



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**MINDFULNESS TRAINING**

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Definition: Raising present-moment awareness and non-judgmental acceptance of one's own sensations, emotions and thoughts through meditation practice.

Elements: Classes train mindfulness meditation with non-judgmental attention focussing (e.g. persistently attending to ordinary breathing, then body sensations, then sounds, then thoughts) and learning to return repeatedly from mind-wandering to awareness of the present, accepting unpleasant along with other thoughts as they arise while meditating. After practice periods the therapist inquires into participants' experiences, and helps them learn to disengage from the self-criticism which usually arises. Similar daily intensive practice at home, with audiotaped and printed guidance, is combined with mindfulness during everyday activities (e.g. when washing dishes, do so with attention to the process of washing, rather than to 'get the dishes done and on to the next thing'; eat attentively instead of daydreaming at the same time). Training includes practice of mindful movement (e.g. walking, stretching), body-awareness during 40 minutes of body scanning, and sitting silently while focusing on, among others: breath, hearing, thoughts and feelings arising and passing. Many people value the frequent practice of 3-minute breathing spaces to pause and disengage from anxiety or depression and to see these as passing events. Mindfulness-Based Stress Reduction (MBSR) teaches the effects of mindless constant activity ('automatic pilot') on our body, emotions, thoughts, what we eat, and how we react to events. Mindfulness-based Cognitive Therapy (MBCT) for recurring depression teaches people to observe negative thoughts without changing their content, thus relating towards them in a new way. People are helped to reflect on aspects of their lives and thoughts which nourish or drain them emotionally. Each person writes an outline of their 'relapse signature' and what they will do on detecting this. They are encouraged to develop options for what to do after mindfully considering what will be most helpful e.g. sitting silently meditating on what is being experienced, go for a mindful walk, or do something that is pleasurable or will give a sense of mastery.

Related Procedures: *Attention training*, acceptance and commitment therapy (but without behavioural experiments or metaphor and paradox to contact avoided thoughts, feelings, memories, and sensations), compassionate mind training (but without creating compassionate instead of critical images and thoughts), Buddhist mindfulness meditation, hatha yoga emphasising physical control and postures in training consciousness towards insight and equanimity.

Application: 8 weekly 2½-hour group sessions (20 or more people for MBSR, about 12 for MBCT), plus one all-day session for MBSR. 1-3-monthly maintenance classes are usual for a year or more. Individual sessions are less efficient. Used for stress e.g. with chronic pain, cancer/multiple sclerosis/fibromyalgia/ psoriasis, general anxiety, panic, being in prison, intensive studying. MBCT is used for recurring depression and eating disorders.

## 1st Use? Kabat-Zinn (1982)

### References:

1. Follette VM, Linehan MM, Hayes SC (2004) *Mindfulness and Acceptance*. New York: Guilford Press.
2. Kabat-Zinn J (1982) An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4, 33-47.
3. Kabat-Zinn J (1990) *Full Catastrophe Living: How to cope with stress, pain and illness using mindfulness meditation*. London: Piatkus.
4. Segal Z, Williams JMG, Teasdale J (2002) *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. New York: Guilford Press.

### Case Illustration

Derek, aged 66, had recurring depression for 8 years after an accident caused spinal damage and chronic pain, so he stopped working, driving and sports. He was '...fine one moment and break down the next. I can't handle things going wrong...'. Derek practised mindfulness enthusiastically. During session 1's body scan he focused attention so much that 'My big toe felt like the whole world'. In session 2's guided-sitting meditation, while attending to breath, sounds, thoughts etc his thoughts changed constantly; mindfully attending to his precise pain sensations instead of worrying about them often stopped his pain. Mindful movement too shifted attention from unhelpful thinking. He found body scanning refreshing and sitting meditation enjoyable. At session 2 Derek said he suddenly realised he had suffered unduly for years as he had not fully accepted his accident's reality, and denial had kept him resenting pain and focussing on (an impossible) cure for his injuries. Liberated by this insight, he stopped antidepressants, drastically cut his analgesics, and spent 3 hours daily in formal mindfulness practice until the therapist asked him to emphasise informal practice more e.g. when out for a walk, washing dishes, doing other regular activities. He disliked very slow walking as formal meditation practice, but enjoyed a mindful 4-mile walk most days, and 3-minute breathing spaces helped him detach from gloomy thoughts. At session 8, Derek wrote 'I am living with the pain ...meditation has helped me so much I find it hard to believe how much I actually enjoy it' and later said he felt 90% better: 'before, the minute the pain started I would run and take painkillers. Now I can handle it. I meditate'. His wife and friends said he was much less irritable. Mindfulness practice was refreshing and 'part of my life'. Instead of 'getting in a mess turning [worries] over in my mind all the time' now 'yesterday has gone and tomorrow you don't know what will happen'. Mindfulness's most useful aspect was 'learning to accept the things you can't change..'. 13 months later he said: 'I'm fine. I still go to bed and cry with pain, but I'm back doing all sorts of things. I have learned to live and handle the pain, so I don't have the anxiety'. He still spent an hour daily in mindfulness practice, came to one reunion, then decided to practise mindfulness alone. He wrote 'The pain is slowly getting worse, but I cope so much better.' His depression had gone by the end of his course and remained absent over the next year.