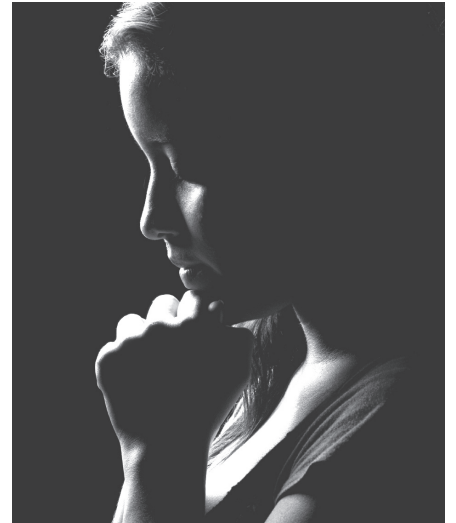


New Ideas About an Ancient Practice: Novel Techniques to Enhance Mindfulness in Psychotherapy

JAY WINNER, MD



Mindfulness practice has been around for thousands of years. Relatively recently it has been adopted by Western mental health practitioners to treat stress, anxiety, chronic pain, and relapse of depression. With this article, I will mention a few of the traditional ideas of mindfulness practice. Based on my interactions with thousands of students, I will also discuss some novel ways we can incorporate mindfulness into our lives and counseling practice. By utilizing these ideas, we can increase both job satisfaction and effectiveness.

Jon Kabat-Zinn defined mindfulness as “on purpose non-judgmental attention.” Through the cultivation of this type of attention, one learns to find joy in present moment experiences. He also learns to effectively deal with a variety of psychological and physical challenges. Mindfulness is not just a particular theory of psychotherapy. Rather it should be part of every therapeutic interaction. How can a therapist be truly empathetic when he or she is not even really present? Therefore, the first use of mindfulness in psychotherapy is for the therapist himself. Being present with clients is really what Carl Rogers was talking

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about—in order to have the unconditional positive regard, empathy, and genuineness that Dr. Rogers espoused, one needs to be fully present. Having unconditional positive regard does not mean that you condone a client’s behavior, but rather you let go of thoughts criticizing him/her as a person (as well as other distracting thoughts). Then you are fully present; able to be empathetic genuine and caring.

The second use of mindfulness in therapy is how and when to teach it to a client. The problem is that teaching mindfulness is not

like geography, a memorization of facts. It is more like teaching someone to ride a bicycle or to ski. It is teaching a skill. Before one has ridden a bicycle, it would be very difficult to describe how to balance. One must learn the skill by practicing.

Teaching patients to be mindful can be a challenge. So far, in Western mental health circles, there has been an alphabet soup of mindfulness-based teaching therapies: MBSR, MBCT, ACT, and DBT. Mindfulness-Based Stress Reduction (MBSR) is an eight-week program shown to reduce stress, anxiety, and chronic pain. Mindfulness-Based Cognitive Therapy (MBCT) is also an eight-week program. Patients with more than three previous episodes of depression who had done MBCT had a 44 percent reduction in depression relapse. At the first sign of sadness, people with recurrent depression often try to figure out what is causing the depression. Ironically, this rumination often leads to worsening of the depression. MBCT teaches an alternative to rumination—that is to be present. Dialectical Behavioral Therapy (DBT), first shown effective in borderline personality disorder, teaches that resisting our

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uncomfortable emotions make them worse. A DBT therapist may typically redirect a client to focus more on the emotion and less on the cognitions. Acceptance and Commitment Therapy (ACT), most well-studied with the anxiety disorders, has a variety of exercises that are designed to teach clients that accepting their thoughts and experiences will decrease their distress.

Teaching mindfulness should not be relegated to just DBT and ACT therapists; nor should it only be for people willing to do an eight-week course. Rather, teaching mindfulness can be incorporated in a wide variety of settings.

One of the first prerequisites common to both cognitive therapy and mindfulness practice is learning that we do not have to believe all our thoughts or what has been described as decentering. In essence, to decenter is to take a figurative step back from our beliefs and thoughts. Instead of a reality of "I can't do anything right," one learns that he/she had a thought "I can't do anything right."

In cognitive therapy the client is then taught to dispute irrational thoughts sometimes called "cognitive distortions." In mindfulness practice thoughts are non-judgmentally noticed and let go. In both mindfulness practice and cognitive therapy it is imperative to learn that we do not need to believe all our thoughts. An important component of mindfulness practice is also to not resist our thoughts. Otherwise marked frustration may ensue. If we resist our thoughts, the object of frustration may change from "not being able to do anything right" to having too many thoughts that one can't do anything right. "If only my situation were different, I would be happy" becomes "If only I did not have so many distracting thoughts, I would be happy."

Therefore, although decentering is an essential first step of mindfulness, it is only a first step. A second step is not resisting our thoughts. When one first discovers what it is to be mindful, he/she soon realizes how

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much of the time he/she is not mindful; how much of the time he is cruising on “automatic pilot.” This can be quite frustrating for many people. When teaching mindfulness, it is important to set reasonable expectations:

1. What percent of the time should someone be mindful? If people start mindfulness practice thinking that they will be mindful 95 percent of the time, they will undoubtedly be frustrated. I teach people that even a small moment of mindfulness has important residual effects. Even a few seconds of mindfulness decreases not only the stress of that moment, but also the moments that follow. In that way, increasing the percent of mindfulness in a day from 1 percent to just 2 percent may still cause a significant decrease in the stress level.
2. How long should someone be able to stay focused on present moment sensations? When people start meditating, they somehow think that they will be completely focused on the object of meditation for an entire 20-minute session. Then three seconds later, they find themselves lost in thought. So in mindfulness practice, it is easy for the frustration to change from that of an outside event to that of their poor performance at staying focused. When people start thinking that mindfulness is too hard, I have them do the “one breath challenge.” I ask them to pay attention to the full duration of one inhalation and one exhalation. With a try or two, the large majority of people can do this. Then I reset the expectation of how long mindfulness is necessary. All that is really necessary is to fully enjoy one breath.

In order to decrease the frustration of thinking, it is useful to discuss the importance of thoughts. Thoughts are not bad. Obviously, if we didn't have our thoughts, we could not function in today's society. We just need to learn how to use thoughts; as opposed to letting them control us.

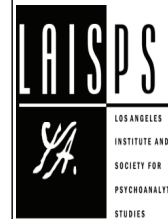
It is important to discuss the non-judgmental and welcoming attitude toward our thoughts.

Thoughts in themselves do not add to the stress. The way we deal with them, however, can add to stress. Reframing the situation is helpful. I advise students that, “The more thoughts you have, the more opportunities you have to learn to quickly let go of thoughts.” Instead of being frustrated at noticing one has been distracted, the student is taught to have gratitude for the moments of realization. After all, the first step in being mindful is the realization that you have been distracted. If in a 20-minute period one drifts away from the object of attention 500 times, it is not a problem. She just has 500 opportunities to practice letting a thought go and focusing back on the present moment.

Another important facet of mindfulness is to not resist one's emotions. Otherwise, we become depressed about being depressed, angry about being angry, and stressed about being stressed. So if a person tries to resist or push away an emotion, ironically it can entrench it. If one can non-judgmentally notice one's emotions, they tend to quickly change.

In DBT, emotions are classified as primary and secondary. The primary emotions occur from our interactions with the environment. The secondary emotions occur from our response to the primary emotions. As the client resists the way that he/she feels, a variety of feelings can arise, including, guilt, anxiety, sadness, and anger. When the primary emotion is fully accepted these often painful secondary emotions do not occur.

Let's turn our attention to the experience of stress and anxiety. To accomplish not being stressed about being stressed, we can again use a little bit of reframing. Stress has been dissected into a category of distress or bad stress (usually felt as anxiety or worry), and good stress or eustress (in which the fight or flight feeling is often felt as excitement and enthusiasm). Yet in both cases there is activation of the sympathetic nervous system. I would suggest that a main difference between these two states is that with distress, one often wishes that he/she felt different



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and wishes that the external environment was different. With eustress, one enjoys both the environment as it is and also enjoys the rush of adrenaline.

In our society, stress has a very negative connotation. When one says, “I’m stressed” or “I’m stressed out,” it is easy to try to resist the feeling. It is therefore helpful to reframe the statement “I’m stressed out,” by saying, “I have a high energy level” and then go and use the energy (or at least learn to enjoy the feeling). The client can be instructed to use the energy in an activity like dancing or running. (Ironically, when one says the word “eustress” slowly out loud, it sounds a lot like the phrase “use stress.”) Alternatively, just enjoying the energy course through one’s veins will change one’s mindset from one of resistance to one of actually embracing the sensations.

Traditional exercises for cultivating mindfulness include the “concentration meditations” of using the breath, body sensations, or sound upon which to focus. (When attention wanders, it is patiently and repeatedly returned to the object of focus.) Then one learns “mindfulness meditation” in which one non-judgmentally focuses on whatever arises—be it breath, sensation, emotion, thought, or sound. Other traditional mindfulness exercises include walking meditation and mindful eating.

For the past 16 years, I have had success teaching what I call a “letting go meditation.” In that meditation, students/clients can practice letting go of thoughts that were previously contributing to distress. Although this practice is not a routine part of MBSR, MBCT, ACT, or DBT, it potentially could be used in any of those settings or in other counseling or class settings. The exercise serves several functions:

1. It demonstrates that thoughts in themselves do not cause distress or depression. It is the way that the thoughts are dealt with that causes the distress. This technique allows students

to gain this insight through their own experience.

2. The client gains experience and practice in mindfully noticing thoughts. The counselor can suggest thoughts that have been part of the process of the patient’s psychological problems. If they have been getting panic attacks, typical thoughts might be “I might die,” or “This is horrible,” “I wish my heart would slow down.” In that way the patient gets practice in mindfully noticing the thoughts that are a component of his problem.
3. Not only does the client get practice in mindfully dealing with thoughts, as they practice the letting go exercise, the physical reaction to the thoughts can continue to decrease. In a sense, the exercise can act as desensitization to the thoughts. The thoughts that were formally very “charged,” become no big deal.
4. We are now learning more and more about neuroplasticity. Theoretically, the thoughts that had neuronal pathways linked to distress and sympathetic activation, may become linked with relaxation and mindfulness.

I don’t recommend the letting go meditation as a daily practice. Rather, it can be used when the situation warrants. People will more likely use traditional mindfulness exercises for daily practice. The letting go meditation consists of the following steps:

1. Before doing the exercise, it is ideal if you have given the patient some background information and, if possible, experience with mindfulness.
2. The client closes his eyes and pays attention to diaphragmatic breathing noticing the full duration of the inhalation and exhalation.
3. As with normal meditation, he is instructed to repeatedly and patiently

let go of thoughts and then return his focus to the sensations of breathing. Most people prefer to notice the sensation of the breath in the abdomen.

4. The client is instructed to relax one body part at a time.
5. Once the client is relaxed, the next instruction is to repeat phrases that the psychologist, counselor, or instructor suggest. This technique can be used to teach people without any psychological illness to mindfully deal with thoughts. For patients with certain psychopathology, the counselor may eventually choose phrases that have been associated with that pathology. For instance, with agoraphobia the thoughts may be something like “I hope I don’t have another panic attack. That would be horrible.” For panic disorder it might be “Oh no; I hope my heart would slow down.” For OCD, the thought might be “I need to count.”
6. Before introducing the statements, the patient is specifically instructed not to believe the thoughts or resist the thoughts. It is essential to do this several times during the exercise. We do not want the repetition of the thought to actually strengthen the belief. Instead we want to strengthen the ability to decenter, mindfully notice thoughts, and let them go.
7. The student silently repeats the thought and then lets it go. I usually vary the thoughts throughout the exercise. However, I also have the student repeat certain thoughts more than once. In that way, he/she learn that a certain thought can be mindfully attended to and let go again and again.
8. After he/she repeats a thought once and lets it go, he/she is instructed to pay full and complete attention to a diaphragmatic breath. Suggest he enjoy or even luxuriate in the breath.

9. Subsequently, he/she can relax a muscle group. With subsequent thoughts, the procedure is repeated and a different muscle group can be selected.
10. The steps of repeating a thought, letting it go, noticing a diaphragmatic breath, and relaxing a body part may only take 15 to 25 seconds. One can even modify this activity by paying attention to the abdomen rising with the inhalation and relaxing the muscle group with the exhalation. The whole exercise may last 10 to 25 minutes.
11. The therapist suggests that when the student opens his/her eyes, he/she should continue to mindfully notice his/her breath. It is also suggested that the student will feel relaxed and peaceful at the end of the exercise. Almost universally, the client is more relaxed at the end of the letting go exercise. Therefore, he/she realizes that it is not the thoughts themselves that cause the problem, but rather the

most important issue is how he/she deals with thoughts. In a relaxed atmosphere, the student has practiced letting go of previously bothersome thoughts and bringing his/her attention to a present moment sensation (like a diaphragmatic breath and relaxing a muscle group). When the thoughts occur during day-to-day life, he/she has already practiced how to effectively deal with them.

The following is an example of use of the letting go exercise described in my book, *Take the Stress Out of Your Life* (and demonstrated in the accompanying CD set): Michele suffered from panic attacks. These attacks were so severe and disabling that she often used medication for them. Just the thought of having an anxiety attack could trigger one. As she was watching a ball game, a friend joked that a new soda had so much caffeine it might give him a panic attack. Michele then thought, "Oh no! What if I get a panic attack now? I don't have my medication with me! That would

be horrible!" Sure enough, a full-blown panic attack followed.

Michele came into the office for a brief appointment to discuss the panic attacks. I had her start with focusing on diaphragmatic breaths. We did a meditation on breath. She started with letting go of her own thoughts. Then, I had her repeat the "charged thoughts" to herself (such as "Oh no! What if I get a panic attack now?"). Instead of fighting the thoughts, she was to notice them with interest. She watched how the thoughts would come and go. She was instructed to just notice any sensations with interest and not resist the sensations. When the exercise was over, she was surprised that despite thinking her most scary thoughts, she was actually very relaxed. She learned that those "scary thoughts" did not harm her at all. She did not have to push the thoughts away. The thoughts were, in fact, flimsy and harmless. It was how she had "charged" the thoughts that had created the problem. She had charged the thoughts by

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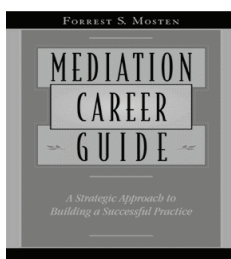
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believing them, and trying to push them away/resist them. Developing the skill of mindfully noticing her thoughts helped her effectively deal with her panic attacks.

An important aspect of the letting go exercise is that the thoughts, body sensations, and emotions are not resisted. By contrasting the traditional mindfulness practice of "noting" with the psychological technique of thought stopping, this point can be further illustrated. In thought stopping the client is instructed to snap a rubber band or say the word stop in order to interrupt a series of thoughts. However, even the phrase "thought stopping" sets up an antagonistic mindset. Snapping a rubber band or aggressively saying the word "stop" makes the practice seem that much more antagonistic. In contrast, with "noting" a thought, emotion, or body sensation is just named. The naming is done in a friendly welcoming manner, and because of that, it is less likely to bring on frustration. One might say to himself "thought," or he may more specifically note "financial thought," but it is always said in a welcoming manner. After all, many of our thoughts are indeed repetitive. Before we let a thought drift by, why not welcome it as an old friend? This same type of friendly noting can also be done with physical sensations and emotions.

Frequently, people are so engrossed in the stories that they tell themselves that they are very removed from their direct experience. The last process I would like to describe is "making emotions simple," which is a modification of the mindfulness practice of "bare attention." It may be difficult for someone to be mindful when he says, "I feel empty like the world is an awful place." By more specifically describing his emotion, thoughts, and physical sensations, he can have an easier time non-judgmentally observing his experience. The client is asked to describe the emotions, thoughts, and physical sensations that make up an experience. For instance, in the above example, the thoughts may be "I feel empty and the world is an awful place." The emotion may be sadness, and the physical sensation may be tightness in the jaw. The client may then find it easier to non-judgmentally attend to the experience. Emotions get confused with thoughts. A person may think that he/she "feels like he needs a cigarette."

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The experience might be more accurately described as a physical sensation of tightness in his/her stomach, the emotion anxiety and the thought, "I feel like I need a cigarette." Then he/she can let the thought go, and just observe the emotion and physical sensations. By not pushing them away, he/she observes that they soon subside.

To further simplify matters, I may ask people to just pick from one of these five emotional states to describe their experiences: happy, sad, angry, peaceful/relaxed, or high energy. Note that the term high energy is used to encompass both anxiety and excitement. (As discussed, "high energy" has a less negative connotation than anxiety and therefore may be easier to observe without resistance.) The reason to pick these simple emotions is that some other emotional states have what could be thought as an implied story or justification for the emotion. For instance, "lonely" might be thought of as sadness, with the implied story that one wishes to be with another. For many, frustration might be described as anger with the implied story of wishing something was different. By using the simpler emotional terms in this exercise, it may make it easier to fully feel and accept the emotional state.

Certainly, there are hundreds of descriptive words for emotions. This variety of valid emotional terms helps with communication. As opposed to hearing the word "sad," we may get more of a gestalt of what is going on with someone when he/she says "despondent." We should not seek to get rid of these more descriptive words. Reading a book might be quite boring without words that describe the subtlety of emotions. However, when people feel stuck in a shade of depression or anxiety, it may be helpful to go through an exercise in "making emotions simple." It can help them get away from being lost in all the stories they've been telling themselves. Instead they can more easily focus on what they are feeling here and now.

To summarize, through reframing, and the use of other ideas and techniques, we can increase our patients' (and our own)

mindfulness, decrease our stress, and increase our joy. We can emphasize realistic expectations of mindfulness and use the "one breath challenge" when helpful. Remember that the more thoughts that we have, the more opportunity we have in letting go of thoughts. In order to not resist how we feel, we can reframe being stressed out, as having a high energy level, and then use the energy (or at least learn to enjoy the feeling of the energy "coursing through our veins"). When helpful, use the "letting go meditation," and the exercise of simplifying emotions.

Finally, to teach mindfulness one needs to have developed his/her own mindfulness practice. If you've only read about skiing in books and never actually skied, you wouldn't be the best ski instructor. In learning to practice mindfulness, there are plenty of bumps and turns. Every time you skillfully meet a challenge, you not only become more skilled, but you become a better teacher. Through mindfulness practice we learn not only to deal with challenges, but we also increase our joy and our ability to love. We help ourselves, and our clients, families, and friends. What better skill is there to practice? This ride is far too short to miss it; learn to pay attention with your whole heart! ☯



Jay Winner, M.D. is a family physician and the founder and director of the Stress Reduction Program at Sansum Clinic (one of the larger medical clinics in Santa Barbara). He has been quoted as a stress expert on TV, newspapers, radio, WebMD and approximately 20 different national magazines (such as Redbook, Men's Health, Good Housekeeping, etc.) His new book and CD set, Take the Stress Out of Your Life (Da Capo Lifelong 2008), has been endorsed by many, including authors Dean Ornish, and Jack Kornfield. He also blogs for Psychology Today and is the Chairman of the Department of Family Practice for Santa Barbara Cottage Hospital. Please see www.stressremedy.com for more details.

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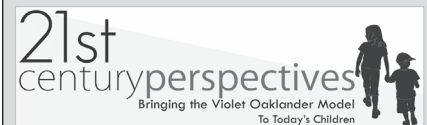
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