “what” skills (observing, describing, and participating) and three “how” skills (taking a nonjudgmental stance, focusing on one thing in the moment, and being effective) (Linehan, 1993b). We will discuss DBT in Chapter 5.

From the Acceptance and Commitment Therapy (ACT) perspective, which is based in Relational Frame Theory (RFT), mindfulness emerges from several important processes. “Mindfulness can thus be defined as the defused, accepting, open contact with the present moment and the private events it contains as a conscious human being experientially distinct from the content being noticed. The psychological importance of mindfulness is that it empowers valuing and committed action, and thus is a key aspect of psychological flexibility” (Fletcher & S. C. Hayes, 2005, p. 322). ACT will be described in Chapter 6.

HISTORY AND DEVELOPMENT OF MINDFULNESS

Although the concept of mindfulness is present in practically all cultures in some form, it was systematized and practiced for thousands of years in the Eastern wisdom traditions.

Siddhartha Gautama, who later became known as the “awakened one,” or Buddha, lived in the 6th century B.C.E., in the area now known as southern Nepal and northern India. He lived in relative luxury, and was to one day take over the kingdom from his father. In order to protect his son, his father made sure that the young prince was not exposed to the sufferings of life. However, one day Siddhartha managed

to take a trip into the town with one of his servants. He saw people with wrinkled skin, stooped over, who looked as if they had great trouble moving around. His attendant explained to him that this was old age. The attendant further explained that this would eventually happen to everyone. On another occasion Siddhartha saw someone bent over, vomiting, with boils all over the skin. When he asked what this was, the attendant replied that this was sickness, and that sooner or later sickness can affect us all. On yet another occasion, Siddhartha came upon a cremation ground, where there were people lying still, stiff, wrapped in cloth, and pale in complexion. When Siddhartha asked what this was, his attendant replied, "This is death. No matter how much we try to protect ourselves, death awaits everyone in the end." Of course, whether or not Siddhartha literally saw sickness, old age, and death for the first time, or if it simply hit him in a new way, is irrelevant. Many of us know that we are going to die intellectually, but have not yet come to feel it as a concrete truth, an important fact of existence to guide our daily decisions.

Seeing these things, or at least thinking about them deeply for the first time, Siddhartha began to question the point of all the luxuries within his father's palace. On the next occasion, Siddhartha saw a holy wanderer, a mendicant, a seeker of truth. He was intrigued by such a person who, his attendant told him, cuts off attachment to family to seek spiritual happiness. Despite the mendicant's dirty appearance and ragged clothing, he seemed to have a smile on his face. Siddhartha decided that he should become such a person to figure out how to overcome all the sufferings of life. So, even though he was married with a young son, he felt that he needed to go out and find the truth for himself, so that he could make a happier life for his family and for all human beings.

Siddhartha began to study with several famous meditation *gurus*, or teachers, and made rapid progress. However, he began to notice a bit of competition between the teachers. When he had attained six levels of *samadhi*, or absorption (a state of oneness and bliss), feeling connected to the entire universe, totally at peace, another teacher would claim access to even higher levels. Finally, he achieved eight levels and rapidly surpassed even his own teachers. Unfortunately, there was a significant disadvantage to this method. However much Siddhartha, and his teachers for that matter, could attain a state of oneness and bliss, seated in meditation, when they came back out of meditation and

faced the real world of daily life, the same sufferings and troubles were still there. The teachers and students basically still had the same human weaknesses, such as pride and competition over spiritual advancement. Siddhartha decided to go off by himself and meditate alone or with other like-minded companions.

After six years of practice, he sat under a tree and became “enlightened” when he clearly saw the evening star. He did not receive a secret intellectual teaching. He found his “awakening” sparked by an everyday object.

One of the great breakthroughs that Siddhartha made, and systematized, was the practice of *vipassana*, “insight meditation,” or mindfulness, as a method of paying attention, of analyzing reality.

It is interesting to explore the Chinese character for mindfulness (used also in the Japanese language), as it has been used in the original texts of traditions such as Buddhism and Zen.



The top half of the character above means “now” or “present moment,” and the bottom half means “heart” or “mind.” In the West, we associate “mind” with our thinking brain, and “heart” with emotions and the organ in our chests. In Asian cultures, there is only one word for mind and heart. Hence, “mindfulness” could also be translated as “heartfulness” (Kabat-Zinn, 2009). Put together, the character can be translated as concern, care, feeling, and sense, in addition to attention, thought, or idea. The character also implies remembrance, recollection, or keeping in mind. This sense of collectedness implies an integrity, in the sense of wholeness, both in ourselves and our relationship to the world around us. It also implies that an important aspect of mindfulness is remembering – that is, remembering to remember to pay attention.

Hence, mindfulness has never been a method of being blank, absent-minded, or cosmically objective. Practitioners who make this mistake are told that this is no better than becoming a “stone Buddha.” Mindfulness implies a rich, living presence, full of compassion, noticing and sensing all the interconnections with other people, animals and plants, and our environment.

The *Satipatthana Sutra*, the Treatise on the Four Establishments of Mindfulness, is an ancient text that discusses four subjects to which one can bring mindful attention. The first establishment, or foundation, is mindfulness of form, which includes the physical forms around us and the physicalness of our bodies. The second foundation is that of feelings, or perceptions, such as hot and cold. The third foundation is awareness of one's own thoughts, often related to one's like or dislike of the feelings. The fourth foundation is mindfulness of external objects, which leads to insights about the characteristics of reality.

Jon Kabat-Zinn (1990), originally a practitioner of Zen, systematized and modernized the practice of mindfulness into an 8-week program at the University of Massachusetts Medical Center, which inspired the development of several other mindfulness-based interventions, most notably, Mindfulness-Based Cognitive Therapy (Segal et al., 2002). Marsha Linehan (1993a), also a Zen practitioner, incorporated mindfulness and acceptance interventions into Dialectical Behavior Therapy. Steven C. Hayes and colleagues (S. C. Hayes et al., 1999) spent years systematizing and developing the therapeutic usefulness of mindfulness and other concepts in the development of Acceptance and Commitment Therapy.

NEUROLOGICAL MECHANISMS

This is a particularly interesting point in the history of the scientific study of mindfulness. One of the major reasons for this is that advanced medical imaging methods have been used to study mindfulness and meditation over the past few years.

As a result, we now have a much greater sense of what is happening to the brain when people regularly practice training in mindfulness. Put broadly, researchers have found that mindfulness meditation may result in changes in brain activity, but also may result in longer term *structural* brain changes. Such changes in structure may actually reshape our brains to better handle difficult emotional experiences. Let's take a look at a couple of examples of how neuroscience research has shed light on what might be involved in mindfulness.

Based upon his work in interpersonal neurobiology and his experience with mindfulness training, Daniel Siegel (2007) has developed a theory of mindfulness and the brain, which views

mindfulness as a special relationship with the self. According to Dr. Siegel, when practicing mindfulness, we use the regions of the brain that are involved in social relationships to develop a sensitive, responsive, and nonjudgmental relationship with the contents of our own mental activity (e.g., thoughts, feelings, and images). In this way, Dr. Siegel's theory suggests that the quality of focused attention that a caregiver brings to her child while fostering healthy attachment bonds is being brought to ourselves through mindfulness training. Siegel characterizes the quality of attention that we find in mindful awareness as involving "curiosity, openness, acceptance, and love (COAL)." Drawing on the work of many other researchers, Siegel's text, *The Mindful Brain* (2007), outlines the ways in which the brain's central hub of social circuitry is involved in, and activated by, mindfulness practice.

Sara Lazar and her colleagues (2005) have conducted neuroimaging research that reveals an increased thickness in certain brain regions among experienced mindfulness meditators. This thickening was more pronounced in practitioners who had been practicing mindfulness meditation for a longer period of time. The regions that were found to be thicker in this group are known as the "middle prefrontal" region and the "insula." We don't need to worry about remembering exactly what all of the regions of the brain do, for our purposes, but it is interesting to find out what these parts of the brain are involved with, because they seem to grow with increased meditation practice. The middle prefrontal area is often associated with caregiver behavior, and has also been suggested to be involved in the experience of compassion (Wang, 2005). The insula serves as a communication channel between the parts of the brain involved in emotional processing and the middle prefrontal areas. Some researchers have suggested that the insula is also involved in processing information about our bodily sensations, emotions, and the mental representation of others (Critchley, 2005; Siegel, 2007). Dr. Lazar's research is groundbreaking in that it is the first structural evidence of experience-dependent brain changes associated with meditation training.

The field of neuroscience and mindfulness is booming, and it involves some leading figures in the scientific study of emotion. The research points in many directions, and is worth taking the time to explore, if brain study is your cup of tea. It seems that mindfulness practice may involve changes in brain activity that result in healthier

emotion regulation, a more stable and nonjudgmental relationship with the self, and even a fundamental shift in our experienced sense of self (Cahn & Polich, 2006; Tirsch, 2010). We can only expect that the next few years will bring ever more detailed understanding of how mindful awareness is expressed in the brain.

BEHAVIORAL AND COGNITIVE PROCESSES AND MECHANISMS

One of the mechanisms of mindfulness is thought to be exposure, in consideration of the principles of classical and operant conditioning, operating on the same brain mechanisms that are affected by behavioral interventions for anxiety. Worry can be seen as a cognitive strategy for reducing anxiety (Orsillo et al., 2004). Although thinking helps us to figure out problems in the physical world, it doesn't work so well with thoughts and feelings. While thinking about all the possible things we can do to change a given situation, we are attempting to avoid experiencing the anxiety or other negative emotions in this moment. Because we are "doing something," using thoughts to try to gain some kind of control, the anxiety is slightly decreased, and the ruminations are maintained through negative reinforcement. A vicious circle is set up where the anxiety is not going away, so we think more and more compulsively in our attempts to figure it out.

In mindfulness, we learn to accept whatever is present. Although we may choose to change undesirable circumstances, we must first accept the truth of the present situation. By allowing ourselves to feel whatever physical sensations are present and whatever emotional reactions we are having, and by observing what thoughts are in our minds, we can remove ourselves from the sense of overidentification with them. This process is known as "decentering" (Segal et al., 2004; Segal et al., 2002, p. 38) or "defusing" (S. C. Hayes et al., 1999). This is similar to the shift from content to process that is frequently used in individual and group psychotherapy.

This de-centering process appears to be a crucial mechanism for the success of traditional cognitive-behavioral therapy. In learning to recognize thoughts, and in challenging irrational thoughts, the individual becomes less identified with the thoughts and feelings themselves. By talking to yourself about your thoughts, you eventually realize that

thoughts themselves are not so powerful, and they are not who you are. However, in mindfulness training, this process of moving back to view one's own thoughts, feelings, and sensations is explicitly developed. Rather than fighting thoughts with thoughts, one recognizes that thoughts are not necessarily facts (even the ones that say they are) (Segal et al., 2002). Of course thoughts themselves are not inherently good or bad. It is only when we become overwhelmed by them, or when we mistake them for "reality," that they begin to cause difficulties for us.

In the later stages of MBCT, clients are asked to deliberately bring to mind difficult situations, and to sit with them. Inevitably, clients report feeling less anxious about that situation afterwards. This is a good lesson for preventing depressive relapse. Because depression is such a terrible experience, clients typically try to avoid noticing symptoms of depression arising, which creates habitual patterns of avoidance and isolation, which removes emotional and social support, which reinforces the feelings of depression, resulting in a downward spiral.

From an ACT perspective, exposure is really increasing psychological flexibility (S. C. Hayes, 2008). For example, if someone is afraid of snakes, his or her behavioral choices are usually limited to walking away. But exposure allows one to be in presence of snakes and do more things, that is, to feel anxious but still choose whether to sit with the anxiety, observe the snake's movements, talk to a friend, or even pet the snake, as well as to walk away.

HOW MINDFULNESS IS DIFFERENT

Our human brains naturally try to fit new ideas with what we already know. This can be a useful survival mechanism, but can also bias us and prevent us from reaching a true understanding. Of course, this is what mindfulness is all about: recognizing when we are using mental shortcuts, and consciously choosing to let go of them when necessary.

Although there are many similarities between hypnosis, relaxation techniques, and other forms of meditation, there are also significant distinctions. In the sections below, we will explore these in greater detail.

HYPNOSIS

Hypnosis is one of the oldest psychotherapeutic interventions and is still quite popular today (Wester, 1987; Wester & Smith, 1991; Yager, 2008). Hypnosis involves the use of an induction technique in which the client is encouraged to slip into a trance, a deep state of relaxation and openness. Suggestions are made that are directed toward the subconscious mind to influence a person's future perceptions and behaviors.

However, the emphasis with mindfulness is on conscious processes and conscious attention. The emphasis is also on staying present with one's experience in the present moment, not on trying to alter that experience. Although hypnosis has much clinical utility, from the mindfulness perspective, attempting to change one's perspective may become a subtle form of avoidance.

Although a mindfulness CD may sound hypnotic, the focus on mindfulness is on conscious attention. Kabat-Zinn (M. Williams et al., 2007) emphasizes this point on one of his recordings by reminding the listener that the point of the body scan is to "fall awake," rather than to fall asleep. The gentle, easy tone of the voice on the recording is to foster an attitude of openness and acceptance in the listener, not to induce a trance.

RELAXATION AND VISUALIZATION TECHNIQUES

Most clinicians think of relaxation techniques when clients ask about dealing with stress. Such methods as "the relaxation response" (Benson & Klipper, 1975) remain popular.

Ironically, relaxation techniques can often have paradoxical effects. Trying to relax sets up a situation in which a person is trying to make something happen that only occurs when one lets go of effort and tension.

Relaxation techniques can also reinforce anxiety. By trying to escape from stress by visualizing a pleasant scene, the anxiety is negatively reinforced. Even though one may forget about anxiety for a short time, the stressors in one's life are still present. Most relaxation techniques are like taking minivacations. They feel good at the time, and are important to allow you to recharge, but the problems are still waiting for you when you get back.

Mindfulness involves not necessarily escaping from life stressors, but changing our relationship to them. Although mindfulness exercises

often lead to relaxed states, this is not the purpose of the practice. If relaxation comes, it is due to our acceptance of things as they are in this moment. Mindfulness is about being present with whatever is occurring.

Progressive muscle relaxation (Jacobson, 1938) involves two steps: deliberately tensing muscle groups, then releasing the muscle tension. The contrast between tension and relaxation is thought to help people feel the differences more acutely, as many people unconsciously carry tension in their bodies but do not recognize it. The client is taught to systematically move through the major muscle groups.

Though one could mindfully pay attention to the tensing and releasing of muscles, mindfulness is not necessarily intentionally aimed at creating relaxation; it is about paying attention to whatever is happening. Mindfulness fosters an awareness of a person's state, and then he or she can choose to use a technique like progressive muscle relaxation if desired. Eventually, however, through becoming more aware of tension throughout the day, clients can prevent the long-term buildup of muscular tension.

OTHER FORMS OF MEDITATION

Technically speaking, formal mindfulness practice is a type of meditation. However, the word meditation is often not used by those practicing mindfulness, because many people have preconceived ideas about what meditation is due to the wide variety of traditional meditative practices. Although various other forms of meditation are frequently used in conjunction with mindfulness, they have different goals and should not be confused with one another. A couple of major types of meditation are introduced below.

Samadhi "Absorption" Meditation

Often, when we are teaching mindfulness groups, people who already have a meditation practice will say they "went off" into their meditative state and lost time. In many meditation centers, when the meditation is completed, people stretch and appear dazed, like they are adjusting again to daily reality. This type of meditation is known in Sanskrit as *samadhi*, or "absorption" meditation, where the sense of self merges into a sense of wholeness with the universe.

Another popular type of absorption meditation is known as Transcendental Meditation (Mahesh Yogi, 1995). This often involves

the repetition of sacred words, known as *mantra*, to help arrest the thinking mind and attain a state of oneness.

Although becoming one with the universe sounds merely poetic, or perhaps even delusional, actual brain imaging studies confirm this subjective experience. Newberg, D'Aquili, and Rause (2001) tested experienced meditators and found reduced activity in the Orientation Association Area (located in the posterior superior parietal lobe). This is the part of the brain whose job it is to orient you to your environment, making you feel separate from it to facilitate navigation. When the brains of meditators are scanned, there is less activity in these areas, showing a neural correlate to the sensation of oneness with the universe; the feeling of difference between oneself and one's environment is diminished. Similarly, the Attention Association Area gives us a sense of time (D'Aquili & Newberg, 1999). In meditative states without sensations of space or time, we "lose ourselves," which can be either very frightening or very blissful.

However, as the historical Buddha discovered, when you come back from a blissful absorption meditation, the problems of daily life are still there. In mindfulness, we are training ourselves to be more connected and present in this space and this time.

Zen master Seung Sahn (1997) describes the difference this way:

Many people like to combine meditation with some psychotherapeutic practices, like the use of samadhi practice. This is because samadhi meditation is a good feeling for those who try it. For some period their problems and suffering all seem to have gone away. "Oh, samadhi! Wonderful!" But this is like opium: you only want more and more and more. And when you practice in this way, everyday mind doesn't feel so interesting anymore – all you want is to continue your wonderful samadhi experience. You are making a special experience that is separate from everyday-life-mind. If you do samadhi, or mu samadhi practice, then you are making Zen somehow "special." You are heading east when you want to go west. Then when do you get enlightenment? But Zen is not so special. From moment to moment what are you doing now? This is true Zen mind. (p. 361)

Compassion and Loving-Kindness Meditations

Compassion and loving-kindness meditations are often included in groups teaching mindfulness (Germer, 2009; Tirsch, 2010). Although

mindfulness is about being with whatever is present, compassion and loving-kindness meditations work to consciously foster these positive emotions, because so many of us may have to overcome a history of being mistreated, having low self-esteem, and so forth.

Typically, these meditations begin by fostering the feeling of compassion and/or loving-kindness by thinking about a person whom we care about deeply. Traditionally, this might have involved thinking about all the sacrifices and love that were given by our mother in order for us to be here at all, but unfortunately, many clients have experienced a lot of maltreatment from parents. One could bring to mind a kind grandparent, or think of the feelings one has toward one's children. Gradually, this is applied to others, starting with close loved ones, then imagining spreading this feeling toward those toward whom one feels neutral, then toward one's enemies. Eventually, one can imagine spreading this feeling to all sentient beings. One also practices feeling compassion and kindness toward oneself. Typically, one silently repeats phrases like "May I/he/she be free from suffering, be free from fear, experience well-being, and be happy."

A recent study by Van Dam et al. (2011) showed that self-compassion was a better predictor than mindfulness for the severity of symptoms and for quality of life in individuals with mixed anxiety and depression. The researchers concluded that self-compassion is an important predictor of psychological health, and is a key component of mindfulness-based interventions.

A loving-kindness meditation is included on the CD included with this book. These meditations will also be discussed in more depth in Chapters 2, 8, and 9.

Goal-Directed Meditations

The teachings of the *vajrayana*, which is Sanskrit for "path of the diamond thunderbolt," or "indestructible path," are meant to transform all of our experiences into tools for enlightenment. This path, also known as *tantra*, seeks to align thoughts, words, and actions through the use of visualizations, usually aided by sacred drawings known as *mandala*, sacred words (*mantra*), and sacred gestures (*mudra*). The rituals incorporating these "three secrets" can often be hours long, and usually culminate in a state of blissful absorption.

A related form of meditation is known as *kundalini yoga*. Yoga simply means "union," implying the goal of union with the divine.

Kundalini involves breathing techniques and visualizations that activate and align energy centers, called *chakras*, that are believed to reside in key points of the body.

In mindfulness, rather than creating thoughts and images about goals, one simply watches the activity of the mind as it rises and falls. This allows one to make clear choices about how best to act in moment-to-moment present reality.

THE NEED FOR MINDFULNESS

In modern society, the mind rarely gets a break – even when sleeping, our minds are full of busy dreams. When I (RWS) was a teenager, I began keeping a dream journal. Over time, I was able to remember more and more about my dreams, to the point where I did not have time to write them all down in the morning. It left me with a strange feeling – that my mind never got a rest. I was busy all night long.

Some people walk or drive to clear their minds, but unless you consciously use this time, you are likely to be spinning many fantasies, memories, and worries. One of our clients in a mindfulness group staunchly defended her enjoyment of her driving time. However, by practicing mindfulness while she was driving, she began to discover that she spent most of the time ruminating about the past and worrying about the future, which often lowered her mood by the end of the drive.

By practicing being mindful, we can develop a new habit to bring awareness to all of the activities of our daily lives. Mindfulness is not about “zoning out,” or escaping from reality, but about engaging our experiences more fully and being more present in everything we do.

Of course, there are times when we need to distract ourselves, tune out, or go on vacation, but if this becomes an automatic habit, life will be missed. Too many people find themselves in middle age asking “Where did my life go?” Alan Watts (2004) talks about the trick that is played on us all. From early childhood, we are always given the impression that the good thing is coming – kindergarten, first grade, middle school, high school, college, good job, quotas to meet, retirement – then we wake up one day and realize we missed the whole thing. Life is a dance. You don’t dance with the intention of getting somewhere; you enjoy the dance.

In an era of multitasking and high productivity expectations, mindfulness can help us reconnect with the small pleasures inherent in each moment. When our attention is divided, we are never really present in anything we are doing. The push for multitasking results in always feeling split, or pulled in different directions, or being only 50% present for our lives. Mindfulness can also help us be more present in our relationships – we all know what it’s like to interact with people who are not giving us their full attention.

All of our moments in daily life are in some kind of context – parent, child, partner, homeowner, therapist, client, and so on. Mindfulness practice allows us a brief period (eventually infused throughout the day) to be without context, to return to who we really are, as opposed to who we are supposed to be in any moment. We can reconnect with that regularly and carry more of that into all activities and moments. This is known in ACT as self as context, which fosters psychological flexibility.

Mindfulness also fosters a “being” mode, in contrast to our usual “doing” mode. Although this is an artificial distinction, it can be a useful analogy. Particularly for clients with anxiety, it can be challenging to let go of the need to be constantly busy and distracted and to just be with themselves. Many clients also get their sense of self-worth from their accomplishments and are therefore less resilient in the event of failure.

EMPIRICAL SUPPORT

Mindfulness-based interventions are receiving increasing empirical support, which is likely why the professional community is giving it so much attention. Mindfulness-Based Cognitive Therapy, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy are all listed on the APA Division 12 website of evidence-based treatments (www.PsychologicalTreatments.org).

Four researchers from Boston University did a sophisticated meta-analysis of 39 studies of mindfulness-based therapy on anxiety and depression, which covered more than 1,140 participants (Hofmann et al., 2010). Effect sizes were computed using Hedges’ *g*. In the overall sample, effect sizes pretreatment to posttreatment were .63 for anxiety symptoms and .59 for mood symptoms. In patients with anxiety and

mood disorders, effect sizes were .97 and .95, respectively, for improving symptoms. The authors concluded that mindfulness-based therapy is a promising intervention for clinical populations with anxiety and mood issues.

Less research has been done to date on using mindfulness approaches with children and adolescents. Burke (2010) performed a review of the research to date and concluded that the current research shows support for the feasibility of mindfulness-based interventions (specifically, the MBSR/MBCT models), but much more empirical work needs to be done to develop a firm research evidence base.

The empirical support for each particular mindfulness-based intervention will be addressed in the respective chapter.

By far, the best way to understand mindfulness is to experience it for yourself. This will be the subject of Chapter 2.

FORMOREINFORMATION

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