

**If Buddha had an anxiety disorder  
He would practice  
mindfulness meditation**

**Christine Molnar, Ph.D.  
Mindful Exposure Therapy for Anxiety  
(META) Center, Inc., Abington, PA  
[www.meta4stress.com](http://www.meta4stress.com)**

**Lee Ann Cardaciotto, Ph. D.  
Jennifer Block-Lerner, Ph.D.  
La Salle University Department of  
Psychology, Philadelphia PA  
[www.lasalle.edu](http://www.lasalle.edu)**

## Disclosures

➤ None

## The real disclosures

- How did we get here?

## Objectives

- Knowledge of how mindfulness is taught through experiential practice of formal and informal mindfulness meditations & some didactics
- Dialogue about what skills are learned during mindfulness and how they can apply to treatment of anxiety with CBT
- How can one learn to teach mindfulness?

# What is Mindfulness?

It is a construct and can be a way of life

The *awareness* that emerges through paying attention on purpose, in the present moment, moment to moment, and *non-judgmentally* to the unfolding of experience moment to moment.

~ Kabat-Zinn, 1990; 1994; 2003

Mindfulness as a psychological process

- *Awareness* – “what”
  - Continuous monitoring of experience
- *Non –judgmentally* – “how”
  - Relating with self and others in ways that are loving, kind, & compassionate
  - Example: *How you’d talk to a child you love*

It is not just relaxation. It reduces rumination whereas relaxation does not (Jain et al., 2007).

## Some Attitudes of Mindfulness

- Non-striving
- Patience
- Beginners mind
- Trust
- Letting go
- (Acceptance)

Kabat-Zinn (1990)

There are many more (e.g., openness, curiosity..)

## Many measures of mindfulness

- CAMS-R: Cognitive & Affective Mindfulness Scale-Revised
  - MAAS: Mindful attention awareness scale
  - FMI: Freiberg mindfulness inventory
  - KIMS: Kentucky inventory of mindfulness skills
  - TMS: Toronto Mindfulness Scale
  - FFMQ: Five Facet Mindfulness Questionnaire
  - PHLMS: Philadelphia Mindfulness Scale
- Coverage of all elements of construct varies by scale

## How Do We Cultivate Mindfulness?

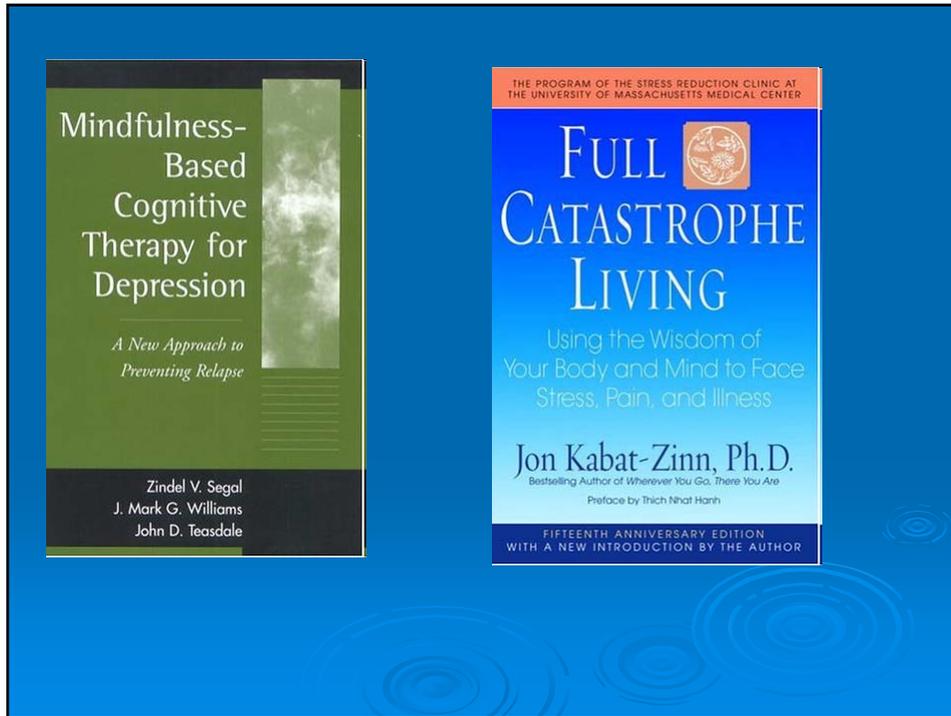
- Experience and Practice
  - Everyday informal practice
  - Formal meditation practice
  - Retreat Practice

## Experiential “taste” of a formal mindfulness practice

- Brief 15 minute guided eating meditation
- Dialogue

## The MBSR / MBCT\* Curriculum

- Orientation: Pre-class screening, assessment, & identification of intentions for class
  - 8 weekly 2.5 hour “outpatient” classes of 30 people with one instructor with a personal mindfulness practice
  - One full day mindfulness meditation retreat
  - 45 minute home practice of formal mindfulness meditation practices 6 days a week with CDs
  - Daily informal mindfulness meditation practices & workbook exercises (reading FCL is optional)
  - Post class assessment and ongoing seasonal retreats
- \*MBCT overlaps 95% with MBSR. MBCT: focus on depression; MBSR on the full range of negative emotion



## MBSR Formal meditation practices

- Mindful eating of raisin
- Body scan meditation
- Sitting meditation
- Mindful movement
  - Hatha yoga, walking meditation
- Choice-less awareness
- Loving-kindness / friendliness meditation
- Mindful speaking and listening
- Mountain & lake meditations (metaphors)

## Other MBSR Activities taught in weeks 1 to 8

- Informal Practices
  - cue-controlled mindfulness (e.g., 3 minute breathing space) in response to naturally occurring 'mindfulness bells'
  - 'dropping in' with mindful attention while doing every day activities like eating, walking, washing, doing dishes, arriving and leaving places, exercise, etc.
- Didactic & experiential education about stress and mind-body interconnections
  - Choice points for transforming threat into challenge
  - Pleasant /Unpleasant event and experience monitoring
  - Triangle of awareness: Thoughts, Feelings, & Sensations of events
  - Creative problem solving (9 dots)
  - Gestalt figures
- Many poems, metaphors
  - Awareness as an ocean or a sky and mental events like clouds or waves / bubbles; you as a mountain that endures changing weather (mental activity including feelings) or a lake that mirrors what is

A workbook exercise and a poem

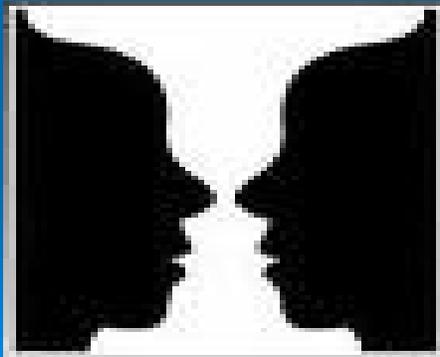
***“The range of what we think and do is limited by what we fail to notice. And because we fail to notice there is little we can do to change until we notice how failing to notice shapes our thoughts and deeds.”***

***R.D. Laing***

Where attention is matters



What are you seeing?  
What else is possible?  
Right now in this life, what is the  
figure and what is the ground?



## Healing & The Mind video by Bill Moyer shows MBSR class in action

- MBSR was first designed by JKZ to change people's **relationship** with physical pain and has evolved as a practice for changing one's **relationship** with suffering in general
- 4 minute clip that introduces a man who had chronic untreatable physical pain
- He is shown participating in an Aikido experiential exercise that has the intention of showing him how he has choices about how he relates with his physical (and mental) pain

## Mindfulness in relationship

- Interpersonal mindfulness was adopted for the MBSR curriculum from Insight Dialogue (ID) practice
- ID involves meditating with another using specific instructions (see handout) and many pauses to step out of auto pilot ways of relating with both self and others

## Objectives

- Knowledge of how mindfulness is taught through experiential practice of formal and informal mindfulness meditations & some didactics
- Dialogue about what skills are learned during mindfulness and how they can apply to treatment of anxiety with CBT
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## From reactivity to skillful responding

*Between stimulus and response there is a space.*

*In that space is our power to choose our response.*

*In our response lies our growth and our freedom.*

*~ Victor Frankl,  
author of Man's search for meaning*

## Mindfulness is at the core (or an important component) of:

- Dr. Linehan's Dialectical Behavioral Therapy (DBT) for management of intense and distressing emotions
- Dr. Hayes' et al Acceptance & Commitment Therapy (ACT)
- Drs. Borkovec's CBT for Generalized Anxiety Disorder (GAD)
- Drs. Roemer's & Orsillo's Acceptance-Based Behavior Therapy (ABBT) for GAD
- Drs. Teasdale's, Williams', Segal's Mindfulness Based Cognitive Therapy (MBCT) for Depression
- Dr. Marlatt et al's relapse prevention therapy for substance abusers
- Dr. Schwartz's Four Step Method (FSM) for OCD or its revision by Gorbis: Mindfulness Based-Behavioral Therapy (MBBT)
- Dr. Wells' Metacognitive Therapy (MCT) Attention Training Technique (ATT) and detached mindfulness exercises

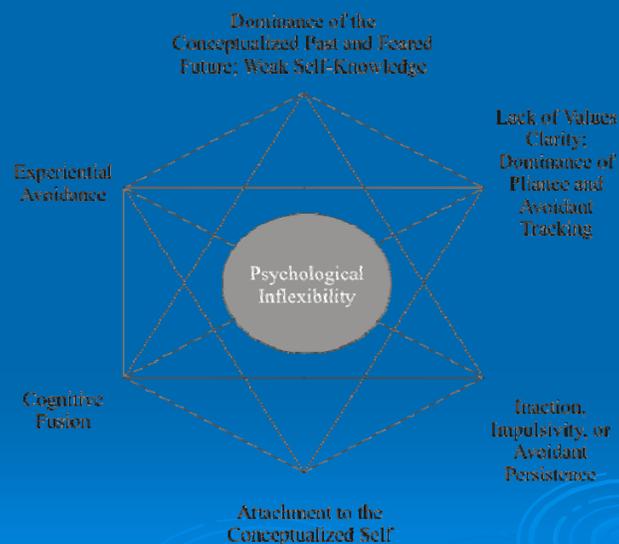
## Benefits of mindfulness for general distress

- Meta-analyses suggest that integration of formal mindfulness training decreases distress, such as that found across multiple mood and anxiety disorders (Baer, 2003; Bishop, 2002; Ost, 2008; Toneatto & Nguyen, 2007)
- Mindfulness Based Cognitive Therapy (MBCT) reduces relapse in the Major Depressive Disorder (MDD) often comorbid with anxiety.
- Several physical benefits too ([umassmed.edu/cfm](http://umassmed.edu/cfm) – look under research)

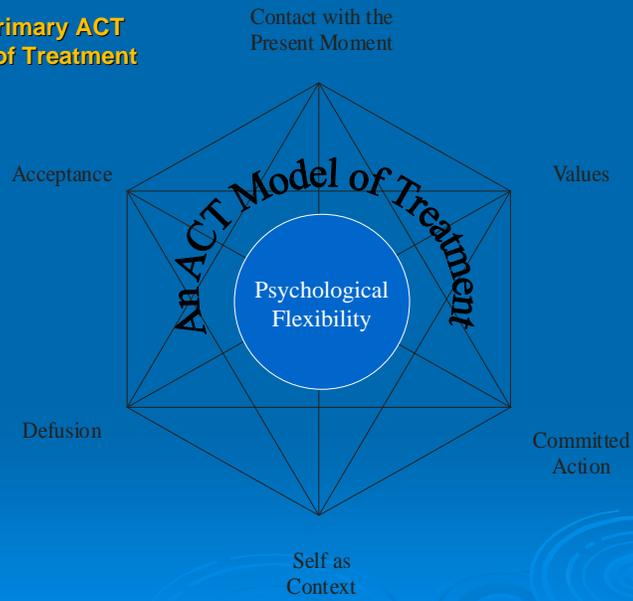
## Mindfulness is really the opposite of several anxiety disorder symptoms:

- Avoidance of elements of emotion
  - Behavioral & physiological
  - Cognitive
    - focusing attention on either the past or the future and not now
    - Narrow focus on sources of threat
- Control efforts verses allowing life to unfold
- Reactivity: cognitive, physiological, & behavioral
- Critical judgments & lack of trust
  - self & others as objects

## The Primary ACT Model of Psychopathology



**The Primary ACT  
Model of Treatment**



# Sitting Meditation

- Surprises
- Learnings
- Discoveries
- Applicability to anxiety?

## Experiential taste of a formal mindfulness practice

- Brief 15 minute guided sitting meditation with awareness of:
  - Body sensations
  - Breath
  - Sound sensations
  - Mental events (thoughts, feelings) and intention to pause before reactive movement to an itch or other discomfort
- And guidance pointing to attitudes of:
  - Letting go, beginner's mind, non-striving, acceptance, and patience

## Application to OCD

### What if I bite and chew on my kids?

Axis I: Obsessive-compulsive disorder (current)  
Major Depressive Disorder, recurrent and severe (current)  
Social Anxiety Disorder (past)  
Alcohol Abuse (past)

Axis II: None

Axis III: None

Axis IV: None

Axis V: 45 (at intake); 85 (highest level in year before symptom return)

## Background

- Dan is a 40-year-old  
“I am plagued with anxiety and doubt. Many days have been a struggle to get through and I feel ashamed and afraid.”  
OCD age of onset, age 14, with waxing and waning course until a recent recurrence was precipitated by an obsession while driving.  
Major Depressive Disorder after 4 months after the return of OCD.  
Obsessions usually precipitated full panic attacks.  
Rumination occurs in response to symptoms of both anxiety and depression.  
The client often speaks in the second person: “You can’t tolerate this. You get this wrenching dread in your gut.”
- Dan also had the following symptoms:  
Depressed mood; Anhedonia; Hopelessness; Suicidal ideation; Guilt; Worthlessness; Sluggish / Loss of energy; Difficulty concentrating; Agitated / Restless / Fidgety; Muscle tension and irritability; Worry; Panic symptoms: racing heart, dizzy, nausea (even vomits), light headed, detachment from self, fear of going crazy / losing control, tingling, and chills

## Obsessions (mental events)

- What if I bite and chew my children and others?  
What if I am a cannibal?
- What if I have a bad thought during sex and it gets paired up to sex?
- What if I hit the accelerator and drive over the side of the bridge?
- What if I hit the accelerator and lose control of the car and injure everyone in the car?
- What if the imaginal exposure and accepting these thoughts and feelings makes me so comfortable with OCD that I act on the obsessions?

## Compulsions

- Seeking reassurance: Am I a bad person / a cannibal for thinking like this?
- Confessing details of obsessions
- Apologizing for obsessions

## Rumination (mental events)

- Why am I having this thought?
- Why won't this dread feeling go away?
- I have to stop what I am doing and figure all these symptoms out
- What if this never stops? I can't tolerate this. I can't live like this.
- Something is wrong with me.
- What if I get a panic feeling that never goes away?

## How could the practices you have experienced be applied in OCD?

- What would you try and why?
- What treatment rationale would you use?

## Mindfulness Training

- 3-min. breathing space to cultivate awareness of thoughts, feelings, and sensations without reactivity and with an allowing stance ["It's already here. Let me feel it"]
- Awareness of breath sensations meditation with **lots of guidance** (20 minute CD). Client asked to meditate out loud and was guided to de-identify and label
- Brief 5 minute meditations (Where is attention now?; The itch; Broadening the field of attention in the large field of awareness)
- Sitting meditation (20 min. awareness of breath and other body sensations, sounds, mental events / processes and feelings)
- Body Scan (20 min) cultivates bare / beginner's mind attention to sensations
- Mountain meditation cultivates awareness of thoughts and feelings like the ever-changing weather that passes through the sky
- Hatha Yoga (important during exposures and when symptoms emerge)
- Loving-kindness to cultivate self-compassion to cultivate relating with self and experience in truthful and kind / compassionate ways
- Cultivation of the attitudes of mindfulness during meditations and life (bare attention when dread and other sensations arose, beginner's mind, open receptivity and curiosity, non-striving, acceptance, patience, letting go, trust, non-judging, intention)

## It is hard work

*“We either make ourselves miserable, or we make ourselves strong. The amount of work is the same.”  
Carlos Castaneda.*

This inspired him to re-invest the energy he had given to OCD to formal and informal cue-controlled meditation practice. He decided to just say **NAW** to bad mental habits like compulsions and rumination

**Notice** what is here (obsession, urge for compulsion, rumination)

**Allow** it: it's already here, let me know it

**What else** is possible? What is a skillful response?

## The importance of practice

*Meditation is best-described as a way of being.  
And what's most important about it is it's like weaving a parachute.  
You don't want to start weaving the parachute when you're about to jump out of the plane. You want to have been weaving the parachute morning, noon, and night, day in day out. And then when you need it, it might actually hold you.  
The way we practice meditation is to do it every day. Carve out some time every day that's just your time for being.*

~ Jon Kabat-Zinn, Ph.D.

And practice does matter:

Jha, A. et al., 2010. Examining the protective effects of mindfulness...*Emotion*, 10, 54-64.

Carmody, J. & Baer, R. (2007) Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program. *Journal of Behavioral Medicine*, 31, 23-33.

# Cognitive-behavioral therapy

- Imaginal and in-vivo exposure and response prevention with mindfulness of feelings and other mental events and processes
  - 3 weeks, 3 X/week, 60 min sessions with three 120 min sessions
- Cue-controlled mindfulness strengthened using self controlled coping desensitization
- Cognitive therapy
- Motivational interviewing
- Metacognitive therapy
  - Attention Training Technique and cognitive therapy to address metacognitive beliefs about anxiety and depression symptoms
- ACT Observer exercise (Twohig) to teach non-identification with thoughts and feelings
- Psychoeducation of Dan & wife who learned adaptive responses to Dan's compulsions and catastrophic verbalizations

# Mindfulness for OCD research

- Fairfax, H. (2008). The use of mindfulness in obsessive compulsive disorder: Suggestions for its application and integration in existing treatment. *Clinical Psychology & Psychotherapy*, *15*, 53-59.
- Fisher, P.L. & Wells, A. (2008). Metacognitive therapy for obsessive-compulsive disorder: A case series. *Journal of Behavior Therapy and Experimental Psychiatry*, *39*, 117-132.
- Gorbis, E., Molnar, C., O'Neill, J., Sterner, J., Yip, J.C., & Saxena, S. (2007). Mindfulness-based behavioral therapy (MBBT) for obsessive-compulsive disorder (OCD). Presented at the 14th Annual conference of the Obsessive-Compulsive Foundation, The Woodlands, Texas, July 20-22.
- Hanstede, M. (2008). The effects of a mindfulness intervention on obsessive-compulsive symptoms in a non-clinical student population. *Journal of Nervous and Mental Disease*, *196*, 776-779
- Kabat-Zinn, J., Massion, M.D., Kristeller, J., Peterson, L.G., Fletcher, K.E., Pbert, L., Lenderking, W.R., & Santorelli, S.F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *General Hospital Psychiatry*, *149*, 936-943.
- Miller, J.J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry*, *17*, 192-200.
- Patel, S.R., Carmody, J., & Simpson, H.B. (2007). Adapting mindfulness-based stress reduction for the treatment of obsessive-compulsive disorder: A case report. *Cognitive and Behavioral Practice*, *14*, 375-380.
- Singh, N. (2004). A Mindfulness-Based Treatment of Obsessive-Compulsive Disorder. *Clinical Case Studies*, *3*, 275-287
- Twohig, M., Hayes, S.C., & Masuda, A. (2006). Increased willingness to experience obsessions: Acceptance and commitment therapy as a treatment for obsessive-compulsive disorder. *Behavior Therapy*, *37*, 3-13.

## What skills can be learned from a mindfulness practice ?

- Selective Attention & Attention Switching
  - Present moment focus (not past and not future)
  - 'Letting go' of non-skillful habits such as obsession, worry, rumination, always doing, vigilance to threat...
- Awareness: The big picture / Larger field of attention .
  - What is in the "ground" besides the figure?
  - What else is possible?
  - Creative problem solving through seeing choices and possibilities where before none were noticed

## More skills learned

- Reduced reactivity to events
  - Observation of internal and external events as they unfold without getting caught up in & swept away by the "stories" we tell ourselves about thoughts, feelings, sensations, & other events
  - Welcome, approach, & allow vs. fight & resist what is here now
- Acceptance instead of change efforts
- Non-identification / non-fusion with mental events
  - I am feeling anxious vs. I am anxious

## More skills strengthened

- Discernment of consequences of reactive / avoidance choices
  - accurate detection of contingencies
- Insight into the impermanence of emotion
- Compassionate relationship with the self and others; and the unwanted
- Listening to the wisdom of primary emotional experience (fear, sadness, joy, etc.) and what it signals
- With emotion awareness comes enhanced awareness of one's valued life and the discipline & courage to live it

## Similarities between MBSR and CBT / other therapy models

Both require monitoring of indices of emotion (body, behavior, beliefs / thoughts)

Skills training components

Home work / home practice for generalization

Theory driven

Psycho-Education component

Highly behavioral, experiential, and empirically-based at the individual level

Facilitate accurate perception of reality

## Differences between CBT and MBSR models

- In MBSR therapist is of service to a person rather than being an expert who treats and thus fixes or helps one without wisdom
- Change, control or manage emotion in CBT vs. allow, embrace, and change relationship with emotional experience and mental activity in MBSR
- Intention verses agenda. Flexible in MBSR vs. directive & highly structured in CBT
- Attachment to outcome in CBT vs. non-attachment and non-striving in MBSR
- You are not thinking, feeling, or behaving correctly in CBT vs. non-judgment in MBSR
- In MBSR the instructor must embody & live the practice.
- Content in CBT vs process in MBSR

We're all in it together

(Walser & Westrup, 2007)

## Loving kindness meditation

- Loving kindness meditation (called metta in Buddhism) can also be considered a form of mindful relationship practice

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## How can I learn to teach mindfulness?

- Begin with a personal practice
- Take a class or buy MBSR CDs (CFM is a good resource)
- Receive supervision in teaching (CFM can refer you to an institution nearest you internationally)
- See “some resources” handout

## More Resources

- Gunaratana, H. (2002) Mindfulness in plain English. [www.wisdompublications.org](http://www.wisdompublications.org) or free download (via google)
- Kabat-Zinn, J. (1994) *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.
- Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. New York: Hyperion.
- Web sites:
- [www.meta4stress.com](http://www.meta4stress.com) [mindful exposure therapy for anxiety center]
  - [www.umassmed.edu/cfm](http://www.umassmed.edu/cfm) [center for mindfulness]
  - [www.dharma.org](http://www.dharma.org) [insight meditation retreats]
  - [www.metta.org](http://www.metta.org) [interpersonal mindfulness]
  - [www.self-compassion.org](http://www.self-compassion.org) [loving kindness for self & others]
  - [www.contextualpsychology.org](http://www.contextualpsychology.org) [ACT resources]
- Listserves and research
- [www.personal.kent.edu/~dfresco/Resources/mindfulness\\_links.html](http://www.personal.kent.edu/~dfresco/Resources/mindfulness_links.html)
  - [www.mindandlife.org/ml.research.network.html](http://www.mindandlife.org/ml.research.network.html)
- Professional training available from the Center for Mindfulness at University of Massachusetts ([www.umassmed.edu/cfm](http://www.umassmed.edu/cfm)) Oasis program
- UPENN: [www.pennmedicine.org/stress/](http://www.pennmedicine.org/stress/)
- TJU: [www.jeffersonhospital.org/cim/article5030.html](http://www.jeffersonhospital.org/cim/article5030.html)