

1

OVERVIEW OF MINDFULNESS- AND ACCEPTANCE-BASED TREATMENT APPROACHES

RUTH A. BAER

Department of Psychology, University of Kentucky, Lexington, Kentucky

JENNIFER KRIETEMEYER

Department of Psychology, University of Kentucky, Lexington, Kentucky

INTRODUCTION

Mindfulness is a way of directing attention. Originating in Eastern meditation traditions, it is increasingly discussed and practiced in Western culture. It is generally described as intentionally focusing one's attention on the experience occurring at the present moment in a nonjudgmental or accepting way (Kabat-Zinn, 1990). It has been contrasted with states of mind in which attention is focused elsewhere, such as preoccupation with memories, fantasies, plans, or worries, and with behaving automatically, without awareness of one's actions (Brown & Ryan, 2003). Kabat-Zinn (2003) notes that mindful attention includes a stance of compassion, interest, friendliness, and open-heartedness toward the experience observed in the present moment, regardless of how pleasant or aversive it may be.

The cultivation of mindfulness through the practice of meditation has a long history in Eastern spiritual traditions, primarily Buddhism (Linehan, 1993a; Kabat-Zinn, 1982). These traditions describe mindfulness meditation as a method available to anyone for reducing suffering and encouraging the development of positive qualities, such as awareness, insight, wisdom, compassion, and equanimity (Goldstein, 2002; Kabat-Zinn, 2003). In recent decades, Western mental health professionals and researchers have argued that cultivation of mindfulness may be beneficial to people who are suffering from a wide range of problems and disorders but are uninterested in adopting Buddhist terminology or traditions. By conceptualizing traditional mindfulness meditation practices as sets of skills that can be taught independently of any religious belief system, researchers and clinicians have made mindfulness training available to Western populations by incorporating it into interventions that are increasingly offered in mental health and medical settings. These interventions include mindfulness-based stress reduction (MBSR) (Kabat-Zinn, 1982; 1990), mindfulness-based cognitive therapy (MBCT) (Segal, Williams, & Teasdale, 2002), dialectical behavior therapy (DBT) (Linehan, 1993a; 1993b), and acceptance and commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 1999), as well as variations on these approaches.

Mindfulness-based interventions include many methods for teaching mindful awareness. Some of these are formal meditation practices in which participants sit quietly for periods of up to 45 minutes while directing their attention in specific ways. Others are shorter or less formal exercises emphasizing mindfulness in daily life, in which participants bring mindful awareness to routine activities such as walking, bathing, eating, or driving. MBSR and MBCT include both formal meditation and informal practices, whereas DBT and ACT emphasize primarily shorter and less formal activities and exercises in which component skills of mindfulness are practiced.

In spite of these variations, several general instructions are common to many formal and informal mindfulness practices. Often, participants are encouraged to focus their attention directly on an activity, such as breathing, walking, or eating, and to observe it carefully. They are asked to notice that their attention may wander into thoughts, memories, or fantasies. When this happens, they are asked to note briefly that the mind has wandered and then gently return their attention to the target of observation. If bodily sensations or emotional states arise, participants are encouraged to observe them carefully, noticing how they feel, where in the body they are felt, and whether they are changing over time. Urges or desires to engage in behaviors, such as shifting the body's position or scratching an itch, also are observed carefully but are not necessarily acted on. Brief covert labeling of observed experience, using words or short phrases such as "aching," "sadness," "thinking," or "wanting to move," is often encouraged. Some mindfulness exercises encourage observation of environmental stimuli, such

as sounds, sights, or smells. Participants are encouraged to bring an attitude of friendly curiosity, interest, and acceptance to all observed phenomena, while refraining from evaluation and self-criticism (and noticing these non-judgmentally when they occur) or attempts to eliminate or change what they observe. For example, no attempt is made to evaluate thoughts as rational or distorted, to change thoughts judged to be irrational, to get rid of unwanted thoughts, or to reduce unpleasant emotions or sensations. Rather, cognitions, sensations, and emotions are simply noted and observed as they come and go.

Mindfulness meditation differs from concentration-based meditation approaches (such as Transcendental Meditation) in that concentration methods require restricting one's attention to a single stimulus, such as a word or syllable (e.g., a mantra), sound, object, or sensation. When attention wanders, it is redirected as soon as possible to the object of attention. Wandering is considered a distraction, and no attention is paid to the nature of the stimuli to which it wanders. Instruction in mindfulness meditation often begins with concentration-based practices in which participants focus on a specific stimulus (e.g., the breath) and return their attention to this stimulus whenever they notice that it has wandered. However, mindfulness instruction then proceeds to practices involving nonjudgmental observation of the constantly changing stream of stimuli as they naturally arise in time, including thoughts, memories, fantasies, bodily sensations, perceptions, emotions, and urges. In these practices, mind wandering is simply another event to be observed. Participants learn to notice all of these events as they occur, without making judgments about their relative worth or importance. This state of nonjudgmental observation of the constantly changing stream of stimuli as they arise is often called *bare attention* or *choiceless awareness* (Kabat-Zinn, 1982).

Mindfulness-based approaches currently are being applied with a wide range of populations, from those with recognized mental disorders or medical conditions to those seeking stress reduction or enhanced well-being. This chapter describes these interventions in a general way (independent of their application to specific disorders or populations), with emphasis on the specific mindfulness and acceptance-based skills, practices, and exercises included in each. Its purpose is to provide highly descriptive accounts for clinicians, researchers, and others who may wish to learn more about these interventions. However, most experts believe that mindfulness and acceptance cannot be thoroughly understood solely by reading about them, and therefore it is important for interested persons to find ways to explore these methods in vivo through workshops, classes, or other methods of guided practice. The remaining chapters in this volume will discuss applications to specific populations, including their conceptual and theoretical foundations, empirical support for their efficacy, and practical issues in implementing these interventions.

MINDFULNESS-BASED STRESS REDUCTION

MBSR (Kabat-Zinn, 1982; 1990) was developed in a behavioral medicine setting for patients with chronic pain and stress-related conditions. It is based on intensive training in mindfulness meditation. In its standard form it is conducted as an 8-week class with weekly sessions lasting 2.5 to 3 hours. An all-day intensive mindfulness session is held during the sixth week. Extensive homework practice of mindfulness exercises is required. Classes may include up to 30 participants with a wide range of disorders and conditions. Rather than grouping participants by diagnosis or disorder, MBSR has traditionally included individuals with a wide range of problems in each group, emphasizing that all participants, regardless of disorder, experience an ongoing stream of constantly changing internal states and have the ability to cultivate moment-to-moment awareness by practicing mindfulness skills. However, in some settings, MBSR has been applied with more specific populations, such as cancer patients, women with heart disease, or couples seeking to enhance their relationship satisfaction (Carson, Carson, Gil, & Baucom, 2004; Carlson, Speca, Patel, & Goodey, 2003; Tacon, McComb, Caldera, & Randolph, 2003).

Most MBSR programs begin with an individual or small-group orientation and assessment session, in which the group leader explains the rationale and methods of the course and encourages potential participants to ask questions and to discuss their reasons for participating. The challenge presented by the program's extensive requirements for home practice of meditation exercises is discussed, and participants are encouraged to make a verbal commitment to attending all group sessions and completing daily home practice assignments (at least 45 minutes per day, 6 days per week, as described later). Many MBSR programs also include an individual post-program interview in which experiences of the program and future goals are discussed. The eight group sessions are highly experiential, with considerable time devoted to practice of mindfulness exercises and discussion of group members' experiences with them. A wide variety of mindfulness exercises is taught. Didactic information about stress is incorporated into most sessions, including topics such as stress physiology, responding to stress, and effects of appraisals on perceptions of stress.

MINDFULNESS PRACTICES IN MINDFULNESS-BASED STRESS REDUCTION

Raisin Exercise

The raisin exercise is conducted during the first session, after group members have introduced themselves, and is the group's first mindfulness meditation activity. The group leader gives everyone a few raisins and asks

participants to simply look at them, with interest and curiosity, as if they have never seen such things before. Then participants are guided through a slow process of observing all aspects of the raisins and the process of eating them. First, the participants each visually examine a single raisin, paying careful attention to all aspects of its appearance. Then they notice its texture and smell and how it feels between the fingers. Next, they put it slowly into the mouth, noticing the movements of the body while doing so. This is followed by feeling the raisin in the mouth, biting it, noticing the taste and texture, and observing the sensations and movements of the mouth and throat in chewing and swallowing the raisin. If thoughts or emotions arise during the exercise, participants are asked to notice these nonjudgmentally and return attention to the raisin.

The raisin exercise provides an opportunity to engage mindfully in an activity often done on “automatic pilot,” or without awareness. Many participants report that the experience of eating mindfully is very different from their typical experience of eating, in which attention is focused elsewhere and the food is not really tasted. These comments illustrate the general point that paying attention to activities that normally are done on automatic pilot can significantly change the nature of the experience. Increased awareness of experience can lead to increased freedom to make choices about what to do in a variety of situations. Participants are encouraged to eat a meal mindfully during the week following session 1.

Body Scan

Participants are asked to lie on their backs, or to sit comfortably in their chairs, with their eyes closed. They are invited to focus their attention sequentially on numerous parts of the body, often beginning with the toes of one foot and moving slowly up the leg, then slowly through the other leg, torso, arms, neck, and head. With each body part, participants are instructed to notice the sensations that are present with openness and curiosity, but without trying to change them. If no sensations are noticeable, they simply notice the absence of sensations. This exercise differs from traditional relaxation exercises in that participants are not instructed to try to relax their muscles. If any part of the body is tense, they simply notice that it is tense. If they feel an ache or pain, they are asked to observe its qualities as carefully as they can. When their minds wander, which is described as inevitable, they are asked to notice this as best they can and gently to return attention to the body scan, without self-criticism or blame. The body scan is practiced during sessions 1, 2, and 8 and is assigned for homework practice during the first 4 weeks. Participants are provided with audiotapes to guide their practice of the body scan.

The body scan provides an opportunity to practice several important mindfulness skills, including deliberately directing attention in a particular

way, noticing when attention has wandered off and returning it gently to the present moment, and being open, curious, accepting, and nonjudgmental about the observed experience, regardless of how pleasant or unpleasant it is. Several common experiences can be used to make these points during the discussion that follows the body scan. For example, some participants will worry about whether they have done it “right.” It is important to point out that there is no such thing as success or failure in the body scan, because there is no goal to achieve any particular outcome, such as becoming relaxed. Relaxation may occur, but if it does not, the participant simply notices that he or she is tense.

Participants may also perceive obstacles to completing the body scan, such as sleepiness or restlessness, the mind wandering, aches or pains, or emotional states. These experiences do not mean that the exercise was unsuccessful. The task is simply to notice whatever is present without judgment. Rather than telling themselves that “this is bad,” or “it shouldn’t be like this,” or “I need to make this different,” participants are encouraged to note the presence of these phenomena, including judgmental thoughts, observe them with interest and curiosity, and return attention to the body scan.

Sitting Meditation

In sitting meditation, participants sit on a chair or meditation cushion in a comfortable posture that is both alert and relaxed. Generally the back is relatively straight and aligned with the head and neck. Eyes can be closed or gazing downward. Participants first direct their attention to the sensations and movements of breathing. When the mind wanders off, which may occur frequently, participants gently return their attention to breathing. After several minutes, the focus of attention may be shifted to bodily sensations. Participants are instructed to notice these nonjudgmentally and with acceptance, bringing an attitude of interest and curiosity even to unpleasant sensations. Urges to move the body to relieve discomfort are not initially acted on. Instead, participants are encouraged to observe the discomfort with acceptance. When they decide to move, they are encouraged to do so with mindful awareness, noticing the intention to move, the act of moving, and the changed sensations resulting from having moved.

Sitting meditation also may include a period of listening mindfully to sounds in the environment. Participants are encouraged to notice the tone quality, volume, and duration of the sounds, without judging or analyzing them, and to observe periods of silence between sounds. Next, the focus of attention may shift to thoughts. Participants are instructed to observe their thoughts as events that come and go in their field of awareness and to note thought content briefly without becoming absorbed in it. A similar approach is taken to emotions that may arise. Participants observe these,

briefly note the type of emotion they are experiencing (anger, sadness, desire), and notice any thoughts or sensations associated with the emotion. In later sessions, sitting meditation may end with a period of choiceless awareness in which participants notice anything that may enter their field of awareness (bodily sensations, thoughts, emotions, sounds, urges) as they naturally arise. The mountain meditation also may be used in a later session. This practice includes images of stability, strength, and stillness during all seasons and weather conditions, which are compared to the ever-changing sensations, cognitions, and emotional states of daily experience. Sitting meditation is practiced during sessions 2–7, for periods ranging from 10 to 45 minutes, and is assigned for homework most weeks. Audiotapes for guided practice are provided.

Hatha Yoga

Hatha yoga postures cultivate mindful awareness of the body while it is moving, stretching, or holding a position. The postures are very gentle and are done slowly, with moment-to-moment awareness of the sensations in the body and of breathing. Participants are encouraged to observe their bodies carefully, to be aware of their limits, to avoid forcing themselves beyond their limits, and to avoid striving to make progress or reach goals, other than moment-to-moment awareness of the body and breathing. Thus, yoga is conceptualized as a form of meditation rather than physical exercise, although strength and flexibility may gradually increase. Yoga postures provide the opportunity to practice nonjudgmental observation and awareness of the body and acceptance of the body as it is. Careful observation of the body during yoga practice tends to reveal that the body's limits are subject to change over time. Participants sometimes report that during yoga practice they are better able to maintain a state of relaxed alertness than during the body scan and sitting meditation, which may induce boredom or sleepiness. Yoga is practiced in session 3 and assigned for homework in weeks 3–6. Participants are provided with audiotapes to guide their practice.

Walking Meditation

In walking meditation, attention is deliberately focused on the sensations in the body while walking. The gaze is generally straight ahead, rather than looking down at the feet. Attention is directed to the movements, shifts of weight and balance, and sensations in the feet and legs associated with walking. As in other meditation exercises, participants are encouraged to notice when their minds wander off and gently to bring their attention back to the sensations of walking. Walking meditation often is practiced very slowly but can be done at a moderate or fast pace. Participants typically

practice by walking back and forth across a room, to emphasize the absence of a goal to reach a destination. The goal is simply to be aware of walking as it happens. In the early stages, participants are encouraged to focus their attention on the sensations in their feet and legs. Over time, they may expand their attention to include sensations in the whole body while walking.

For some participants, sitting or lying still, as required by sitting meditation and the body scan, can be anxiety provoking and may feel intolerably aversive. For these individuals, walking meditation can be a valuable introduction to mindfulness practice. For all participants, walking meditation can also be incorporated into daily life, such as while running errands or walking from their cars into their worksites and vice versa. Mindful walking in daily life can help to cultivate more continuous awareness of the mind and body in the present moment.

Mindfulness in Daily Life

Participants are encouraged to apply mindful awareness to routine activities, such as washing the dishes, cleaning the house, eating, driving, and shopping. Cultivation of mindful awareness of each moment is believed to lead to increased self-awareness and the ability to make adaptive decisions about handling difficult and problematic situations as they arise, as well as increased enjoyment of pleasant moments. Awareness of pleasant moments also is cultivated during week 2 with a pleasant-events calendar, in which participants note one pleasant event per day, along with associated thoughts, emotions, and sensations. A similar exercise in which unpleasant events are monitored is assigned during week 3. Both of these exercises promote increased understanding of habitual reactions to pleasantness and unpleasantness, including thoughts, emotions, and sensations, and the relationships between these phenomena and behavior. Mindfulness of breathing in daily life also is encouraged. It complements the formal meditative awareness cultivated in sitting meditation by promoting generalization of self-awareness to the constantly fluctuating states experienced in daily life. Turning one's attention to one's breathing at any moment of the day is intended to increase self-awareness and insight and reduces habitual, automatic, maladaptive behaviors.

DISCUSSION OF MINDFULNESS PRACTICES

Much of each weekly session is devoted to discussion of in-session and home practice of mindfulness exercises. Group leaders are encouraged to refrain from advice-giving or other behavior-change strategies. Instead, they focus on detailed exploration of the participants' experiences of mindfulness

practices, while modeling a curious, open, nonjudgmental, and accepting stance toward participants' and their own experiences, no matter what they are. This attitude helps to create a safe environment for participants to disclose their experiences and to adopt an attitude of curiosity and exploration. Throughout the course, group leaders utilize the discussions to clarify the characteristics of the mindful stance that is being cultivated. The central feature of this mindful stance is nonjudgmental acceptance of whatever comes up during a mindfulness practice. Even if it is unpleasant, such as an aversive sensation, emotion, or cognition, the participant brings an attitude of friendly curiosity and acceptance to the experience. Use of metaphors may help to convey this general stance. For example, participants may be encouraged to think of themselves as explorers investigating new territory and taking a strong interest in everything they discover, regardless of how pleasant or unpleasant it may feel.

Discussion of experiences that are perceived as obstacles or problems is especially important. Participants may state that they had trouble practicing because they felt sleepy or restless, they were distracted by noises in the environment (barking dogs, traffic, etc.), that their minds wandered a lot, or that they had negative thoughts about mindfulness practice being a waste of time or of no help to them. All of these experiences are accepted with openness and curiosity and are explored nonjudgmentally. Group leaders encourage participants to notice and take an interest in these experiences without trying to change them, and to return attention to the mindfulness exercise as best they can. It is important to clarify that mindful acceptance does not imply passivity or helplessness. Participants who experience pain or discomfort during meditation may choose to change their position to relieve pain, put on a sweater or open a window, or let the dog in or out to reduce barking. However, the decision to engage in any of these actions is made with mindful awareness.

THE ALL-DAY MEDITATION SESSION

During this session, usually held during week 6 of the program, participants engage in sitting and walking meditations, body scans, and yoga. Most of the day is spent in silence, except for instructions provided by the group leaders. Participants are encouraged not to speak to each other or to make eye contact. Although some participants may find the day enjoyable and relaxing, this is not the goal for the session. The goal is to be present with and accepting of whatever comes up during the day. Some participants may experience physical discomfort or pain from extended sitting meditation, whereas others may feel strong emotions that they usually attempt to avoid. Some may feel bored, anxious, or guilty about spending a day in which their usual tasks are not done. The extended period of silence encourages more intensive self-awareness and provides the opportunity

to practice nonjudgmental observation of experience, without engaging in habitual avoidance strategies such as busying oneself with tasks, talking to others, reading, or watching TV. This experience can be stressful for some participants and enjoyable for others. Many will report a mix of pleasant and unpleasant experiences during the day. Participants are encouraged to let go of expectations about how the day “should” feel, or what “should” happen, but to remain mindfully aware of everything that unfolds. At the end of the day a group discussion is held, in which participants talk about their experiences.

INCORPORATION OF POETRY

As the nature of mindfulness can be difficult to convey in ordinary language, many MBSR instructors include the reading of poetry in their weekly sessions. Poems by a wide range of authors can be used to illustrate important elements of mindfulness. For example, “The Guest House,” by Rumi, a thirteenth-century Sufi poet, uses simple but expressive language to describe a welcoming stance toward all internal experience. Poems or readings by Rilke, Mary Oliver, David Whyte, and others may be used to illustrate other important themes, such as awareness of moment-to-moment experience, recognition of internal wisdom, and experiencing life’s difficulties within a wider perspective. MBSR instructors may choose to share other poems, readings, or stories that they find inspiring and potentially helpful to group members.

HOMEWORK

Homework generally includes 45 minutes of formal mindfulness practice, often guided by audiotapes provided by the group leaders, and 5–15 minutes of informal practice, 6 days per week. Homework is described as critically important in developing mindfulness skills and learning new ways to relate to experience. Instructors emphasize that discipline is required to practice daily, even when we do not feel like doing so. Regular mindfulness practice is described as a challenge and an adventure, rather than a chore. It may be helpful to encourage participants to suspend judgment about the value of meditation for the duration of the program and to do the homework with an attitude of exploration and experimentation, regardless of whether they like it or can perceive immediate benefits. When participants report that they have failed to do homework during a preceding week, group leaders express interest in and curiosity about their experiences surrounding the homework. Acceptance of all experiences is encouraged, including boredom, irritation, emotional reactions, and fears and uncertainties about how meditation may help. Group leaders express nonjudgmental interest in any other factors that may have interfered with their homework practice,

acknowledge the difficulty of regular practice, and encourage participants to bring their own curiosity to bear on the situation so that they might find ways to engage in the homework more regularly. A punitive or critical attitude is avoided.

TEACHER QUALIFICATIONS

The Center for Mindfulness at the University of Massachusetts Medical School, where MBSR originated, provides guidelines for qualifications for MBSR instructors. Minimum qualifications include a master's degree in a mental health field; daily meditation practice; attendance at two silent, teacher-led meditation retreats of 5–10 days duration in the Theravadan or Zen traditions; 3 years experience with Hatha yoga or other body-centered disciplines; 2 years experience teaching stress reduction and yoga or other body-centered discipline in a group setting; and completion of a 5- or 7-day residential professional training program in MBSR. Required skills include translating mindfulness practice into accessible language, establishing effective and compassionate relationships with a wide range of clients, and facilitating interaction in diverse patient/client groups. In addition, several attitudinal qualities are described as central to the ability to teach MBSR effectively. These include nonjudging, patience, a beginner's mind, trust, nonstriving, acceptance, and letting go. These qualities are described as attitudes to be purposefully cultivated through mindfulness practice and an ongoing commitment to lifelong learning, rather than as prerequisites that MBSR teachers should already have mastered. In general, MBSR emphasizes continuity of experience between instructors and participants. All are expected to practice mindfulness regularly, and the experiences that may arise, such as self-critical or judgmental thoughts, negative emotion, impatience, and lack of acceptance, are seen as common to all persons, rather than specific to those seeking help. That is, instructors and group members are all participating in the same enterprise. Additional information about MBSR can be found on the website of the Center for Mindfulness at the University of Massachusetts Medical School (www.umassmed.edu/cfm).

MINDFULNESS-BASED COGNITIVE THERAPY

MBCT is based largely on MBSR and uses many of its components. The raisin exercise, body scan, sitting meditation, yoga, and walking meditation all are incorporated into MBCT, as are informal practices of mindfulness in daily life, such as mindfulness while washing the dishes, brushing one's teeth, and taking out the garbage. Poetry is incorporated into several of the sessions. Like MBSR, MBCT also includes monitoring

of pleasant and unpleasant events. Didactic information focuses primarily on the nature of depression rather than on stress. MBCT is generally conducted as an 8-week group with 2-hour weekly sessions for up to 12 participants. (It does not include the all-day session.) It was developed for the prevention of relapse of major depressive episodes and is conducted with individuals who have experienced such episodes but are currently in remission. Many of the points discussed earlier for MBSR, such as the importance of homework, the nature of group discussion, and the continuity of experiences between instructors and group members, apply to MBCT. This section will focus primarily on aspects of MBCT that differ from MBSR.

THREE-MINUTE BREATHING SPACE

This exercise, also described as a “mini-meditation,” encourages generalization to daily life of mindfulness skills learned in formal meditation practices. The breathing space allows participants to step out of automatic pilot at any time, even during a hectic day, and reestablish awareness of the present moment. It consists of three steps, each practiced for approximately 1 minute. The first step is to focus awareness on the range of internal experiences currently happening. The participant asks, *What is my experience right now?* and notices any bodily sensations, thoughts, and/or emotional states that are present. A stance of nonjudgmental acceptance is encouraged. Thus, the participant does not try to push away or suppress experiences but rather acknowledges them all, even if they are unpleasant or unwanted. The second step is to focus full attention on the movements and sensations of breathing, noticing each in-breath and out-breath as it occurs. The third step is to expand awareness to the body as a whole, including posture and facial expression, and to notice the sensations that are present, again with acceptance and without judgment.

The breathing space is introduced in session 3 of the 8-week program. Participants are asked to practice it several times per day, for the remainder of the program. Initially, participants schedule regular times for practicing it each day. In later weeks, homework includes additional breathing spaces whenever the participant feels stressed or overwhelmed. At very busy times a full 3 minutes might not be possible, but participants are encouraged to bring awareness to inner experience, the breathing, and the body at least momentarily.

Although the breathing space may sometimes feel like a moment to relax or escape from a stressful situation, its purpose is to help participants recognize the difference between automatic reacting and skillful responding. Stepping out of automatic pilot facilitates bringing a wider perspective to any situation and making more skillful choices about how to proceed. In some problematic situations the skillful response is to accept the

inevitable unpleasantness, whereas at other times a skillful response might include taking action to change a situation. The breathing space encourages choosing with awareness rather than reacting with automatic behavior patterns that may be maladaptive. A metaphor used in MBCT is that taking a breathing space is like opening a door, which reveals a number of corridors down which we might choose to walk. The breathing space allows us to see the options more clearly.

DELIBERATELY BRINGING DIFFICULTIES TO MIND IN SITTING MEDITATION

In session 5, the instructions for sitting meditation are extended to include a period of deliberately calling to mind a difficult or troubling issue or problem and noticing where in the body associated sensations arise. Any tendency to try to push away or resist these feelings is noted, and participants then deliberately let go of these tendencies by allowing themselves to feel whatever is present with willingness, openness, and a gentle, kindly, friendly awareness. It is often helpful to allow awareness to include both the difficult sensations and the breath, so that participants imagine “breathing with” the difficulties. The purpose of this exercise is to practice counteracting the usual tendency to try to avoid difficult or painful feelings. The consequences of adopting this approach often include the realization that it is possible to name the difficulty, face it, and work with it, and that avoidance is not necessary and may be maladaptive. Participants also may realize that their typical attitude toward negative experience is hostility rather than kindness. As deliberately approaching problems that we usually try to avoid can be difficult, support from experienced group leaders is essential.

COGNITIVE THERAPY EXERCISES

MBCT does not include traditional cognitive therapy exercises designed to change thoughts, such as identifying cognitive distortions, gathering evidence for and against thoughts, or developing more rational alternative thoughts. However, it integrates several exercises based on elements of cognitive therapy that emphasize a decentered approach to internal experience.

Thoughts and Feelings Exercise

Session 2 includes a thoughts and feelings exercise in which participants are asked to close their eyes and imagine walking down the street and seeing someone they know on the other side. The participant smiles and waves,

but the other person walks by without seeming to notice. Participants are invited to describe the thoughts, feelings, and sensations they experience when imagining this scenario. Participants' contributions to this discussion then are used to explain and illustrate the ABC model, in which a situation (A) leads to a thought or interpretation (B) that leads to a feeling or emotion (C). An important idea emerging from this discussion is that different thoughts at B can lead to different emotions at C. This leads to the important concept that thoughts are not facts. Furthermore, we are not always aware of the thoughts occurring at B, even though they may have powerful effects on our emotions. Because thoughts can have strong influence on our moods, it is important that we learn to be more aware of them. Practicing mindfulness skills will help to develop this awareness.

Discussion of Automatic Thoughts

Session 4 includes a discussion of automatic thoughts related to depression, taken from the Automatic Thoughts Questionnaire (Hollon & Kendall, 1980). Examples include "I'm no good" and "My life is a mess." The purpose of this exercise is to help participants learn to recognize the types of thoughts that are typical symptoms of depression and to see them as such rather than as true statements about themselves. Group leaders emphasize that the believability of these thoughts changes with one's mood. That is, during an episode of depression, we tend to believe that these thoughts are true. When in remission, we believe them much less. This point illustrates the importance of seeing our thoughts as mental events rather than as representations of truth or reality.

Moods, Thoughts, and Alternative Viewpoints Exercise

This exercise occurs in Session 6 and requires imagining two slightly different scenarios. First, participants imagine that they are feeling down because they've just had an argument with a colleague at work. Shortly afterward they see another colleague who rushes off quickly, saying he or she cannot stop to talk. Participants are asked to write down what they would think in this situation. Next, they imagine the scenario slightly differently: They are feeling happy because they have just been praised for good work, when they see a colleague who hurries away, saying he or she cannot stop to talk. They write down what they would think in this situation. Participants' responses usually illustrate that our thoughts are influenced by our moods. In the first scenario we may think that the colleague in a rush is avoiding or rejecting us, whereas in the second we may wonder about the colleague's well-being. This exercise also illustrates that our thoughts can have powerful influence on our feelings but that our thoughts vary so much with changing circumstances that they cannot be

regarded as facts. However, our tendency to believe our thoughts is very strong. Practicing mindfulness of thoughts will help us to remember that they are not facts and to allow them to come and go.

PLEASURE AND MASTERY ACTIVITIES

This exercise occurs in session 7 and is based on the recognition that taking action can be a critical step in the prevention of depressive episodes. When mood is low, motivation to engage in activities is also low. However, as lowered activity level often worsens depression, it is important to be able to increase activity level even when we do not feel like doing so. Under these conditions, it is useful to understand two types of activities that might lift one's mood: pleasure and mastery activities. Pleasure activities are fun or enjoyable, such as watching a movie, talking with a friend, or eating a delicious dessert. Mastery activities provide a sense of accomplishment, pride, or satisfaction in having achieved something, such as paying bills, buying groceries, or completing work-related tasks. Participants are asked to generate lists of such activities that they could engage in at times when their mood is low. These lists then become useful in the development of relapse prevention action plans.

RELAPSE PREVENTION ACTION PLANS

In the final two sessions, participants work on developing relapse prevention action plans that incorporate the skills taught in the preceding sessions. Participants are encouraged to make lists of their "relapse signatures," or signs that a depressive episode might be developing. Common examples include increased irritability, decreased motivation, social withdrawal, and changes in eating and sleeping habits. Participants then generate action plans to use when they notice these signs. The first step of a relapse prevention action plan is always to take a 3-minute breathing space in order to reconnect with the present moment. The second step is to engage in one of the mindfulness activities they have learned in the group, perhaps with the guidance of an audiotape, or to review the mindfulness principles they have learned and remind themselves of the points that have been most helpful during the group. The third step is to choose actions from their lists of pleasure and mastery activities, and to engage in them, even if they do not feel like doing so. Strategies for counteracting the resistance they may experience when their mood drops are incorporated. For example, they may write at the top of their plan that it is important to do these things even if they feel unmotivated. They are encouraged to act mindfully while engaging in these activities by noticing what they are doing as it occurs (walking down the stairs, turning on the light, etc.). They are also advised to be willing to try a variety of these activities and to be open-minded and nonjudgmental about their potential effects.

TEACHER QUALIFICATIONS

The developers of MBCT have not proposed a formal set of qualifications for teachers. However, they note that training in counseling or psychotherapy, cognitive therapy, and leading groups is important. It is also essential to have one's own regular mindfulness practice, to interact effectively with patients or clients who are engaging in regular practice. The authors of MBCT use a swimming analogy to illustrate this point. An effective swimming instructor knows how to swim and probably swims regularly. Similarly, adopting a mindful, accepting stance toward the range of experience requires regular practice. More information about MBCT, including theory, methods, and an outline of each session, can be found in Segal *et al.* (2002).

MINDFULNESS SKILLS IN DIALECTICAL BEHAVIOR THERAPY

DBT is a multifaceted treatment program originally developed for borderline personality disorder (BPD), and recently adapted for use with other populations. It is based on a dialectical worldview that emphasizes the balance, integration, or synthesis of opposing ideas. The central dialectic in DBT is the integration of acceptance and change. DBT includes a variety of cognitive-behavioral strategies designed to help clients change their thoughts, emotions, and behaviors. It also includes training in mindfulness skills in order to facilitate the synthesis of acceptance and change. Linehan (1994) suggests that many clients with BPD may be unwilling to engage in the extended meditation practices of MBSR and MBCT. Thus, DBT relies instead on a large selection of shorter, less formal mindfulness exercises. Standard outpatient DBT generally includes an initial commitment to participate in therapy for one year. During this time, clients participate in weekly individual therapy and skills training group sessions. The skills training group includes four modules of skills: core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skills. Clients work with their individual therapists on applying skills learned in the group to their daily lives. The following paragraphs describe only the mindfulness-based elements of DBT. More detailed information about the entire treatment package can be found in Linehan (1993a; 1993b).

CORE MINDFULNESS MODULE

This module begins by providing a rationale for practicing mindfulness skills. One very important goal is to develop the ability to control one's

attention. Lack of ability to direct one's attention leads to several common problems, including inability to stop thinking about the past, the future, or current difficulties, and inability to concentrate on important tasks. More generally, the goal of mindfulness skills in DBT is to develop wisdom, or the ability to see what is true and to act wisely. A useful metaphor is that life is like trying to move across a large room full of bulky furniture. It is easier to do this when our eyes are open. Developing mindfulness is like opening our eyes so that we can see what is truly there.

States of Mind

This module then continues with an overview of three states of mind. *Reasonable mind* is the rational, logical part of the mind that thinks intellectually, knows facts, makes plans, and solves problems. It can be described as the “cool” part of the mind and is a valuable asset. Without it, we could not balance checkbooks, make grocery lists, complete school work, or repair household items, nor would we have computers, skyscrapers, or medical advances.

Emotion mind is the state in which emotions control one's thoughts and behaviors. It is difficult to be reasonable or logical while in emotion mind. Perceptions of reality may be distorted to fit the ongoing emotional state. It can be described as the “hot” part of the mind and is also a valuable asset. It can motivate heroic behavior, such as risking one's safety to help others, and can facilitate creative or artistic achievements. It includes being passionate about things, which may lead to important accomplishments and contributions. An imbalance in these states of mind can cause difficulties. For example, if we allow strong feelings to propel us into behaviors we later regret, such as angry outbursts, then emotion mind is too strong. For individuals with BPD, who often have very strong emotions, this is a common occurrence. However, it is also possible to be too rational. For example, offering only logical solutions to a troubled loved one who needs empathic understanding suggests that reasonable mind is too strong.

Wise mind is described as the integration of reasonable mind and emotion mind. It balances and integrates both and thus can be seen as the synthesis of a dialectic involving emotion and reason. Wise mind can include knowledge of facts, but it also includes intuitive forms of knowing. It is sometimes described as a “centered” or “grounded” type of knowing that includes both head and heart. In DBT, wise mind is conceptualized as a universal human capability. That is, everyone has wise mind, or the capacity to develop wisdom. Practicing the mindfulness skills described next is a method for balancing reasonable and emotion mind and accessing the wise mind.

Mindfulness “What” Skills

The three “what” skills specify what one does when being mindful. They include observing, describing, and participating. *Observing* refers to noticing, sensing, or attending to the experience occurring in the present moment, without trying to change or escape it. Targets of observation can include internal experiences such as thoughts, bodily sensations, emotional states, or urges, as well as stimuli in the environment, such as sights, sounds, and smells. Participants are encouraged to notice that observing an event is distinct from the event itself. That is, observing one’s thinking can be distinguished from thinking. Observing oneself feeling sad is distinct from feeling sad. Group members are encouraged to try a variety of practice exercises, such as putting one hand on the table surface and observing the sensations, or rubbing a finger across their upper lip and noticing what they feel. In another exercise, participants imagine that the mind is a conveyor belt that brings thoughts, feelings, and sensations into awareness. Each is observed as it appears. Group leaders emphasize that anything that enters awareness while practicing this exercise can be observed, including wandering of the mind and negative thoughts. Rather than interpreting these occurrences as failures to do the exercise, group members simply practice observing whatever happens.

Describing refers to labeling observed experience with words. This exercise can be applied to all observed experience and is especially useful when applied to thoughts and feelings. Labeling thoughts as thoughts encourages recognition that they are not necessarily true or important. For example, thinking “I can’t do this” is not the same as being unable to do it. Recognizing the presence of such thoughts may reduce the tendency to believe them or act on them in automatic, maladaptive ways. The same principle applies to emotions and urges. For example, a group member may feel bored while practicing a mindfulness exercise and wish to stop. Covertly describing this experience in words (“I’m feeling bored and wishing to stop this”) can lead to the important realization that feelings and urges do not have to control behavior. That is, one can choose to engage in specific behaviors in spite of one’s feelings or urges. The conveyor belt exercise can be used to illustrate this important point. All thoughts, emotions, sensations, and urges that come along the belt are labeled (“thoughts about work,” “desire to eat”) but are not acted on.

Participating refers to attending completely to the activity of the present moment, becoming wholly involved with it, and acting with spontaneity and without self-consciousness. It can be practiced in group sessions by engaging in a group activity, such as singing a song or playing a brief game. Participants are encouraged to throw themselves into the activity as completely as possible. If they have thoughts (“This is silly”) or emotions (embarrassment), they are asked simply to notice these briefly and return

their attention to the activity. Afterward, the difference between participating fully in the activity and being distracted by thoughts or feelings can be discussed. Group members also can be encouraged to find activities in which they can practice participating outside of sessions, such as exercise, dancing, yoga, music, an art or craft, cooking, or another activity. An important goal of mindfulness practice is to develop a generalized pattern of participating with awareness in daily life. Participating without awareness, or acting mindlessly, is seen as a characteristic of impulsive and mood-dependent behavior.

Mindfulness “How” Skills

DBT includes three “how” skills: nonjudgmentally, one-mindfully, and effectively. Being nonjudgmental means taking a nonevaluative stance toward experience, in which the individual refrains from judging experiences as good or bad. Helpful or harmful consequences can be acknowledged, as can feelings of attachment and aversion, but all experiences are accepted as they are, just as a blanket spread out on the grass is equally accepting of rain, sun, leaves, and insects that land on it. It is important to note that being nonjudgmental does not mean replacing negative judgments with positive ones, nor does it imply approval of experience. It also does not mean abandoning negative reactions or dislikes. For example, disliking peanut butter is not a judgment. Rather, an aversion to peanut butter can be mindfully observed and accepted without judgment. Being nonjudgmental can be practiced in group sessions during any group activity. Participants are encouraged to notice any judgmental thoughts (e.g., “This is silly”) and then to observe and describe the facts of the situation (e.g., “We are eating raisins, I am feeling aversion”). Group members are encouraged to do the same in their daily lives.

To be one-mindful is to focus undivided attention on one thing at a time. One-mindfulness may be atypical of many people’s daily experiences, which often involve attempts to do two or more things at once. One-mindfulness can be practiced in group sessions with numerous activities. For example, participants can be encouraged to devote their full attention to listening to others during discussions. Food can be brought to sessions for practice of eating one-mindfully. Group members can also practice being one-mindful with numerous behaviors of daily life, such as washing dishes, bathing, petting the cat, etc.

Behaving effectively refers to doing what works or using skillful means. It includes being practical, recognizing the realities of a situation, identifying one’s goals in the situation, and thinking of effective ways to achieve them, in spite of one’s personal preferences or opinions about how the situation should be. It sometimes refers to being political or savvy, and includes doing this well.

Teaching Mindfulness in Dialectical Behavior Therapy

Teaching mindfulness as a DBT therapist involves several steps. Therapists must prepare by planning mindfulness exercises and practicing them in advance. Unlike MBSR and MBCT, DBT does not stipulate that therapists must have an ongoing formal mindfulness practice. However, the therapist's level of familiarity and understanding of mindfulness is important, and at a minimum, DBT therapists must have a clear understanding of the mindfulness exercises they teach. This will generally require personal experience in practicing them. Therapists then must orient the group to the mindfulness activity and lead the exercise by participating in it along with the group members. This will ensure that teaching is based on the leader's experience with the exercise. As in MBSR and MBCT, sharing and discussion of experiences occurs immediately after the exercise and provides the opportunity to address obstacles and problems that arise. In DBT, these are very similar to those described in earlier sections on MBSR and MBCT. Participants may say that they "couldn't do it" because their attention wandered, they felt unwanted sensations or emotions, or were distracted by noise. At these times, leaders point out that the fact that they noticed these experiences means that they were doing the exercise. Participants may also report frustration or discouragement if they cannot see immediate benefits from doing the exercise. Teachers must empathize with the difficulty but point out that mindfulness involves repeated practice. The paradox of letting go of goals while continuing to practice regularly is also discussed.

MINDFULNESS SKILLS IN EMOTION REGULATION AND DISTRESS TOLERANCE

The emotion regulation and distress tolerance modules of skills training also include many elements of mindfulness. In emotion regulation, identifying and labeling emotions is an essential component. This requires the application of the mindfulness skills of observing and describing. Clients are instructed in methods for observing and describing many aspects of an emotional reaction, including the event that prompted it, their interpretations of the event, their subjective experience of the emotion (including bodily sensations), action urges they felt, behaviors they engaged in, and the aftereffects of the emotion. Mindfulness of current emotions also is taught as a method for reducing the suffering associated with negative emotions. It includes experiencing emotions as they occur, without judging them or trying to suppress, change, or block them. The inevitability of negative emotions as a normal part of life is emphasized. Observing them carefully, and accepting them as they arise, functions as an exposure procedure, reducing secondary reactions to emotional experiences. Many individuals

with BPD find that experiencing a negative emotion leads to secondary reactions, such as guilt, shame, panic, or anger about having the initial emotion. These secondary reactions often cause more suffering than does the initial emotion. Thus, nonjudgmental acceptance of initial emotions can be very helpful in reducing secondary reactions.

The distress tolerance module explains that pain is an unavoidable part of life, and emphasizes the importance of learning to bear pain skillfully. Several of the skills taught are direct extensions of the core mindfulness skills. These emphasize acceptance of reality, even when it is unpleasant and unwanted, and willingness to experience life as it is in each moment. The concept of radical acceptance is introduced, in which painful realities are fully acknowledged and fruitless efforts to change the unchangeable are abandoned. Distress tolerance skills are intended for situations in which painful realities or feelings cannot, at least for the moment, be changed. They allow survival of such situations without engaging in maladaptive behaviors that will create additional problems or make things worse. Skills for accepting reality as it is include several exercises involving awareness of breathing, such as counting breaths, noting in-breaths and out-breaths by silently saying “inhaling” and “exhaling” as these occur, counting breaths while walking, or following the breath while listening to music. Other skills for accepting reality include engaging in simple behaviors, such as making tea or washing dishes, slowly and with full awareness, noting every movement. These exercises are adapted from mindfulness meditations described by Hanh (1976).

MINDFULNESS AND RELATED SKILLS IN ACCEPTANCE AND COMMITMENT THERAPY

ACT is a general approach to psychotherapy that can be applied to a wide range of problems and disorders. It incorporates both behavior-change processes and mindfulness and acceptance processes. Change strategies are tailored to the needs of each client and might include psychoeducation, skills training, problem-solving, exposure, or other strategies. Mindfulness and acceptance skills facilitate the behavior changes necessary for the client to pursue a life that feels vital and meaningful.

A central concept in ACT is experiential avoidance, which is defined as unwillingness to experience negative internal phenomena, such as feelings, sensations, cognitions, or urges, and taking action to avoid, escape, or eliminate these experiences, even when doing so is harmful. ACT contends that many forms of psychopathology are related to fruitless and counter-productive efforts to avoid negative internal experiences, by engaging in behaviors such as substance abuse, dissociation, binge eating, or avoidance of people, places, and situations that elicit them. Experiential avoidance

is positively correlated with psychopathology (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). In addition, laboratory studies of emotion and thought suppression have shown that the more one tries to avoid particular thoughts and feelings, the more likely one is to experience them (Gross, 2002). In place of experiential avoidance, ACT teaches psychological flexibility, which includes willingness to experience the present moment as it is and act in accordance with one's chosen values. Psychological flexibility has the following interrelated components, many of which involve mindfulness processes. Mindfulness exercises in ACT are so numerous and varied that only a few examples are described here. Others are discussed in Chapters 3, 5, 13, and 17 in this volume. More detailed information can be found in Hayes *et al.* (1999).

ACCEPTANCE AND COGNITIVE DEFUSION

Acceptance involves nonjudgmental awareness and openness to cognitions, emotions, and sensations as they occur. It includes explicit abandonment of efforts to control experiences that are not readily controllable or are subject to paradoxical increases in frequency and intensity when efforts are made to get rid of them. It promotes exposure to previously avoided experiences, such as anxiety, by focusing full attention sequentially on each of its elements (e.g., sweaty palms, rapid heart rate) and noticing the characteristics of each sensation and the possibility of experiencing it without avoidance or harm. Cognitive defusion involves teaching clients to observe their thoughts and the process of thinking without assuming that thoughts are true or important and without always behaving in accordance with their content. It reduces the behavioral impact of thoughts, as individuals come to see their thoughts as events to be noticed but not necessarily believed. It includes the idea that thoughts are not inherently harmful and can be noticed and allowed to come and go, no matter how aversive their content. In fact, harm is more likely to occur when attempts are made to control or eliminate thoughts seen as undesirable. Cognitive defusion is consistent with traditional cognitive therapy procedures that include detecting and monitoring thoughts and viewing them as hypotheses to be tested. However, cognitive defusion does not include analyzing, disputing, or changing the content of thoughts. A wide range of defusion exercises are available in ACT. Many are entirely consistent with mindfulness practices in other treatment approaches, including nonjudgmental, nonreactive observation and labeling of thoughts. For example, in the *leaves on a stream* exercise, participants are asked to close their eyes and imagine a stream with leaves floating on it. As thoughts arise, they place each one on a leaf and watch it float down the stream. The *soldiers in the parade* exercise

is similar, except that thoughts are pictured on signs carried by parading soldiers. The ultimate purpose of defusion is to allow constructive behavior even in the presence of unwanted thoughts. For example, the individual who is fused with the thought, “This is going to be a disaster,” when facing a challenging task is likely to believe the thought, experience related emotions (such as dread), and behave accordingly. Defusion allows the individual to notice the thought as a thought and allow it to come and go while pursuing constructive actions.

CONTACT WITH THE PRESENT MOMENT AND SELF-AS-CONTEXT

ACT uses mindfulness exercises to encourage noticing and observing whatever is present in the external and internal environments and applying descriptive labels to these experiences without excessive judgment or evaluation, regardless of how unpleasant the experiences feel. If aversion is present, it is observed and described without judgment. As experiential avoidance and cognitive fusion are the primary obstacles to this state of awareness, ACT encourages recognition of the self as the context in which cognitions, emotions, and sensations occur, rather than as synonymous with those experiences. For example, when having the thought, “I’m an idiot,” clients are taught to say to themselves, “I’m having the thought that I’m an idiot.” Adding this short phrase (“I’m having the thought that . . .”) facilitates recognition that the self is separate from the thoughts and feelings that pass through awareness and reduces fusion with these experiences. This greatly reduces the potentially threatening quality of many internal experiences, as the individual recognizes that he or she is capable of having a wide range of thoughts and feelings without being harmed by them and that these experiences tend to be transient and insubstantial. The observer exercise promotes this awareness by asking the client to close her eyes, observe internal experiences (memories, body, emotions, thoughts), and then to notice the aspect of herself that does the observing (the observer-self). Many clients can readily see that the observer-self has been present throughout the client’s entire life, whereas emotions, cognitions, bodily states, and other internal experiences have continually come and gone.

VALUES AND COMMITTED ACTION

ACT differs from other mindfulness-based interventions in the explicit attention it pays to clients’ most deeply held values and goals in life, and to the behavior changes that may be necessary to pursue them. ACT includes exercises and discussions about clients’ goals and values in areas such as career, intimate relationships, personal growth, health, and citizenship.

For example, the client may be asked what he would most like to have written on his tombstone. This may lead to identification of specific behaviors necessary to attain relevant goals, such as attending more social events, returning to school, or spending more time with his children. Clients are encouraged to make commitments to engage in the relevant behaviors. Obstacles that are preventing them from doing so are examined. Quite often these are psychological, such as anxiety, sadness, or thoughts about inability to succeed. Acceptance, defusion, being present, and self-as-context then serve as valuable tools in helping the client to overcome such obstacles. For example, the client who would like to make professional contributions in a particular field but has avoided the necessary training for fear of failure can be encouraged to defuse from failure-related thoughts, to accept the inevitable anxiety associated with pursuing challenging goals, to remain present with whatever occurs in each moment (thus increasing the likelihood of managing it well), and to remember that she is not a “failure” but rather a person who sometimes has thoughts about failure. Thus, mindfulness skills are not practiced solely for their own sakes, but rather to facilitate progress toward a life that is meaningful to the client.

CONCLUSION

Many differences between existing mindfulness and acceptance-based interventions can be noted. MBSR and MBCT emphasize lengthy meditation practices, whereas DBT and ACT emphasize shorter and less formal mindfulness exercises. ACT was originally developed as an individual therapy, whereas MBSR and MBCT are group interventions, and standard DBT includes both group and individual sessions. Duration of treatment can range from as little as a few weeks in some focused applications of ACT (e.g., Bach & Hayes, 2002) to a year or more in DBT. MBSR and MBCT emphasize primarily acceptance-based strategies, whereas DBT and ACT include many behavior-change strategies. MBSR and ACT were developed to treat a wide range of problems, whereas DBT and MBCT each were initially developed for one particular disorder (although other applications are emerging). MBSR and MBCT explicitly require that teachers/therapists have an ongoing meditation practice, whereas DBT and ACT have less specific recommendations. However, the commonalities among these treatments may be more important than their differences. All have attempted to operationalize and teach a particular way of paying attention to present-moment experience that until recent years has received very little attention in Western culture, yet may have significant potential for reducing symptoms and improving well-being in a wide range of populations. The following chapters in this volume illustrate this potential.

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