Published in Integrative Psychiatry, Weil Integrative Medicine Library,
Edited by B. Beitman and D. Monti, Oxford University Press, 2009.

Mindfulness and Mindfulness-Based Stress Reduction

Donald McCown, MAMS, MSS
Diane Reibel, PhD
Jefferson-Myrna Brind Center of Integrative Medicine

Background: The flourishing of mindfulness-based interventions.

Lately, there has been dramatic growth of interest by researchers, clinicians, and patients in mindfulness-based approaches to treating a wide range of conditions. As of this writing, mindfulness-based interventions are being used or investigated for medical conditions such as asthma, breast cancer, prostate cancer, solid organ transplant, bone marrow transplant, fibromyalgia, chronic pain, hypertension, HIV, myocardial ischemia, type-2 diabetes, hot flashes, obesity, irritable bowel syndrome, immune response to human papillomavirus, rheumatoid arthritis, COPD, and lupus, and more (Clinical Trials, 2008); they are also in use and investigation for a range of psychiatric disorders, including anxiety disorders, depression, suicidality, personality disorders, eating disorders, drug abuse and dependence, PTSD, schizophrenia, delusional disorder, and others (Clinical Trials, 2008). The list of mindfulness-based and mindfulness-informed interventions has been growing with increasing velocity since the turn of the century, now including Mindfulness-Based Cognitive Therapy (MBCT), Mindfulness-Based Relationship Enhancement (MBRE), Mindfulness-Based Relapse Prevention (MBRP), Mindfulness-Based Eating Awareness Training (MB-EAT), and Mindfulness-Based Art Therapy (MBAT), as well as interventions with a significant mindfulness component, such as Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). Amid the din of discourse on meditation, mindfulness, and their places in health

care there is an intervention that is salient for many reasons: Mindfulness-Based Stress Reduction (MBSR).

(Sidebar)

Mindfulness-based interventions and health benefits: Metaanalyses

Since its beginnings, there has been an effort to develop an empirical evidence base for MBSR's efficacy. This effort has been part of all subsequent elaborations of the program, and is a feature, as well, of the other key mindfulness-based interventions. As a result, there is a significant literature, of mostly non-controlled study designs, that has reinforced interest and most recently has engendered significant investment through government agencies and private foundations for clinical trials of mindfulness-based interventions for a range of medical and psychological conditions.

The two metaanalyses profiled in the tables below provide a snapshot of the state of the research on mindfulness-based interventions as interest began to surge. Both applied stringent criteria for selection of the studies to be analyzed. Conclusions may be characterized by this statement from Grossman, Niemann, Schmidt, & Wallach (2004), "Thus far, the literature seems to clearly slant toward support for basic hypotheses concerning the effects of mindfulness on mental and physical well-being."

Baer, (2003)

Variable	N	Mean Effect Size*
By research design		
Pre-Post	**8**	**0.71**
Between Group	**10**	**0.69**
By population		
Chronic Pain	**4**	**0.37**
Axis 1 (anxiety, depression)	**4**	**0.96**
Medical (fibromyalgia, cancer, psoriasis)	**4**	**0.55**
Non-clinical (medical students, healthy volunteers)	**4**	**0.92**
By outcome measure		
Pain	**17**	**0.31**
Anxiety	**8**	**0.70**
Depression	**5**	**0.86**
Medical Symptoms (self-report)	**11**	**0.44**
Global Psychological**	**18**	**0.64**
Medical Symptoms (Objective)***	**2**	**0.80**

**At post-treatment*
*** POMS – total mood disturbance, SCL-90 R Global severity index*

**** Urine and skin*
N=Number of Studies included in the metaanalysis. Of the studies included in the analysis, two employed MBCT as the intervention, one employed listening to mindfulness tapes and the remaining used MBSR or a variant of MBSR as the treatment intervention.

Grossman, et al., (2004)

Variables	N	Mean Effect Size*
Mental health variables		
Pre-post	**18**	**0.50**
Between groups	**10**	**0.54**
Physical health variables		
Pre-post	**9**	**0.42**
Between groups	**5**	**0.53**

***At post-treatment*
N=Number of Studies included in the metaanalysis.
Between Groups (controlled studies) include both waitlist controls (WLC) and active controls (AC). No difference in mean effect size noted between WLC and AC.

Introduction: The importance of MBSR.

Dryden and Still (2006) identify the year 1990 as a watershed, after which use of the term "mindfulness" began burgeoning in the discourse of Western psychology and psychotherapy. This coincides with the publication of Jon Kabat-Zinn's *Full-Catastrophe Living,* a description and *de facto* manualization of the Mindfulness-Based Stress Reduction (MBSR) program that he and colleagues at the University of Massachusetts Medical Center had been developing since 1979. Its success and influence on the development of other interventions incorporating mindfulness arise from its status as an "evidence-based practice," its immediate appeal as a transformative group experience for the participants *and* the teacher, and its position at the confluence of certain social and institutional factors, including the energy and charisma of its leadership, the need within academic medicine and psychology for "safe" new avenues of research, and the endorsement by powerful institutions in the academy and the popular media, including PBS, *Time*, *Newsweek*, and *Business Week* (Dryden and Still, 2006; Hovanessian, 2003; Kalb, 2003; Moyers, 1993; Stein, 2003).

Given MBSR's position both as a culmination of a two-centuries-long dialogue between Eastern and Western culture, and as a highly influential template or touchstone for elaboration of other interventions incorporating mindfulness meditation practice, we have chosen to focus this chapter specifically on this singular intervention. The chapter is not designed primarily as a recounting of the evidence base for MBSR's efficacy, which is easily accessible and rapidly expanding, but rather to offer insight into the construction and delivery of the MBSR curriculum — from a teacher's perspective. We hope that this view will inspire further adoption of MBSR and other mindfulness-based interventions within integrative medicine, and also will begin to help those interested to develop the necessary skills and capacities as teachers to incorporate mindfulness practices into other programs for the wellness of mind-body-spirit. Our intention is to facilitate the expansion of mindfulness practice into continually broadening medical and social contexts.

The chapter begins by situating MBSR in the history of East-West dialogue. We then turn to essential theoretical understandings that inform MBSR practice and pedagogy, including an attempt to define mindfulness as a process or mode of being, and to identify the mechanisms of action that may contribute to the improvement — even transformation — of participants. What follows next is more concrete: a description of the MBSR curriculum and an account of how participants' increasing abilities and understandings unfold from session to session. Focus then shifts to the teacher, in an attempt to identify the unique skills required in MBSR — educational, meditative, and clinical. Further reflection suggests that mindfulness teachers, regardless of the specific intervention they deliver, must embody mindfulness, not only in the class but also in the

world, and we suggest three characteristics to be considered and cultivated. Finally, we consider ways in which the integrative psychiatrist might engage with mindfulness and MBSR, and suggest resources for training and development for those interested in teaching mindfulness — both inside and outside the MBSR context.

History: Meditation and mindfulness in the meeting of East and West.

Early roots: The appeal of the mindfulness-based interventions run deep into the historic rapprochement of Western and Eastern philosophical, religious, and medical thought over the past two centuries. In the United States, this first surfaced most clearly in the nineteenth century in the philosophical, aesthetic, and social expressions of the New England Transcendentalists. In writers such as Emerson and Thoreau, the influence of Indian thought is evident (Brooks, 1936). Translations of the Vedas and Upanishads, as well as Buddhist texts, were becoming available in the West at that time. In fact, Thoreau was one of the first Americans to read Buddhist scripture, as he brought into English in 1844 a section of the Lotus Sutra, which had just been translated into French (Fields, 1981; Tweed, 1992). This engagement with the East also included East Asian culture, with Chinese, Korean, and Japanese arts, literature, and religion — including Buddhist practice — shaping the intellectual direction of the American and European avant-garde. For example, the thought of Ernest Fenollosa, American scholar of East Asian art and literature, and convert to Buddhism, as interpreted by Ezra Pound and other modern poets and thinkers, brought this spirit into wider intellectual discourse (Bevis, 1988; Brooks, 1962). Perhaps these few lines from Fenollossa's poem, "East and West," his Phi Beta Kappa address at Harvard in 1892, capture the yearning of modern Western consciousness. Addressing a Japanese mentor, Fenollossa says, "I've flown from my

West/ Like a desolate bird from a broken nest/ To learn thy secret of joy and rest" (quoted in Brooks, 1962, p. 50).

About the last 60 years: According to Dryden and Still (2006), the influence of Eastern thought began developing greater momentum in post-World War II Japan, when physicians, scientists, and other intellectuals who held posts in the American occupation were exposed to Japanese culture, including the many manifestations of Zen Buddhism. In identifying direct influences on psychotherapeutic thought, Still (2006) points to the exposure of American military psychiatrists to the Zen-informed psychotherapy of Shoma Morita, "…which reversed the Western medical approach of attacking the symptoms. Instead, he taught patients to accept symptoms, such as anxiety, with calm awareness, or mindfulness." This paradoxical orientation, rather than the specific techniques of Morita therapy, resonated with Western health care professionals, as Zen did with Westerners of other disciplines, and began to find cultural expression.

Zen had a double-barreled influence in the West, particularly in the post-war "Zen boom" years of the 1950s and '60s. There was a powerful impact on Western intellectuals in spirituality, psychotherapy, and aesthetic practice, famously exemplified by the effects on Christian contemplative practice through the Trappist monk Thomas Merton, on psychoanalysis through the thought of Eric Fromm, and on contemporary art music through the composer John Cage, all of whom encountered the Zen scholar D.T. Suzuki (e.g., respectively, Merton, 1968; Suzuki, Fromm, & De Martino, 1957; Cage, 1966). There was an equally strong impact on the more popular levels of discourse, characterized by the small but growing counterculture, which took on the challenges of Zen and other esoteric disciplines in a more dramatic if less orderly fashion, making

participation as much a statement of resistance to the social status quo as a personal practice of transformation, as described pithily in Alan Watts's *Beat Zen, Square Zen, and Zen* (1959). On both the substantive and popular levels, then, the market (so to speak) for Eastern and Eastern-inflected spiritual practices grew steadily. Through political dislocations, waves of immigration, and economic opportunity seeking, teachers from many of the Eastern traditions became available to offer instruction in the West. Some of those teachers began to "repackage" their practices for Western students, with the Maharishi Mahesh Yogi's repackaging of Hindu mantra meditation as Transcendental Meditation® (TM) as perhaps the most well known and influential (Mahesh Yogi, 1960).

In the 1960's, TM quickly captured the attention of the medical establishment through its high profile in popular culture and scientific research into its physical and psychological outcomes (e.g., Wallace, 1970; Seeman, Nidich, & Banta, 1972). The result was development of and research on medicalized versions, such as the Relaxation Response (Benson, 1975) and Clinical Standardized Meditation (Carrington, 1975/1998). The factors at work here — popular recognition, translation into Western language and settings, adoption within scientific research in powerful institutions — all come into play later in the development of the discourse around mindfulness.

A necessary parsing of the various forms of meditation practice presented across the range of spiritual traditions, particularly Buddhism, was performed by Goleman (1977/1988), who describes meditation approaches of *concentration* and *insight*, and who in discussing insight meditation explicitly uses the term *mindfulness* in the way it has entered current discourse. Concentration forms of meditation teach a focus on a single object of attention, such as the breath. Insight forms teach attention to all experiences

arising in the sense perceptions and the domains of thought and emotion. Goleman explains the commonly exploited interrelation of these two forms, as concentration practice develops qualities of mind that support insight practice. Goleman's description of mindfulness (1988, p.20),

> Our natural tendency is to become habituated to the world around us, no longer to notice the familiar. We also substitute abstract names or preconceptions for the raw evidence of the senses. In mindfulness, the meditator methodically faces the bare facts of his experience, seeing each event as though occurring for the first time.

is a concise foreshadowing of the current attempts in the scientific literature to define mindfulness and its mechanisms of action.

Between two worlds: Rothwell (2006), Still (2006), and Martin (1997) all delineate two different intellectual environments that have influenced and contributed to the contemporary approaches to mindfulness in research and clinical applications. On one hand there is the discourse associated with the cognitive behavioral therapies. Within these therapies, identifiable forms of mindfulness-based or informed intervention have arisen, which may or may not include meditation practice for cultivating mindfulness, and which predict outcomes based on cause and effect (Rothwell, 2006). Such interventions have found significant appeal within the dominant social and political discourses and practices of health care, particularly in the U.S., where evidence-based practices have a preferred status. On the other hand are the more holistic approaches, associated with the basic insight of the meditative traditions, epitomized in the paradoxical turning towards one's symptoms, and with an appreciation of the religious roots and resonances of meditation practice that can be found within contemporary psychodynamic, humanistic, transpersonal, and postmodern streams of psychotherapy

(e.g., respectively, Epstein, 1995; West, 2000; Boorstein, 1996; Norum, 2000). In this approach, interventions incorporate meditation and spiritual practices to cultivate ways of being, rather than specific outcomes (Rothwell, 2006). Such interventions are building their own evidence bases, strengthening their appeal within the social and cultural discourse that has allowed integrative medicine to grow and flourish. For example, consider the presence of explicit MBSR programs at five of the eight Bravewell Collaborative integrative medicine centers, and the presence of mindfulness-influenced programs at others (Bravewell Collaborative, 2008). It is apparent, then, that MBSR is situated on the fault line between these two intellectual environments, and directly feeds, offers inspiration to, and benefits from the research and development of mindfulness-based and mindfulness-informed interventions in both environments.

Theory I: Constructing a model of mindfulness in MBSR.

The effort to develop a single, scientific account of mindfulness useful for both clinicians and researchers is admittedly difficult and complex (Allen, Blashki, & Gullone, 2006; Baer, 2003; Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, et al., 2004; Brody & Park, 2004; Brown & Ryan, 2004; Claxton, 2006; Hayes and Feldman, 2004; Hayes & Shenk, 2004; Hayes & Wilson, 2003; Ivanovski & Malhi, 2007; Rothwell, 2006; Shapiro, Carlson, Astin & Freedman, 2006). Reasons for this include: 1) use of identical terms in significantly different outlooks and discourses, from Buddhist texts and their English translations in a variety of traditions, to humanistic psychotherapy, to scientific psychology, (Dryden & Wells, 2006); 2) confusion as to whether mindfulness is a practice, a process, an outcome, a transient state to be exploited, or a way of life to be cultivated (Hayes & Wilson, 2003); and 3) group contexts and inclusion of disparate

didactic and experiential components in mindfulness-based interventions, providing many competing mechanisms of action (Bishop, 2002; Ivanovski & Malhi, 2007; Shapiro, et al., 2006).

This chapter's exclusive focus on MBSR as an exemplary mindfulness-based intervention neatly sidesteps many of the above complications. We can take up a social constructionist perspective (e.g., Gergen, 1999) in which we accept that knowledge is not an objective reflection of what is "out there in the world" but rather is co-created within relationships. Thus, we need not locate one "true" definition or model of mindfulness to understand, apply, and research outcomes from MBSR. Instead, we can deeply examine the model of mindfulness, the practices that cultivate it, and the mechanisms of action that are implicit (and explicit) in the discourse of MBSR theory, pedagogy, and research. These have been (and continue to be) co-constructed in the professional dialogues in the MBSR community, fostered by the Center for Mindfulness and its programs, through which more than 9,000 MBSR researchers and teachers have developed their understanding of and capacity to teach MBSR, via trainings, conferences, and personal relationships (CFM, 2007). The model of mindfulness, therefore, evolves when MBSR shifts to different leadership and institutional contexts. And, importantly, the model is co-created again and again, with infinite variations, by the communities of practice and learning defined by MBSR classes and their teachers.

The most commonly quoted definitions of mindfulness in the mindfulness-based intervention literature come, not surprisingly, from Jon Kabat-Zinn:

- "…paying attention in a particular way: on purpose, in the present moment, and non-judgmentally"(1994, p.4).

- "Mindfulness meditation is a consciousness discipline revolving around a particular way of paying attention in one's life. It can be most simply described as the intentional cultivation of nonjudgmental moment-to-moment awareness" (1996).

Three key elements of the definition — intentionality, present-centeredness, absence of judgment — are repeated and reinforced both in the ongoing scientific-research-oriented discussions of MBSR, and through MBSR teachers in hundreds of classes unfolding week by week around the world. These three key elements continue to shape the thinking, practice, and experience of an ever changing and expanding MBSR community.

It is telling that the first attempt at developing an operational definition of mindfulness took place within the greater community of the many mindfulness-based and mindfulness-informed interventions, in which other ad hoc definitions are current, and that the result was a two-part definition that omitted the element of intention (Bishop, et al., 2004). A "second generation" model uses the above quoted Kabat-Zinn texts as a touchstone, and proposes a model that is congruent with MBSR teaching and practice (Shapiro, et al., 2006). This model, shown graphically in *Figure 1*, posits three axioms: intention, attention, and attitude (IAA), which are simultaneously manifesting elements of the moment-to-moment practice of mindfulness, whether formal or informal. Each axiom captures a part of the direct experience of a participant practicing in an MBSR class. As to the axiom of intention, Shapiro, et al., note that a personal vision or motivation for initiating mindfulness practice is not explicit in the "secular" construct of MBSR in the same way that it is found in its religious corollaries. The vision of each participant, then, is "personal" and has been shown to shift along a continuum "from self-

regulation, to self-exploration, and finally to self-liberation" (Shapiro, et al., 2006). As to the axiom of attention, this captures the different capacities involved in attending to one's moment-to-moment experience. Shapiro et al., (2006), suggest that the essential capacities are sustained focus and flexibility of focus. These are cultivated explicitly in the MBSR classes through the methods and order by which the formal mindfulness practices are introduced and assigned. As to the axiom of attitude, the non-judgment that is called for is not an affect-free "bare awareness," but rather an accepting, open, and kind curiosity towards one's own experience (Shapiro et al., 2006).

Figure 1: Model of Mindfulness.

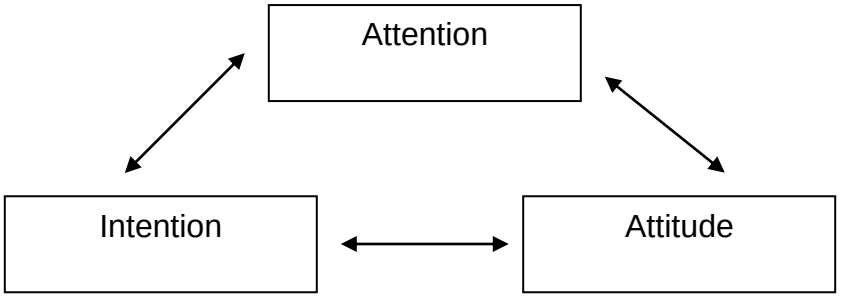


Figure 1: The three axioms of Intention, Attention, and Attitude (IAA) are not sequential, but rather are engaged simultaneously in the process of mindfulness (Shapiro, et al., 2006).

Theory II: Identifying mechanisms of action.

In the descriptions of outcomes of mindfulness practice both inside and outside the MBSR community, a major emphasis is placed on a particular shift in the practitioner's relationship to self and experience — the awareness of an observing consciousness that is both *a part of* and *apart from* the experience. In MBSR classes, in the authors' experiences, such realization may be typically revealed in expressions by participants along the lines of, "I am not my thoughts," or "I am not this pain."

In many scientific accounts across the different investigating disciplines and the different approaches to meditation and mindfulness, this shift has been identified as a central mechanism. McCown (2004) reviewed early studies, pointing out that Deikman (1966) suggested a mechanism of "*de-automatization* of the psychological structures that organize, limit, select and interpret perceptual stimuli;" Linden (1973) and Pelletier (1974) noted the increased *field independence* of practiced meditators, evidenced by their ability to discern the hidden shapes in Embedded Figures Tests; and, in pioneering EEG studies, Kasamatsu and Hirai (1973) noted a *de-habituation* to stimuli in Zen Masters that they described as "constant refreshing of perception of the moment." Martin (1997), reviewing later concepts, notes Deikman's later *observing self* (1982); Safran and Segal's (1990) contribution of such terms as *deautomization*, in which habitual modes of perception are suspended, and *decentering*, in which a capacity to view experience from "outside" is cultivated; and Langer's (1989) concept of *mindfulness*, developed solely within the context of Western scientific psychology, which defines a cognitive process in which three mechanisms operate: creation of new categories, openness to new information, and awareness of more than one perspective.

Flowing from their MBSR-informed definition of mindfulness, Shapiro, et al., (2006) propose a meta-mechanism that they call *reperceiving,* and that they define as "a rotation in consciousness in which what was previously 'subject' becomes 'object.'" They further suggest that this meta-mechanism is basic to human development, and, therefore, that mindfulness practice simply strengthens and accelerates the growth of this capacity. The statements quoted above from participants in the authors' MBSR classes illustrate this capacity to move from a position in which one is completely identified with

one's experience to a position in which the experience becomes available for observation. It must be noted here that within MBSR pedagogical practice: 1) reperceiving does not create distance and disconnection from one's experience, but rather enables one to look, feel, and know more deeply; 2) the "observing self" is not reified, but rather is seen as a temporary platform for observation and questioning.

With one's experience thus available for reflection and inquiry, additional mechanisms may come into play. Shapiro, et al., (2006) highlight four. One is *self-regulation and self-management*, where with reperceiving we can gain knowledge about experiences that may previously have been too challenging to explore in depth or over time, and we can identify and then choose to override habitual reactions and respond with more balance and greater skill. Second is *values clarification*, where reperceiving provides an opportunity to reflect on values that may have been adopted unquestioningly and to choose to adapt or adopt values more resonant with our current context. Third is *cognitive, emotional, and behavioral flexibility*, where the "objective" viewpoint inherent in reperceiving allows a more clear view of the thoughts, emotions, and (anticipated) actions of an emergent situation, from which may follow new, situation specific responses. Fourth is *exposure*, where reperceiving's "objective," non-reactive character provides the space and time for intimate encounters with formerly disturbing emotions, thoughts, and body sensations, in which their capacity for disruption is reduced. As we shall see in the section on MBSR pedagogical theory and practice below, these kinds of mechanisms are not only implicit in the MBSR mindfulness meditations, but are also discovered, actuated, and elaborated through the group dialogues and individual teacher-participant exchanges that are at the core of the MBSR experience.

Mindfulness-based Stress Reduction (MBSR).

Mindfulness–Based Stress Reduction was designed for a heterogeneous patient population, open to people with physical and/or psychological diagnoses or with simply a desire to alleviate the "stress" of the human condition. Rothwell (2006), points out that it is inherently holistic. It is non-dualistic in its thinking about the body-mind complex. It is non-pathologizing in its insistence that "…as long as you are breathing, there is more right with you than there is wrong…" (Kabat-Zinn, 1990, p. 2). It is designed to train participants in formal and informal practices, as well as to actuate and accelerate the placebo effect, and to exploit the social factors of emotional support and caring (Kabat-Zinn, 1996). Further, it is not positioned as a clinical intervention at all, but rather as an educational program.

The structure of the MBSR program that is modeled as a template at the Center for Mindfulness is an 8-week, 9-session course that is educational, experiential, and patient–centered. Participants attend 2-1/2 hour sessions once a week for eight weeks, with a full-day (7-hours) class between the sixth and seventh sessions. Class time each week is divided between formal meditation practice, small and large group discussions, and inquiry with individuals into their present moment experiences.

Formal practices include body scan, sitting meditation (with focus on the breath), mindful Hatha yoga, sitting meditation (moving from focus on the breath to an expanded awareness of other objects of attention, i.e., body sensations, hearing, thoughts, emotions, and ending with an open awareness of all that is arising in the present moment), walking meditation, and eating meditation. Class discussions focus on group members' experiences in the formal meditation practices and the application of mindfulness in day-

to-day life. Home practice is an integral part of MBSR. In Kabat-Zinn's original program, participants are asked to commit to formal practice, supported by audio recordings of guided meditations, for 45 minutes a day, six days per week.

As they move from their training at the Center for Mindfulness out to their own locations and audiences, teachers often find that they are called to deliver MBSR programs to a wide variety of populations, in circumstances that may require adaptation of the template program. This is implicit in teacher training. In fact, in an article by Kabat-Zinn (1996) that is part of the literature provided in the "entry-level" training delivered by the Center for Mindfulness, he states:

> We emphasize that there are many different ways to structure and deliver mindfulness-based stress reduction programs. The optimal form of its delivery will depend critically on local factors and on the level of experience and understanding of the people undertaking the teaching. Rather than "clone" or "franchise" one cookie cutter approach, mindfulness ultimately requires effective use of the present moment as the core indicator of the appropriateness of particular choices.

For example, three areas of choice that have been studied are the length of the course, duration of class sessions, and duration of home practice sessions. Several studies report course lengths of four to ten weeks (Jain, et al, 2007; Rosenzweig, et al., 2003), and class durations shorter than the model, ranging from 1-1/2 to 2 hours (Astin, 1997; Jain, et al, 2007; Roth & Calle-Mesa, 2006; Rosenzweig, et al., 2003). Formal home practice times shorter than the model range from 15 to 35 minutes (Reibel, et. al., 2003; Jain, et al, 2007; Rosenzweig, et al., 2003; Roth & Calle-Mesa, 2006). It is interesting to note that the average practice time reported by participants in the CFM model program, where 45-minute recordings are used, is found to be variable, depending upon the specific practice, from an average of 16 to 35 minutes per day (Carmody & Baer, 2008). There is no

consensus on the relationship between home practice duration or frequency and health outcomes. Some reports do not show a correlation between formal home practice time and health outcomes (Astin, 1997; Carmody, Reed, Kristeller, & Merriam, 2008; Davidson, Kabat-Zinn, Schumaker, Rosenkranz, Muller, Santorelli, et al., 2003) while others find correlations between practice time and specific health outcomes (Speca, 2000; Carmody & Baer, 2008). For example, in Carmody and Baer (2008), practice time was correlated with improvement in psychological well being and perceived stress but not medical symptoms.

A Typical MBSR Curriculum

The original MBSR curriculum undergoes a transformation based on local population, setting, and teacher factors. However, the integrity of the model is typically maintained through continuity of basic themes and practices. The outline below describes themes, learning objectives, and specific practices introduced in each session. The themes and practices are reinforced and built upon in each succeeding week.

Session One: Theme: There is more right with you than wrong with you, no matter what challenges you are facing. Problems can be worked with, and the MBSR program offers the opportunity to do this in a supportive environment. Present moment awareness of body sensations, thoughts, and emotions is the foundation of this work, because it is only in the present that one can learn, grow, and change.

Practices Introduced: Eating meditation, diaphragmatic breathing, body scan.

Session Two: Theme: Perception and creative responding: How you see things, or don't see them, will determine how you will respond to them. It is not the events themselves but rather how you handle them that influences the effects on your body and

mind.

Practice Introduced: Sitting meditation (focus on awareness of breath)

Session Three: Theme: There is pleasure and power in being present. We miss many of our pleasant moments, perhaps by focusing only on the unpleasant ones (i.e. crisis or pain). You can have pleasant moments even when you a re experiencing pain. Focus on the triangle of awareness: body sensation, thought, and emotion.

Practices Introduced: Mindful yoga

Session Four: Theme: Awareness of being stuck in one's life and how to get unstuck. Cultivating mindfulness can reduce the negative effects of stress reactivity, as well as help develop more effective ways of responding positively and pro-actively to stressful situations and experiences.

Practices Introduced: Sitting meditation (expanding focus from awareness of breath to body sensations and hearing)

Session Five: Theme: Reacting and responding to stress. The learning objective of this session is to connect mindfulness with perception, appraisal, and choice in the critical moment. Particular attention is paid to observing thoughts as events, and distinguishing events from content — "You are not your thought."

Practices Introduced: Sitting Meditation (expanding awareness beyond breath, body sensations and hearing, to observing thoughts, emotions, and whatever arises in the present moment)

Session Six: Theme: Mindful communication in stressful situations, including awareness of your needs in the present moment, and ways to express those needs effectively. The learning objective of this session is to learn how to maintain your center,

recognize habitual patterns of relating, and discern skillful options in stressful interpersonal exchanges.

Practices Introduced: Walking meditation

All-day Session: Theme: Integrate mindfulness practices learned in the prior sessions. Deepen mindful awareness of experience by formally cultivating mindfulness over an extended period of time, fostering the possibility of greater self-knowledge, and insight into the impermanence of body-mind states.

Practices: The full range of practices from prior sessions are reinforced, and two new practices are introduced — mountain or lake meditation, and loving kindness meditation

Session Seven: Theme: Cultivating kindness towards self and others. The learning objective of this session is to learn to cultivate a disposition of generosity in formal meditation practice so that it may arise more readily in our day-to-day life.

Practices Introduced: Concentration meditations on kindness and compassion

Session Eight: Theme: "The eighth week is the rest of your life." The learning objectives are to help participants keep up the momentum and discipline they've developed over the past seven weeks in mindfulness practice, both formal and informal, and to present a range of resources, such as books, tapes, advanced programs, and other opportunities for practice in the community, is reviewed to support continued practice. Meditations and opportunities for sharing with the group close the session and the course.

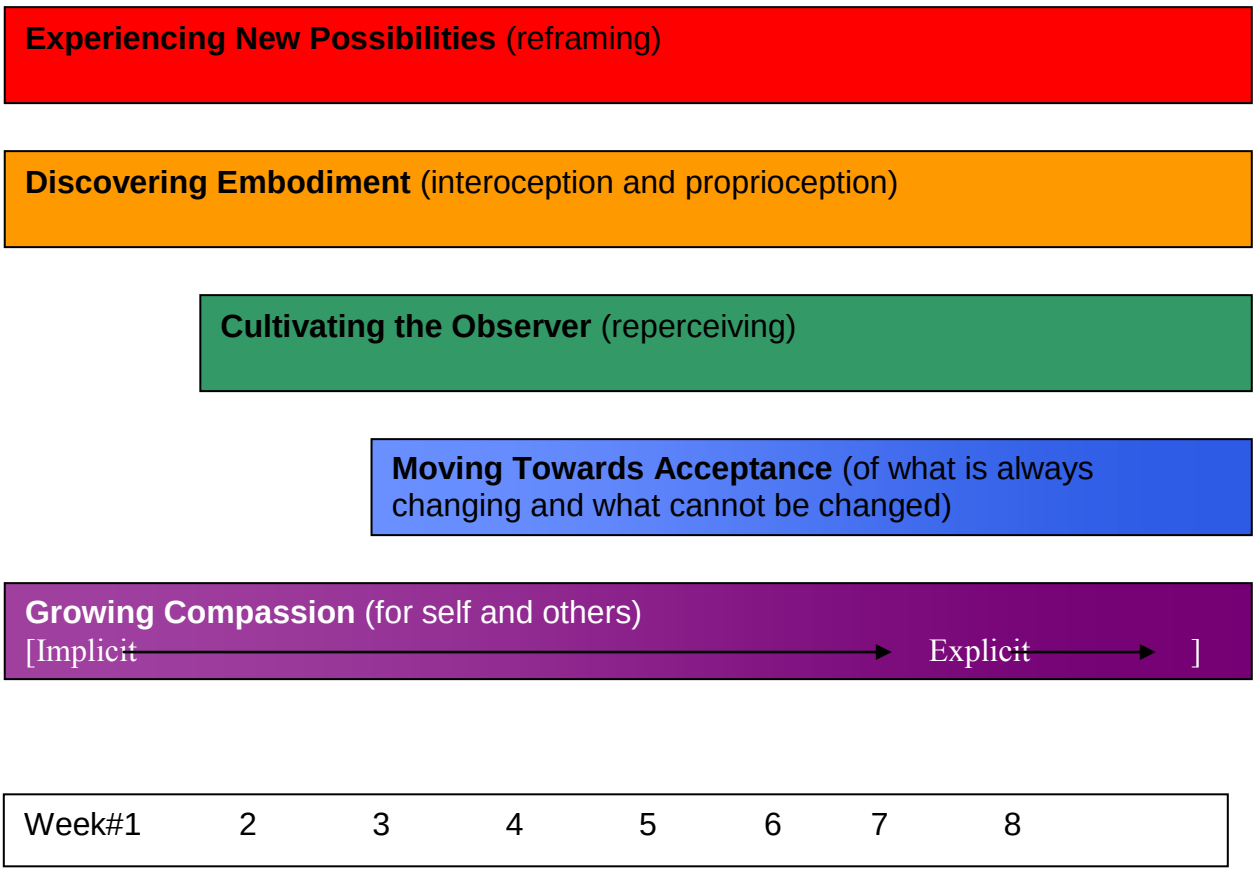
Participant Learning Outcomes

The scheme presented in Figure 2 is just one of an infinite number of ways of framing the learning outcomes of MBSR, which can be seen from another angle as its intentions. At the moment of this writing this scheme serves the authors' purposes; we

find it both explanatory and generative of insights and questions. Yet, we realize that at some point it will cease to be useful and, indeed, will need to be jettisoned as fresh explanations and questions arise. We believe that this "temporary truth" approach to theorizing reflects the MBSR values of maintaining a present-moment focus, avoiding the reification of concepts, and understanding the impermanence of experience.

The outcomes presented are implicit throughout the course, and become explicit in the curriculum as it develops across the eight weeks. Notice that the vertical structure of Figure 2 places the unfolding of the outcomes of the course within boundaries comprising, at the top, the experience of new possibilities, and, at the bottom, the growth of compassion. This suggests the interdependence and simultaneity of the three axioms of mindfulness in the IAA model (Intention, Attention, and Attitude) proposed by Shapiro, et al., (2006). The horizontal structure suggests the incremental and experiential nature of the course, in which knowledge is not added to participants, but rather, reflecting the Greek root of the verb *to educate,* is "drawn out" of participants.

Figure 2: Participant learning outcomes over course duration.



Experiencing new possibilities: From the first moment of encounter with the MBSR curriculum, participants' expectations are subverted; their habitual worldviews are slightly destabilized. The heterogeneity of diagnoses of participants — indeed, the non-pathologizing nature of group construction — sends a message that is amplified by the statement often quoted that in MBSR, "…as long as you are breathing, there is more right with you than there is wrong, no matter how ill or hopeless you may feel" (Kabat-Zinn, 1990, p. 2). One of the authors destabilizes the identity of MBSR as a typical educational course, through a reversal: "Maybe you signed up for a once-a-week class supported by homework assignments, but you may find it more useful to see it as eight weeks of homework supported by a once-a-week class."

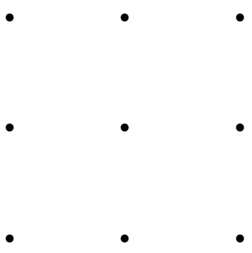
This immediate subverting of expectations and destabilizing of familiar concepts can be seen through a number of different lenses that are more or less acknowledged as influences on the development of MBSR curriculum and pedagogy (Santorelli, 2004). The Buddhist lens is succinctly represented in Goleman's definition of mindfulness given in full above; in short, "In mindfulness, the meditator methodically faces the bare facts of his experience, seeing each event as though occurring for the first time" (1988, p.20). This is made explicit as "beginner's mind," one of the "attitudinal foundations" in MBSR; as Kabat-Zinn (1990, p. 35) explains, "Too often we let our thinking and our beliefs about what we 'know' prevent us from seeing things as they really are." Another acknowledged lens is that of transformative learning, defined by its originator Jack Mezirow (2000, pp. 7-8), as one by which "…we transform our taken-for-granted frames of reference (meaning-perspectives, habits of mind, mind-sets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action." A lens that is highly useful though less pointedly acknowledged is the concept of reframing, most distinctly defined in the family therapy literature by Watzlawick, Weakland, and Fisch (1974, p. 95), as meaning "to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby changes its entire meaning."

In the first class, the model curriculum emphasizes new possibilities in two particularly directed exercises (Santorelli & Kabat-Zinn, 2003). First is the mindful eating of a raisin. Through a guided encounter with one raisin at a time, participants are

helped to suspend their "knowing" and to investigate the "facts" of the encounter in the present moment. By exploring the raisin with all the senses, new information destabilizes familiar ways of perceiving. As one example, when asked to "listen to" the raisin, an unconsidered dimension opens up; participants react with humor and real curiosity. Through such a contemplative approach to an ordinary undertaking, participants find they have challenged their understandings and habitual patterns. A participant in a recent class noted, "I've been eating raisins since I can remember, because I like sweet things and raisins are sweet. Now, I don't think I really like them. They are sweet, but I noticed the texture of the skin and the pulp…I don't find that particularly pleasant." The second exercise is the nine-dot problem (see sidebar: The nine dots), often given as homework after the first class. To struggle with the problem, and then to see the "out of the box" solution, can suggest the power of experiencing new possibilities. Coincidentally, Watzlawick, et al., (1974) discussed the nine dots in their work, and the continuing effect of seeing the solution: "Once somebody has explained to us the solution of the nine-dot problem, it is almost impossible to revert to our previous helplessness and especially our original hopelessness about the possibility of a solution" (p. 99) It is this reduction in helplessness and hopelessness that the "experiencing new possibilities" outcome emphasizes. Throughout the eight weeks, and into post-course life, we, as teachers, trust that new possibilities tremble at the edge of participants' experience, and that the potential for reframing experience moves from a guided offering by the teacher to a personal capacity within the participant.

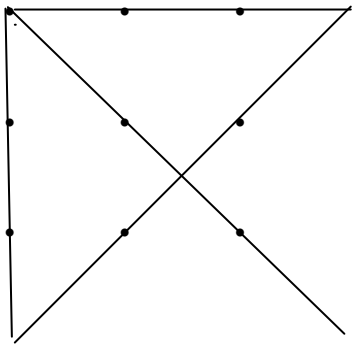
(Sidebar)

The nine dots: A puzzle



Instructions: Without lifting the pencil from the paper, draw four lines so that all of the dots are connected by having a line passing through them.

The nine dots: An answer



Solution: The "box" shape of the dots suggests that the solution is found inside the confines our boundaries of the dots. It is only when you see that you can move "outside the box" that solutions become possibilities.

Discovering embodiment: Our contemporary culture in the West privileges the cognitive domain over the domains of affect and embodiment. Direct experience, in Hamlet's phrase, is "sicklied o'er with the pale cast of thought." Indeed, much of the discourse of academic and clinical psychology takes place in cognitive terms, and attempts made to explain mindfulness from within this discourse risk reducing embodied experiences to events in the mind (Drummond, 2006). In contrast, the co-created mindfulness of MBSR classes and the ongoing pedagogical practices in the classes,

reflect a holistic, non-dual approach to the mind-body complex (Rothwell, 2006). This outcome of "discovering embodiment" points to a much closer relationship of MBSR to the humanistic tradition in psychology, with its interest in bodily experience (e.g., Gendlin, 1962; Perls, Hefferline, & Goodman, 1951/1969, Rogers, 1961), as well as to the expansion of interest to "embodied knowing" from "language-based knowing" in postmodern psychotherapy (e.g., Andersen, 2006; Hoffman, 2006).

Beginning with the first class, participants in MBSR are invited to "be with" or "be in" whatever experience is arising in the domain of body sensation, without judgment. This is as true of the exploration of the raisin as it is of the body scan. The body scan is, perhaps, a useful example. The teacher's guidance attempts to bring participants to their own experience of their bodies. The guidance provides permission for *any* experience to be present; for example, we begin at the top of the head, calling the participant's attention there, and offering language that names a range of experiences, from variations in temperature, to tingling, itching, pressure, to "nothing at all" — with an emphasis that "nothing at all" is a possible, acceptable experience. Further, initial guidance helps participants to parse immediate experience from stories *about* experience, to separate anticipation or opinion from the present-moment happening. Insights are often experienced at the presemantic level, and later revealed through such statements as, "I feel more connected to myself," and "I know that my back hurts, but I didn't know what that actually feels like until now." Insights may also be translatable into the cognitive domain, through concepts that can be generalized: "I thought it was going to be my right foot that started hurting, but it was my left!" The understanding of embodiment deepens as classes and practices unfold: the teacher's guidance helps make explicit the

interroceptive information available in the body scan meditation ("…noticing the sense of the lungs filling and emptying in the chest, and perhaps the presence of the heartbeat…"); guidance points out the responsiveness of the breath to meditation posture and cognitive and affective states ("…becoming curious about the quality of the breath..."); fine-tuning the reception of proprioceptive information in mindful yoga or other movement ("Where are the arms in relationship to the ground and to the rest of the body in this moment?").

Movement, such as the mindful Hatha yoga presented in the model curriculum is, in our experience, easily accessible as an embodiment practice. Participants make connections to their bodies quickly and in many cases joyfully. Central to the presentation of movement is the permissiveness with which it is presented. It is offered for the purpose of exploration of the interrelationship of body and mind, without expectations of meeting a standard of "performance." Participants who are physically challenged are encouraged to adapt the offered postures to their capabilities, or to practice through imagination — noticing the possibility for connection with the body in that way. Throughout the many co-creations of mindfulness in MBSR classes worldwide, forms of movement other than yoga are offered as well, including Tai Chi and Qi Gong, and simple experiments of sensory awareness — tuning in to the necessary processes of standing, sitting, lying down, and walking that arise within the context of the class. The teacher works best from her own deepest experience and training; for example, qualifications for MBSR teachers at the UMASS Center for Mindfulness are open, asking for experience in "Hatha yoga and/or body-centered awareness disciplines" (Santorelli & Kabat-Zinn, 2003, unpaginated).

The exploration of embodiment is a key to participant learning outcomes across the entire eight weeks: steering participants away from the privileged cognitive domain and its confined conceptual and semantic explanations moves them towards the edge of new possibilities noted above. The ordinary is poised for reframing. The holistic relationship of the triangle of awareness becomes instrumental. For example, when a participant is experiencing strong affect, the teacher can invite her to drop the "story" in the cognitive domain, and simply be with/in the body sensations — exploring and describing these without judgment. Such an exploration of, say, anger, may lead to a discovery that the bodily sensations by themselves are energetic and even pleasurable, which in turn may gently prompt a reframing.

Cultivating the observer: This is the realization of the IAA mindfulness model of Shapiro, et al. (2006), through which class participants find they have the capacity to detect and actualize new possibilities *for themselves*. This realization begins in and grows through the formal exercises and meditations taught in class one and practiced at home the first week. It most often becomes explicit in week two, when the initial challenge of the MBSR approach has settled. Not coincidentally, this is also the week when sitting meditation is first introduced. In the formal practice of both the body scan and sitting meditation in class two, guidance assists participants to work *with* rather than *against* the "wandering mind" that leaves the focus of attention (body part or breath) and must be re-focused. This practice of noticing when and where the mind has wandered points to the existence of the observing consciousness that does the noticing, and, thus, of the mechanism of reperceiving, "in which what was previously 'subject' becomes

'object'" (Shapiro, et al., 2006). Using this "observer" as a temporary platform for investigation, one can open to immediate experience, and even to choose to reframe it. This capacity is developed and strengthened through adoption of the full range of formal and informal practices, and in dialogue with the instructor as described in the "inquiry" section below.

Moving towards acceptance: This is the actualization of the third of the IAA axioms of Shapiro, et al.'s model — the *attitude* of mindfulness. In MBSR, this attitude points to a warmth that has its roots in non-judgment, and that flowers into "an affectionate, compassionate quality…a sense of openhearted, friendly presence and interest" (Kabat-Zinn, 2003, p. 145, quoted in Shapiro, et. al., 2006). This is revealed in the co-creation of mindfulness in MBSR in three interpenetrating sites of expression. First is the person of the teacher. The teacher's ability to build a safe, open, non-judgmental class environment by embodying the warm qualities of mindfulness in MBSR is of paramount importance. Santorelli (2004) has discussed this as the capacity to create a "holding environment," a "potential space" characterized by trust and confidence, as described by Winnicott (e.g., 1971). When the teacher is able to hold the class in this way, the class members form a second site of expression of mindfulness, and the group becomes a potential space for exploration. Statements such as "I feel safe here," and "This class is a refuge for me each week," and "I never thought I'd be saying this out loud…" are common currency in MBSR classes in our experience.

Within this self-reinforcing teacher/group container, the individual participant, the third site of expression, often finds that she has the capacity to meet whatever may arise for her with clarity and affection. She finds that she can be with/in strong affect or

challenging physical pain; that she can accept the condition of the moment. For example, woman whose husband died a year before she took the course, and who had been avoiding and denying her grief, was able at last to sit still with her grief in class. Feeling the depth of her heartache, she said through her tears that she felt a tremendous relief, a realization that "I don't need to run away from my grief. I just need to give it room and let it be." Such movement toward acceptance is actualized and strengthened in the full range of formal and informal practices, and in one-on-one "inquiry" dialogues with the instructor, to which all class participants are empathic witnesses. In fact, it is important to note that as the class develops over the weeks, the format of inquiry shifts from teacher-participant dialogue to include sharing of personal experiences from around the group that help catalyze greater acceptance.

Growing compassion: Compassion, rooted in the attitude of non-judging, shifts from an implicit compassion directed mostly towards the self, to an explicit extension of compassion defined as loving-kindness directed mostly towards the other. In the early weeks of the class, as mindfulness is co-created in the group, the motion of compassion is centripetal — drawn into each participant's experience from the teacher's embodiment of and dialogues about mindfulness. As the mindfulness in the group makes participants more available to each other moment by moment, the motion of compassion becomes centrifugal, as well, moving outward to transform the class into a group that cares for its members.

Compassion, particularly its centripetal motion, is implicit in the formal and informal mindfulness practices introduced in the early weeks of the course. It is in teacher-participant inquiry, group dialogue, and participants' extra-group relationships

that its centrifugal motion is enacted in those weeks. Then, in typical adaptations of the model curriculum, an explicit practice of loving-kindness is introduced somewhere between weeks five and seven, often during the all-day session. This practice of offering wishes for happiness, safety, wellbeing, and ease provides a link that helps many participants link their personal practice to the relational dimension. They discover the potential impact of their individual transformation on family, social circle, workplace, and political, social, and environmental awareness, as well as on their spirituality — and the centripetal and centrifugal motions become a single force.

Exactly how compassion-related practices should be integrated into a course devoted to development of mindfulness skills has been a subject of debate in the MBSR community. Kabat-Zinn (2005) notes that for pedagogical and practical reasons, he was reluctant to include such practices, as they are implicit and embodied in all of the practices and teaching, and as they may confuse participants just learning mindfulness practice by interjecting a sense of *doing*, by "…invoking particular feelings and thoughts and generating desirable states of mind and heart" (p. 286). For him, limited introduction of loving-kindness practice is justified because, "on a deeper level, the instructions only *appear* [his italics] to be making something happen. Underneath, I have come to feel that they are revealing feelings we actually already have, but which are so buried that they need continual invitation and some exceptional sustaining to touch" (p. 286). Other MBSR teachers have not found such pedagogical dissonance, and thus have developed curriculum adaptations that include loving-kindness and other compassion-oriented practices from the earliest weeks of the course, and/or include such practices in ongoing home practice for participants. In the authors' own adaptations, the four traditional

Buddhist compassion-oriented practices — loving-kindness, compassion, sympathetic joy, and equanimity — may all be introduced, and such introduction happens at the all-day session or in later classes. To defuse any dissonance of doing versus being, the practices may be guided with recurring injunctions such as "noticing how it is with you right now, in the body, emotions, and thoughts," and " knowing that you can offer loving-kindness [for example] with all that you are in this moment — whether you're feeling loving-kindness, or anger, or sadness, or any other way of being." From such a perspective, participants can allow their own experiences, while touching in to the practice.

MBSR Pedagogical Theory and Practice I: Introducing a Mystery

There are clouds obscuring both the *who* and the *how* of the teaching of mindfulness-based interventions in general, and MBSR specifically. The dearth of published information about the person of the mindfulness teacher and the specific skills required in teaching mindfulness-based interventions stems from overarching systemic issues in the research and practice community— the tensions between the drive to elaborate a strong evidence base, which is located solidly within the current scientific/medical paradigm, and the need to refine the pedagogy of mindfulness, which in many of its dimensions lies outside that paradigm.

The person of the mindfulness teacher, her qualities of being and her unique skill sets, are obscured in the current literature for the same reasons that the person of the therapist is obscured in efficacy research in psychotherapy generally: the social and economic forces that have constructed and maintain the "gold standard" research model of medical randomized clinical trials. Substantive critiques of this issue (e.g., Beutler, et

al., 2004; Lebow, 2006; Wampold, 2001) are succinctly summarized by Blow, Sprenkle, and Davis (2007), who note that "A major implication of the medical model is that the specific ingredients of the treatment are what are important in therapy, *not* who delivers the ingredients." Blow, et al., (2007) further suggest that this type of research is driven by the requirements of funding sources for adherence to the medical model, as well as by the demands of health care payors for evidence of efficacy of treatments to be presented within this model. Finally, Blow, et al., (2007) note the pressure for development of manualized models and fidelity measures to control for therapist effects. This last is of particular importance in the direction that mindfulness research has taken, as reflected, for example, in the concern over control of treatment fidelity expressed in two highly influential metaanalyses of mindfulness-based interventions (Baer, 2003; Grossman, et al., 2004). A poignant example of wishful or willful underestimation of the effect of the person of the teacher appears in a recent study (Jain, et al., 2007), in which, "To determine whether warmth and affability of the teacher or surroundings could contribute to intervention efficacy, students were asked to rate the pleasantness of the room and the affability, knowledge, and caring of the teacher…." Implicitly, then, the person of the teacher is of no greater importance than the health of the plant on the windowsill or the color of the carpet on the floor.

The general enterprise of building a strong evidence base for mindfulness-based interventions is both valuable and praiseworthy. At the same time, the resultant emphasis on defining and measuring the impact of the specific "ingredients" of the intervention at the expense of similar research on the person and skills of the teacher has helped to isolate the ongoing development and elaboration of pedagogical theory and practice from

public description and debate. The following two sections are offered to help those interested in delivering MBSR or other mindfulness-meditation-based interventions to understand the true depth and breadth of the dimensions of being and knowing required for successful teaching. Much of the material below derives, appropriately, from the authors' own educations and personal transformations through participation in MBSR training programs offered by the Center for Mindfulness, and in our experiences of developing and delivering professional trainings for potential teachers of mindfulness-meditation-based interventions. Just as the MBSR teacher's challenge is to translate what are essentially pre-semantic experiences of moment-to-moment presence into effective and affecting language for the wide range of individuals in a class, the challenge in public discussion of the pedagogy of mindfulness is likewise to bring the tacit characteristics and skills of the teacher into language and concepts that are open to continuing critique, revision, and improvement.

MBSR Pedagogical Theory and Practice II: The Person of the Teacher

The person of the teacher is obscured in much current research because of at least four aspects of teacher training and development: 1) the ongoing personal transformation of the teacher holds a central place in training; 2) teacher-training courses are highly experiential; 3) the teacher-student relationship has a powerful role in communal healing; and 4) teacher training programs have been reticent to limit a teacher's creativity. When explored, these aspects make salient many important characteristics of effective teachers.

1. The ongoing personal transformation of the teacher holds a central place in training. Commitment to a personal practice of mindfulness is crucial to the development required. Jon Kabat-Zinn (2003) notes that the MBSR program at the

Center for Mindfulness "requires extensive grounding in mindfulness practice as one criterion in hiring new teachers." He asks, "For how can one ask someone else to look deeply into his or her own mind and body and the nature of who he or she is in a systematic and disciplined way if one is unwilling (or too busy or not interested enough) to engage in this great and challenging adventure oneself, at least to the degree that one is asking it of one's patients or clients?" For example, Neil Rothwell (2006), compares his experiences teaching both Cognitive Behavioral Therapy-based groups and MBSR courses, and realizes that "In MBSR, rather than being a teacher in a conventional sense, the leader's role feels much more like immersing oneself in a process or a way of being….The role of the teacher is mainly to engender mindfulness by bringing attention to the moment-to-moment awareness of participants whilst actually in the room. The main means of doing this is by being mindful oneself, which seems to provide the opportunity for experiential learning by the client." Indeed, it would be difficult to exaggerate the importance of this point. As Kabat-Zinn (1999) characterizes it, "The attitude that the teacher brings into the room…ultimately influences absolutely everything in the world. Once you make the commitment, as Kabir put it, 'To stand firm in that which you are,' to hold the central axis of your being human, the entire universe is different."

Commitment to regular formal mindfulness meditation practice is defined at minimum as practicing at least with the frequency and duration expected of students in the class (Kabat-Zinn, 2003). Further, prolonged periods of practice provide the developing teacher the opportunity for greater insight into the mind-body complex and into the practice itself. Therefore, a regular pattern of silent retreats of five days or more

is required of teachers in the model MBSR program (Santorelli, 2001a), and of candidates for training beyond the foundational level through the Center for Mindfulness (2007). Retreats are not extensions of daily practice, not just "more of the same." There is a qualitative as well as a quantitative difference between what is revealed by formally cultivating mindfulness for, say, one hour, and seamless formal and informal practice for one's waking hours over, say, ten consecutive days. The arising and dissolution of sensations, emotions, and thought in an hour might be considered metaphorically as a photograph of a natural scene, while the metaphor for a ten-day retreat might be a time-lapse movie of the same scene as seasons change: both are dense with potential for experience and insight, yet the movie reveals and opens for exploration dimensions only hinted at in the photo.

Mindfulness sitting meditation appears to be the preferred form of practice for MBSR teachers (McCown, Reibel, & Malcoun, 2006), and is the predominant form offered through the retreats in the Theravada Buddhist tradition that MBSR teachers are encouraged to attend (Center for Mindfulness, 2007). However, a second requirement of teachers in the UMASS model MBSR program and of teachers applying for advanced training at the Center for Mindfulness is ongoing involvement in body-centered disciplines, which includes but is not limited to Hatha yoga (Santorelli, 2001a; Center for Mindfulness, 2007). For the authors, such practice and training includes Hatha yoga, Tai Chi, Qi Gong, Tsa Lung, Eurythmy, and Sensory Awareness. The potential variety of practices implied by this list makes it evident that their power for personal transformation is not found in a striving for mastery — picture perfect postures, award-winning performances. Rather, the power is in the moment-by-moment opportunity to be in touch

with the body-mind complex. This is profoundly expressed by the Sensory Awareness teacher Charlotte Selver (Selver & Brooks, 2007, p. 225):

> Discoveries can happen anywhere.
> The question is not what you do,
> but how you do it.
> You can't be in a higher state of being
> than to be there for something.

A third requirement for teacher development, as defined by the Center for Mindfulness (2007), is continuing personal psychological development, characterized by "learning as much as possible about your own personality and patterns of relating" (p. 4). Certainly, this implies the experience of one's own psychotherapy, including the strengthening of one's capacity to recognize and work with one's own reactivity in the moment, and, failing that, to accept one's missteps and repair relationships as appropriate. Searching further in the expectations of the Center for Mindfulness (2007b), there is also an explicit linkage of psychological and *spiritual* development. In spiritual development, one's own mindfulness practice is central, especially work with mindfulness teachers on retreats and in one-to-one regular contact. Most likely, such teachers will have authority in some traditional Buddhist lineage. It is common in the authors' experiences that our teaching colleagues and teachers in training have an abiding interest in Buddhist philosophy and psychology, if not in Buddhist ritual practice. This does not imply, however, that MBSR teachers necessarily identify as Buddhist. In the authors' experiences, most teachers are sympathetic to the full range of theistic and non-theistic traditions. For example, while we have practiced and trained with teachers within several Buddhist traditions, we have also worked for many years with clergy and spiritual directors within our "home" traditions of Judaism and catholic Christianity, and we are

informed about and interested in religious and spiritual expression across cultures and around the world. A useful definition of the kind of spiritual maturity required of an MBSR teacher comes from Fowler's (1981) elaboration of six "stages of faith": Stage 5 is characterized by *dialogical knowing*, in which knower and known enter an I-Thou relationship. Fowler assists in understanding the contributions of mindfulness practice in actualizing such maturity, noting, "What the mystics call 'detachment' characterizes Stage 5's willingness to let reality speak its word, regardless of the impact of that word on the security or self-esteem of the knower" (p. 185). The clinical value of mature spirituality in an MBSR teacher is clear in Fowler's (p.198) statement that, "…this stage is ready to spend and be spent for the cause of conserving and cultivating the possibility of others' generating identity and meaning."

2. Teacher-training courses are highly experiential. MBSR classes for patients are built around mindfulness practice inside and outside the class, and teacher training parallels that emphasis. For example, two of the four key teacher education courses offered by the Center for Mindfulness (2007) are billed as "training/retreats." The content and conduct of the courses, in the authors' experiences, encourages both formal and informal cultivation of mindfulness, and challenges students to critical self-reflection. The preference in the majority of the training time is for *being* over *doing*, *process* over *content.* Santorelli (2001c) identifies three elements of pedagogy for professionals: 1) a knowledge base, 2) a reflective base, and 3) a contemplative base. This scheme suggests a two-to-one bias towards self-exploration over didactic content. Put another way, a recent (CFM, 2007, p. 27) formulation of "The Way of Teaching" describes how "Teaching by heart calls on teachers to access all that we are rather than allowing

learning to be dominated by knowledge acquired almost exclusively through the filters of objectivity and intellect", and notes that "…learning dominated by these attributes can readily lead us, as teachers and students, to feel disconnected from the very sources of inquiry and creativity that fueled our passion to study and teach the subjects we love."

3. The teacher-student relationship has a powerful role in communal healing. As characterized by Santorelli (1999), the relationship between any health care provider and patient potentially is a "crucible for mutual transformation" (p.15). He suggests that when both MBSR teacher and student, through the cultivation of mindfulness, are able to explore unflinchingly their own literal and metaphorical wounds, and to relate to each other based on what they learn and share, both can experience healing. Such an archetypal vision reveals not only how far from the medical model mindfulness can carry us, it reveals, as well, how important are the nearly indefinable factors that make a good teacher. As both Kabat-Zinn (2003) and Santorelli (2001c) have pointed out, and the authors' experience in the training of teachers supports, the most effective MBSR teacher is not simply the one with the longest history of mindfulness practice, rather it is the one best equipped to make and maintain compassionate connections. As Santorelli (2001c) describes it: "We have had teachers and interns with less meditation practice who have had strong academic and 'life' training that has created within them the possibility of understanding some things that you can't get any other way by being alive." The assumption is that the teacher has *chosen* to live mindfully, and that mindfulness practice, however short-lived, permeates the person. Observed through a more wide-angle lens, that of the common-factors perspective in psychotherapy, the MBSR teacher epitomizes Simon's proposal (2003) that a therapist is most effective when using a model of therapy

based on a worldview congruent with her own. He explains that in such a case clients do not experience the model so much as the person of the therapist, while the teacher's primary experience is her use of self. He concludes (p. 11), "Therapy thus becomes what it always is at its best — an encounter between persons."

4. Teacher training programs have been reticent to limit a teacher's creativity. MBSR, and, indeed, the full range of mindfulness-based interventions emerged as creative responses to the challenges in adapting each developer's personal experience of mindfulness practice to work within their own professional environment, targeting populations with whom they have significant experience and for whom they care deeply. As Santorelli (2001c) describes it, such was the genesis of MBSR: "In the beginning, no one gave Jon [Kabat-Zinn] curriculum or a blueprint for how to do this. It arose out of the situation itself; out of the life he was living and a longing he felt compelled to follow."

In that spirit, the Center for Mindfulness encouraged professionals to learn from MBSR *and* from their personal meditation practices, as well as to apply their unique professional and life experiences to create programs in the spirit of, though not to the letter of the UMASS model. Santorelli (2001c) notes, "We didn't want to put the lid on creativity but instead to give it the space to unfold in a thousand and one ways that we couldn't possibly conceive of." As a result, there are now many mature MBSR and mindfulness-meditation-based programs in institutions around the world that have departed in certain ways from the UMASS model, and that nevertheless have been shown through empirical studies to be as effective as the UMASS model (Reibel, et. al., 2003; Jain, et al, 2007; Rosenzweig, et al., 2003; Roth & Calle-Mesa, 2006). These programs are staffed by professionals who have received training through the Center for

Mindfulness *and* from their home program's senior staff. Further, some of these mature programs have begun their own formal training programs for professionals considering the use of mindfulness-meditation-based interventions. The program at the Jefferson-Myrna Brind Center of Integrative Medicine is a case in point, with effective, empirically supported curriculum shifts (Reibel, et al., 2001), and a staff trained through both the Center for Mindfulness and Jefferson-based internships and a practicum course — which is also open to other professionals, who in turn may elaborate, experiment, and evolve further curriculum shifts.

That the MBSR community incorporates such a spectrum of approaches highlights the importance of public dialogue about the person and skills of professional mindfulness teachers. The pedagogy of mindfulness is a co-creation of the entire community of its teachers, and is *ipso facto* the property of that community. It comes into being and shifts shapes moment-to-moment, context-to-context, class-to-class. Its lively, flowing quality, bounded only by the intimate grapplings of each teacher and class with the practice, is its ultimate value. The emerging enterprise of elaborating a pedagogical theory and practice must, therefore, be based on public, accessible ways to share, critique, and synthesize the new and effective methods and media that are always arising. Without continual dialogue that honors the inherent creativity of every teacher, the fate of such a pedagogy is like that of a rainbow trout, which, removed from the flowing stream, quickly loses its wondrous iridescence.

From paradox to definition. We have attempted to describe the person of the teacher by starting with the reasons that the scientific discourse of mindfulness makes such description difficult. What has emerged through this paradoxical endeavor, we

hope, is a living picture of the complexity, vibrancy, and necessary uniqueness of each teacher. With such an appreciation established, we can attempt a definition of the person of the teacher that may in its simplicity be useful for self-reflection and clinical or supervisory application. Based on the dimensions of *authenticity, authority,* and *friendship,* this definition is elaborated in the sidebar.

(Sidebar): The person of the teacher.

In both group and individual work in interventions incorporating mindfulness-meditation, the mindful use of the person of the teacher is of central importance, and can be considered across three dimensions:

1. Authenticity: This is connected to the teacher's own mindfulness practice and the fruits of other psychological and spiritual work. Moment-to-moment, in relationship to the group or individual, the teacher *embodies* mindfulness, living the transformative realities of reperceiving, acceptance, and compassion.

2. Authority: This is not meant to imply power granted by position or profession. Rather, authority suggests that the teacher's knowledge, which is derived from personal practice, psychological and spiritual development, experience teaching mindfulness, and expertise in a professional discipline, is unique and *thoroughly* processed. When the teacher talks or acts from this material, her real or symbolic authorship of it is evident — both the person and the knowledge she reveals speak volumes.

3. *Friendship:* This is a term gleaned from the contemporary Buddhist theologian, Stephen Batchelor (1997). His description of friendship in the world of Buddhist practice and study fits the mindfulness teacher's role with a student: "Such a friend is someone whom we can trust to refine our understanding of what it means to live, who can guide us

when we're lost and help us find our way along a path, who can assuage our anguish through the reassurance of his or her presence" (p. 50). It begins with the intention of meeting people "where they are," coming to any encounter *without* an agenda or intention to "fix" the other, and *with* a willingness to allow relationships and situations to unfold in a fresh way.

MBSR Pedagogical Theory and Practice III: Suggested Skills for a Teacher

We have suggested that teachers teach first from their own experience, and that, therefore, the pedagogy of mindfulness is infinitely variable, flowing like water. Yet, at the same time, we also believe that there are general types of skills that teachers share. These could be seen as the banks and bends, chutes and falls through which the water flows — the *course* of the water, as it were — and through which each teacher uses similar skills to maneuver in unique ways. Each of the four skills described below has evolved from many sources. The pedagogy of mindfulness as exemplified in the trainings through the Center for Mindfulness is pragmatic and eclectic, making use of a wide range of medical, psychotherapeutic, educational, and anthropological-sociological insights and techniques. This material is not integrated theoretically; rather, it is integrated in the person of the teacher, through her embodiment of mindfulness. The descriptions of these skills come from the authors' experiences in our own ongoing training, from our own elaborations and explorations of these skills in the crucible of the classroom, and from witnessing the work of colleagues (relatively few, given the more than 9,000 people who have completed professional trainings through the Center for Mindfulness!). Necessarily, then, the sections below are more evocative than prescriptive. Where references to specific theories or literature have been made by the Center for

Mindfulness, we have supplied citations for further exploration. We have also supplied citations for theories and techniques that have significantly influenced our own teaching styles.

1. Creating and maintaining a working group. Kabat-Zinn and Santorelli (2003) describe the necessary elements for this as "highly developed skills in group dynamics, interactive teaching, and a sensitivity for what it is that different people need in any moment in a class-like situation." Skill and experience in group development, conceptualized in any number of ways (e.g., Agazarian, 1999; Bion, 1961/1989; Tuckman & Jensen, 1977; Yalom, 1985), is valuable as a starting point. It is important to remember, however, that MBSR was conceived in an educational rather than a therapeutic model (Kabat-Zinn, 1996), and that in its ongoing refinement it has absorbed a wide range of influences. Santorelli (2004) enumerates four powerful influences on the running of the group: education for liberation (Friere, 1988), transformative education (Mezirow & Associates, 2000), the inner landscape of the teacher (Palmer, 1998), and Winnicott's concept of the holding environment (1971). In the early weeks of the MBSR course, in which the participants contract for and begin to build safety for one another, the contribution of Winnicott's work plays a significant role. At the start, the teacher must invoke her authority to provide much of the "holding" that allows students to withstand the challenges to their rigid conceptions of self. Simultaneously, however, the teacher is also potentiating development of a holding capacity within the group: using every opportunity to turn the students towards each other and encouraging supportive interaction, perhaps by using group formats that help control emotional reactivity, competition, and contradiction, such as Council Circle (Zimmerman & Coyle, 1997) or

Systems Centered Theory (Agazarian, 1997; Ladden, 2007). Further relationship building is encouraged through extensive use of dyadic and small group exercises, and through the group's direct experiences of the teacher's authenticity. Participants' experiences of the teacher include witnessing both rifts and repairs in her relationships with individuals and the group, making plain her imperfections and emphasizing that the group process is, indeed, a process.

All of this is essential prelude to and concomitant with the co-creation of mindfulness in the group, which brings its own intentions of safety and self-exploration, with shared attitudes of acceptance, non-judgment, and compassion. The formal group practices of mindfulness meditations and attendant group dialogue and teacher-student inquiry, which are a major part of each week's class experience, seem to foster interpersonal connections and a capacity to "be with" the other participants with compassion and without judgment. A transcendent theme in participants' verbal comments to their group in the final session are continually echoed in this statement from a participant: "I'm not sure I even know everyone's name, but I have never felt so close to a group of people before in my life. It's like we know and care about each other in a whole different way."

2. Delivering didactic material. There are several modules within a typical MBSR curriculum that require a teacher to provide informational content that may not reside in the group: for example, a working definition of mindfulness, a working understanding of stress physiology, and information about particular models of group or individual communication. Authoritative skills in developing brief, clear, and memorable presentations that engage the triangle of awareness — thought, emotion, and sensation —

are extremely helpful in facilitating common understandings of basic concepts and a common vocabulary among group members.

Individual teachers call upon their unique "authority" for approaches that work for their specific populations. There are, however, two preferences that shape most teachers' styles. First is a preference for drawing as much of the material out of the group as possible. As Santorelli (2001) describes it: "Importantly, rather than 'lecturing' to program participants, the attention and skill of the teacher should be directed towards listening to the rich, information laden insights and examples provided by program participants and then, in turn, to use as much as possible these participant-generated experiences as a starting point for 'weaving' the more didactic material into the structure and fabric of each class." Second is a preference for ways of knowing that go beyond the cognitive dimension. This is easily illustrated by the fact that a poem, a story, even a children's picture book may be the medium of choice for introducing or reinforcing an important idea. For example, in the first or second class, a teacher may choose to intensify the idea that our habitual ways of perceiving the world keep us from experiencing new possibilities by telling or reading a story, such as the very short one that follows from children's television icon Fred Rogers (2004, p.187).

> When I was a boy and I would see scary things in the news, my mother would say to me, "Look for the helpers. You will always find people who are helping." To this day, especially in times of "disaster," I remember my mother's words, and I am always comforted by realizing that there are still so many helpers—so many caring people in this world.

The person of the narrator, the intimacy of the mother-child scene, the content of the story, and its social and historical resonances all contribute to an experience and a knowing that engages the whole person, not just the intellect.

3. Guiding formal meditations. Teachers guide meditations "live" in the classroom where participants often have their eyes closed, and via audio recordings supplied to class members for home practice. This implies how much the skill of guiding meditations depends on verbal communication. Effective meditation guidance requires control of performance in four interdependent dimensions: (a) languaging, (b) allowing, (c) orienting, and (d) embodying.

a) Languaging. Jon Kabat-Zinn has masterfully analyzed the impact that language can have on clients' experiences of mindfulness practice, and his insights have shaped how MBSR teachers are trained through the Center for Mindfulness to guide meditation. Kabat-Zinn (2004) identifies four problems that can be introduced through verbal and non-verbal communication, and that can "generate resistance" in students, or "create more waves in the thought structure": (1) striving, as in "if you did this long enough, you'd be better;" (2) idealizing, as in "I know how to do this and I'm going to teach you;" (3) fixing, as in the implication that something is wrong with you that meditation is addressing; and (4) dualism, as in language that suggests that there is an observed and an observer. As to what kind of language to use, specifically, he states that nobody likes a command — that one should instead make suggestions. For example, rather than say "Breathe in," which can lead to a who-are-you-to-tell-me-what-to-do reaction, one could say, "When you're ready, *breathing* in…" The use of the present participle rather than the imperative minimizes the teacher-participant hierarchy, eliminates the subject-object distinction, emphasizes the present-moment experience, and possibly elicits inquiry into just who or what is breathing. One can also generate distance and space for exploration and reflection by using the definitive article rather than a possessive pronoun, saying

"lifting *the* right leg" rather than "lifting *your* right leg." Kabat-Zinn (2004) advises that such rules should not be held too tightly, however, as too much use of the present participle can become distracting, while too much distancing through the definitive article may result in a he's-not-talking-to-me reaction.

b) Allowing. Of central concern in the pedagogy of MBSR is ensuring that each participant feels free to have his or her own experience, not some "required" experience specified by the teacher or the group. This dimension is critical, because it encompasses a paradox for the teacher: when one can bring detail and specificity moment-by-moment into the guidance, participants connect well with the practice, yet each person will be having a unique experience. Teachers find balance by offering a range of choices, and by couching suggestions in tentative phrases. For instance, in guiding a body scan, the teacher may ask participants to focus on the forehead by saying, "Noticing any tightness or softness in the muscles…perhaps there's tingling, or maybe the sensation of the air moving in the room is available to you… or it may be that there's no sensation available at all — and that's OK; that's simply your experience in this moment…." Such a construction offers permission for whatever arises, encouragement for exploration beyond habitual responses, and unconditional acceptance of any outcome.

c) Orienting. Here, again, the teacher faces a paradox. Mindfulness practice makes all of one's experience available as it arises moment by moment, which suggests that the search for organizing concepts or narrative runs counter to practice. Participants are urged to "drop the story" and return the attention to what is arising in the moment. And yet, in guiding mindfulness practices, particularly in the early classes, participants

need to sense coherence and direction to feel safe enough to undertake an experience that destabilizes the mental constructs.

The teacher must find some form of organizing principle for the guidance to be acceptable. This may be easy. For example, the first formal practice, the body scan, engages sensations of the body sequentially, from head to foot or vice versa. Mindful movement practices such as Hatha Yoga or Qi Gong have inherent structures, both in the individual postures, and in potential sequencing. Sitting meditations may have a "narrative arc," as in an expanding awareness meditation that sequentially opens to experience in the domains of breath, body sensation, sound, thought, and emotion, leading to choiceless awareness of what arises in the present moment in any domain.

Other meditations may have no inherent organizing principle at all, such as a single focus on awareness of breathing, or the practice of choiceless awareness. Guiding such meditations requires an approach to language and performance that has coherence and integrity. It is essential to have an extemporaneous capacity to create purely verbal constructions that provide for participants a secure base from which they can explore. There are three basic strategies that can create this kind of coherence and safety, and that can be used to help integrate guidance of any type of practice. First is a simple refrain, a recurring construction that suggests some stability in the flow of experience. For example, in a choiceless awareness meditation, the question "Where is your attention in this moment?" will bring participants back to their direct experience. Second is the ongoing elaboration or blossoming of a concept. The teacher may introduce a useful principle for practice, and then, throughout the guidance of the meditation session, expand its definition and describe different times and reasons for bringing it into one's

practice. For example, in an awareness of breath meditation, the teacher could introduce the principle of kindness towards oneself, and then elaborate the practice of cultivating a loving response towards one's own distractions throughout the guidance. Third is the incorporation of moment-to-moment events in the environment into the flow of the guidance. For example, in the large city, large institution context in which the authors teach, street-level tumult such as sirens or jackhammers, hallway happenings from rumbling carts to whispered conversations, even the undependability of heating and air conditioning can be noted and offered to the group — "What's happening within you as that siren sounds nearer and nearer?" These basic strategies can be combined creatively to improve guidance for any specific practice, for any specific group.

d) Embodying. This is the most critical dimension of guidance: the connection of the teacher to her own practice while speaking. Guiding a meditation is not an empty performance; the teacher herself is engaged with the practice from moment-to-moment as she speaks. The verbal constructions she creates are thereby rooted in her experience. Her strategies of orienting are not abstract, but arise from experience; the blossoming of a term or concept is a description of the teacher's own observations, both immediate and remembered. She incorporates what arises in the shared environment, using herself as a sensing instrument, yet allowing for the infinite range of potential subjective experiences of the participants. The importance of embodying to effective guidance cannot be overstressed. In the authors' experiences in training and developing new teachers, it is quite easy to perceive whether a teacher is "dropped in" to the practice she is guiding; a felt sense of authenticity comes right through when the connection is there. Word choice,

tone of voice, confidence of expression — all reflect authenticity when the teacher is embodying the practice, and all help to shape participants' experiences.

4) Inquiring into participants' subjective experiences. Much of the transformative effect of MBSR may be potentiated by dialogic encounters in the classroom. Santorelli (2001b) states: "It is recommended that a significant amount of time in each class be dedicated to an exploration of the participants' experience of the formal and informal mindfulness practices and other weekly home assignments." The authors believe that this activity is an extremely important and dynamic element in participants' experiences of MBSR that has not been adequately addressed as part of the process in MBSR research.

As noted in the *Participant Learning Outcomes* section above, dialogue between participant and teacher in the group space can assist especially in enhancing the critical outcomes of "cultivating the observer" and "moving towards acceptance." Teacher-participant dialogue of this type is an "inquiry" into the participant's subjective experience — his or her pre-semantic knowing in the moment — with an intention to make more conscious meanings that are then available for further investigation. The skill of the teacher in such an undertaking is to be available to the other person, to be genuinely interested in the participant's experience.

Inquiry, then, is a meeting of two subjectivities in which neither assumes an expert position and both are able to work from a "not knowing" position to explore the fullness of possibilities for meaning. To be most helpful in inquiry with participants, an MBSR teacher works from (a) a philosophical approach to inquiry that supports a "not knowing" position, (b) an awareness of the cultural and individual resistances to inquiry that may be present, (c) a willingness to abandon language and return to experience and

tacit knowing when dialogue ceases to generate meaning, and (d) a capacity to remain open to the outcome of any exchange with a participant or the group.

a) Philosophical approaches. Batchelor's (1997) attempt to reimagine the Buddhist teacher for the contemporary West in terms of "friendship" provides a telling parallel to the role of the adult educator as described by Mezirow (2000). Both Buddhist thought and the discipline of transformative education have been major influences on the philosophy of MBSR pedagogy. Batchelor, from the student's perspective, imagines teachers this way (1997, pp. 50-51):

> These friends are teachers in the sense that they are skilled in the art of learning from every situation. We do not seek perfection in these friends but rather heartfelt acceptance of human imperfection. Nor omniscience but an ironic admission of ignorance…. For true friends seek not to coerce us, even gently and reasonably, into believing what we are unsure of. These friends are like midwives, who draw forth what is waiting to be born. Their task is not to make themselves indispensable but redundant.

Mezirow (2000, pp. 26-27), speaking from the teacher's perspective, uses the term "discourse" in much the same way we are using "inquiry" here:

> Discourse is the process in which we have an active dialogue with others to better understand the meaning of an experience…. Fostering discourse, with a determined effort to free participation from distortions by power and influence, is a long established priority of adult educators. The generally accepted model of adult education involves a transfer of authority from the educator to the learners; the successful educator works herself out of a job as educator and becomes a collaborative learner.

Both assert the importance of a non-hierarchical teacher-student relationship, the necessity of a shared stance of not-knowing, the power of the action of "drawing out" the tacit knowing of the student, and the value of understanding the teacher's success as found, ultimately, in the diminishment of her status.

b) Cultural and individual resistances. Given the dominant "banking" model of education, in which students are waiting for teachers to deposit knowledge into them, the initial encounters of inquiry may frustrate participants. There is security in the teacher as expert; there is fear in being one's own authority. Overcoming the attendant resistance to inquiry becomes an informal mindfulness practice for participants: they must become aware of, and transform, the habits of the banking model — working at staying open to their own insights. The teacher's role in this is to bring compassionate curiosity and non-judgment to the encounter, particularly a capacity to withstand the urges to "fix" or give advice and instead to stand with the participant in a space where meaning may unfold. As is so often true, what is required of the teacher is an embodiment of mindfulness. The teacher's authentic presence reciprocally supports participants' capacities to not know, to not fix, and to stand with/in their own experiences, which may lead to insights.

c) Language and experience. It is often the case that an inquiry dialogue can help a participant bring their pre-semantic experience of formal of informal mindfulness practice increasingly into consciousness through language. The teacher's genuine curiosity and unassuming (having no assumptions) presence may be expressed in very simple questions about an experience, such as "What was it like for you?" This may generate a tentative response. Further open-ended exploration — "Can you say more about that?" or "Is there more that you've noticed?" — require reflection and an engagement with language that helps the participant towards greater understanding. For example, a participant described his experience with the body scan by saying, "I feel more connected somehow." The question from the teacher, "More connected to what?", provided the impetus and the space for deeper recognition: "More connected to myself

and my family and other people," and then a long pause, followed by, "But mostly to myself. That's what's really different." In one way, perhaps that's simply a new shade of meaning; in another way, perhaps, it is a profound recognition of a gulf of experience never before bridged. During such an exchange, the other members of the group are both witnesses to one person's changing perspective and participants in their own reflections and recognitions. Inquiry is shared work.

It is also often the case that an inquiry dialogue leads to confusion rather than clarity. At such a point the teacher may suggest that the participant use formal mindfulness practice for further pre-semantic exploration of sensation, thought, and emotion. Such re-visiting, in the authors' experiences, often opens to greater emotional intensity and dialogue about personal material. Therefore, teachers proceed cautiously with the subject and the rest of the group, asking if the subject would like to work more in this way, and inviting the group both to witness the inquiry and participate in their own "inner" dialogue if that seems potentially useful for them. The toggling back and forth between pre-semantic experience and open dialogue with the teacher can clarify an experience and its meaning. What is required of the teacher in such encounters is a willingness to go only where the participant is willing to go, and a sensitivity to the needs of both the participant and the rest of the group.

d) Openness to outcome. Inquiry is an invitation to the innate wisdom of the other to be known in experience and language. When this spirit of invitation is embodied by the teacher, it also may become a way of being for the participant (and all class members). Valuable dialogue may take place, yet the value is not simply in the particular insight or construction of experience in language. The value is in loosening the grip of habits of

thought, patterns of reaction, and rigid self-concepts.

The potential of inquiry is a new capacity for freedom that is well described in Carse's (1986) metaphor of finite and infinite games. Finite games have specific rules, so that we know what the game is and how to win by defeating others. Infinite games have ever-changing rules, so that we can continue play indefinitely without zero-sum outcomes. At its best, inquiry takes the teacher, participant, and class into the realm of continual play, which can result in epiphanies that may be ongoing, or in planting seeds that may grow in later classes (or years), or in simply going nowhere while maintaining play. No one fails, everyone benefits.

Further, the teacher has no fixed role in the infinite version of the inquiry game. Particularly as the classes move into the later weeks, it may be possible for the group members to inquire on their own, either in "internal" dialogue, or with one another.

Mindfulness and MBSR in Integrative Psychiatry Practice.

The integrative psychiatrist may choose to engage with MBSR or other mindfulness-based interventions at any or all of three different levels: (1) by referring patients to MBSR or other appropriate courses, (2) by undertaking mindfulness training and cultivating a personal practice, (3) by incorporating mindfulness teaching into clinical practice.

Referring patients. As suggested at the outset, there is growing empirical support for the efficacy of MBSR. Because MBSR is holistic, non-pathologizing, and offered (most often) to a heterogeneous patient population, a wide range of psychiatric patients may benefit. The main caveat is that their conditions do not preclude participation in a group setting in which group members are encouraged to explore their own

vulnerabilities. As Hayes and Feldman (2004) note, careful consideration must be given to patients' abilities to face their own negative material without use of their current coping strategies. Guidelines for acceptance into MBSR classes vary among organizations and individual teachers, yet the exclusion parameters set by the CFM programs suggest typical practice. The CFM program specifically excludes from participation patients with active addiction or who have been in recovery less than a year; patients with suicidality, psychosis (refractory to medication), post-traumatic stress disorder, depression or other major psychiatric disorders if they interfere with group participation, and social anxiety that makes a group environment difficult. With these exclusion criteria, however, come the significant exceptions that if the patient is highly motivated to participate in the MBSR class, is engaged in appropriate and supportive treatment with other professionals, agrees to the MBSR teacher communicating with the professionals, and the professionals agree to act as primary care givers and first contacts in emergencies, enrollment may be considered, with the teacher making the final decision (CFM, 2004). Other issues that may exclude participation are language comprehension, physical inability to get to class (not physical impairment, but logistical impossibility), and scheduling issues that would result in missing three or more classes.

Integrative psychiatrists may wish to ascertain if MBSR courses are offered in their geographic areas. An extensive, though by no means comprehensive, list of MBSR teachers and programs can be found at http://www.umassmed.edu/cfm/mbsr/. For patients who may be excluded from participation in MBSR groups, it may be that other mindfulness-based group interventions are available in the area, as mindfulness-based approaches and curricula have been developed and evaluated for substance abuse, e.g.,

Mindfulness-Based Relapse Prevention (Witkiewitz, Marlatt, & Walker, 2005); for suicidality, especially in borderline personality disorder, e.g., Dialectical Behavior Therapy (Linehan, 1993); for psychosis (e.g., Chadwick, Newman, & Abba, 2005); and for post traumatic stress disorder (e.g., Batten, Orsillo, & Walser, 2005). A curriculum of mindfulness-based cognitive therapy (Segal, Williams, & Teasdale, 2002) has been developed and shown to be effective for prevention of relapse in patients with three or more incidences of depression. For some patients who are excluded from group interventions, the individuals or organizations that offer MBSR courses may be willing to provide individual instruction in the basics of the MBSR eight-week curriculum — in effect, titrating the program to the patient's specific needs and capacities.

Cultivating a personal practice. If you have read this far you have no doubt discerned that you might derive significant professional and personal value from the cultivation of mindfulness. In your practice, you may have observed that when you are truly present with patients it affects the encounter in the moment and, perhaps, the clinical outcome over time. Ideally, one is able to maintain attention on both the patient and one's own inner experience (Speeth, 1982). In fact, Martin (1997) has suggested that mindfulness is a "common factor" in all psychotherapeutic encounters, defining it as "[A] state of psychological freedom that occurs when attention remains quiet and limber, without attachment to any particular point of view" (p. 291-292). This seems congruent with the disposition of "evenly-suspended attention" prescribed for the analyst by Freud (1912/1953, p. 111). Martin (1997) further elaborates two distinct forms of mindful attention and suggests their utility, noting that a *focused* form helps one to see how one is embedded in a habitual pattern and choose to move to another, which is analogous to the

processes at the basis of cognitive-behavioral approaches, while an *open* form of mindful attention allows one simultaneously to be aware of alternatives, which is suggestive of exploration from a psychodynamic perspective. A personal, formal practice of mindfulness can help to strengthen and allow more direct and explicit access to these ways of being with patients. This has been shown to effect outcomes: Grepmair, et al., (2007) found that patients gave significantly higher ratings to therapists who had meditated before sessions than those who did not, and further, the patients whose therapists were meditators changed significantly more than the control group on a range of measures of psychological problems and symptoms.

Personal benefits for integrative psychiatrists of participation in mindfulness training and practice are suggested in a review of stress management in medical education (Shapiro, Shapiro, & Schwartz, 2000); participating medical trainees showed more robust immune function, reductions of anxiety and depression, increases in spirituality and empathy, more frequent use of positive coping skills, and capability for resolving role conflicts, among other characteristics. The specific benefits of MBSR are suggested in a controlled study of medical students taking the course (Rosenzweig, et al., 2003), which demonstrates reductions in measures of psychological distress in the MBSR group, and concludes that mindfulness is "relevant throughout the lifetime of the physician and is arguably a core characteristic of clinical practice" (p. 90). In another example, results of a qualitative study of graduate counseling students in a 15-week course based on MBSR (Schure, Christopher, & Christopher, 2008) included increases in awareness of the body, awareness and acceptance of emotions and personal issues, mental clarity and organization, tolerance of physical and emotional pain, and sense of

relaxation. Impact on work with clients included being more comfortable with silence, more attentive to the process of therapy, and intentions to continue with mindfulness practice personally as well as to bring mindfulness practices to patients.

To begin or refresh a personal practice of mindfulness meditation, participation in an MBSR course may offer a range of benefits. Taking part in an 8-week MBSR course — most of which welcome professionals as well as patients — can provide and reinforce the basic skills of mindfulness for yourself, while allowing you to observe the process and outcome with a variety of other participants. Remember, however, that observation of others is secondary; be sure to make yourself the focus of your experience.

Becoming an MBSR teacher. If you have an established, regular mindfulness practice, and feel attracted to this intervention, we would urge you to test your vocation to teach. There is no better way to do that, at this moment, than to take the 7-day residential training/retreat, "Mindfulness-based stress reduction in mind-body medicine," taught by Jon Kabat-Zinn and Saki Santorelli. This is one of the foundational courses in the training scheme developed by the Center for Mindfulness at University of Massachusetts Medical School (CFM 2007), and offers a gateway into further training in MBSR through the CFM. Beyond this, the choice is yours as to when you begin teaching. Santorelli and Kabat-Zinn's (2001) words on this are, perhaps, both a beacon and a boundary for those who would teach: "What we encourage, if and when you yourself decide that you are ready to do this work, is taking the initiative to make this kind of program happen and to do it with as much depth and honesty and integrity as possible."

In the authors' program, as in many of the larger programs around the world,

becoming an MBSR teacher is a lengthy process of development, akin to an apprenticeship. By the time a teacher is teaching independently in our program, she will have completed the professional training with Jon Kabat-Zinn and Saki Santorelli, participated in a formal practicum, and passed through an internship custom-designed to address weaknesses and embellish strengths by assuming greater and greater responsibilities while co-facilitating with senior teachers and the program director. The expected skills of a teacher are outlined in this chapter, but these are an overlay on a pre-existing and continually developing authenticity of being. Therefore, for self-development, regular intensive practice through retreats, workshops, and trainings is expected of developing teachers and senior staff. MBSR teachers work with and from who they are from moment to moment.

(Sidebar) Resources for Teacher Training

Oasis: An international learning center
Comprehensive training in teaching MBSR is available through the Center for Mindfulness in Medicine, Health Care, and Society at the University of Massachusetts. The program includes two foundation courses, two advanced offerings, and a review for certification.

Foundation courses:
- Mindfulness-based stress reduction in mind-body medicine: A 7-day residential training retreat
- Practicum in mindfulness-based stress reduction: Living inside participant-practitioner perspectives

Advanced offerings:
- Teacher development intensive: An advanced Mindfulness-based stress reduction teacher training/retreat
- Supervision in mindfulness-based stress reduction
- MBSR teacher certification review

For more information: http://www.umassmed.edu/cfm/oasis

Other training opportunities in medical settings

Jefferson-Myrna Brind Center of Integrative Medicine
Offers three programs for which the Oasis MBSR in Mind-Body Medicine Retreat is a prerequisite.

- Practicum in mindfulness-based stress reduction
- Internship in teaching MBSR
- Supervision in teaching MBSR

For more information: http://www.jeffersonhospital.org/cim

El Camino Hospital Mindfulness Stress Reduction Program
Offers a practicum in mindfulness-based stress reduction that is certified by the Center for Mindfulness at the University of Massachusetts Medical School as partial fulfillment of requirements for MBSR teacher certification.
For more information: http://www.mindfulnessprograms.com/teacher-training.html

Academic education in teaching mindfulness-based interventions

Centre for Mindfulness Research and Practice, School of Psychology, Bangor University, UK
Offers a range of degree, diploma, and certificate programs:

- MSc/MA in Mindfulness-Based Approaches
  - Postgraduate Diploma in Mindfulness-Based Approaches
  - Postgraduate Certificate in Mindfulness-Based Approaches
- MSc/MA in Teaching Mindfulness-Based Courses
  - Postgraduate Diploma in Teaching Mindfulness-Based Courses
  - Postgraduate Certificate in Teaching Mindfulness-Based Courses
- Postgraduate Certificate in Advanced Mindfulness-Based Teaching Practice

For more information: http://www.bangor.ac.uk/imscar/mindfulness

Bibliography

Agazarian, Y.M. (1997). *Systems centered therapy for groups.* New York: Guilford.

Allen, N.B., Blashki, G., & Gullone, E. (2006). Mindfulness-based psychotherapies: A review of conceptual foundations, empirical evidence and practical considerations. *Australian and New Zealand Journal of Psychiatry*, 40(4):285-294.

Astin, J. (1997). Stress reduction through mindfulness meditation: Effects on psychological symptomatology, sense of control, and spiritual experience. *Psychotherapy and Psychosomatics,* 66:97-106.

Andersen, T. (2007). Human participating: human "being" is the step for human "becoming" in the next step. In H. Anderson & Gehart, D. (Eds.). (2007). *Collaborative therapy: Relationships and conversations that make a difference.* New York: Routledge.

Baer, R. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice,* 10(2):125-148.

Batchelor, S. (1997) *Buddhism without beliefs.* New York: Riverhead Books

Batten, S.V., Orsillo, S.M., & Walser, R.D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S.M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (pp. 241-269). New York: Springer.

Benson, H. (1975). *The relaxation response.* New York: Morrow.

Beutler, L.E., Malik, M.L., Alimohamed, S., Harwood, T.M., Talebbi, H., Noble, S., et al. (2004). Therapist variables. In M.J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (pp. 227-306). New York: Wiley.

Bevis, W.W. (1988). *Mind of winter: Wallace Stevens, meditation, and literature*. Pittsburgh, PA: University of Pittsburgh Press.

Bion, W.R. (1961/1989). *Experiences in groups and other papers.* New York: Routledge.

Bishop, S. (2002). What do we really know about mindfulness-based stress reduction? *Psychosomatic Medicine.* 64:71-84.

Bishop, S., Lau, M., Shapiro, S., Carlson, L. Anderson, N., Carmody, J., Segal, Z., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice.* 11(3), 230-241.

Blow, A., Sprenkle, D., & Davis, S. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy,* 33 (3) 298-317.

Boorstein, S. (1996). Clinical Aspects of Meditation. In B. W. Scotton, A. B. Chinen, & J. R. Battista. (1996). *Textbook of transpersonal psychiatry and psychology*. New York: Basic Books.

Bravewell Collaborative. (2008). Review June 19 of program components listed at http://www.bravewell.org/patient_empowerment/bravewell_clinical_network/

Brooks, V.W. (1936). *The flowering of New England, 1815-1865*. New York: E. P. Dutton & Co.

Brody, L.R., Park, S.H. (2004). Narratives, Mindfulness, and the Implicit Audience. *Clinical Psychology: Science and Practice*, 11(2):147-154.

Brooks, V.W. (1962). *Fenollosa and his circle, with other essays in biography*. New York: Dutton.

Brown, K., and Ryan, R. (2004). Perils and promise in defining and measuring mindfulness: observations from experience. *Clinical Psychology: Science and Practice.* 11 (3) 242-248.

Cage, J. (1966). *Silence: Lectures and writings.* Cambridge: The M.I.T. Press.

Carse, J. (1986). *Finite and infinite games.* New York: Ballantine Books.

Carmody, J. & Baer, R.A. (2008). 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.

Carrington, P. (1998/1975). *The book of meditation: The complete guide to modern meditation*. Boston: Element. (Rev. ed. of: *Freedom in meditation*. East Millstone, NJ: Pace Educational Systems, 1975).

Center for Mindfulness in Medicine, Health Care & Society. (2007). *Oasis: An international learning center. Professional trainings in mindfulness based stress reduction and other mindfulness-based approaches and interventions.* Worcester, MA: Center for Mindfulness in Medicine, Health Care & Society.

Center for Mindfulness in Medicine, Health Care & Society. (2007b). http://www.umassmed.edu/Content.aspx?id=43816&linkidentifier=id&itemid=43816 (Downloaded 1/20/08).

Center for Mindfulness in Medicine, Health Care & Society. (2004). Screening criteria for exclusion from the SRP. Handout provided at Teacher Development Intensive, presented by the Center for Mindfulness in Medicine, Health Care and Society, Worcester, MA, April 6-14, 2005. (Unpaginated).

Chadwick, P., Taylor, K-N., & Abba, N. (2005). Mindfulness groups for people with psychosis. *Behavioural and Cognitive Psychotherapy*, 33(3):351-359.

Claxton, G. (2006). Mindfulness, learning and the brain. *Journal of Rational-Emotive & Cognitive-Behavior Therapy,* 23(4): 301-314.

Davidson, R.J., Kabat-Zinn, J., Schumaker, J., Rosenkranz, M., Muller, D., Santorelli, S., et al. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine,* 65:564-570.

Deikman, A. (1966). De-automatization and the mystic experience. *Psychiatry, 29,* 324-338.

Deikman, A. (1982). *The observing self : mysticism and psychotherapy.* Boston: Beacon Press.

Drummond, M.S. (2006). Conceptualizing the efficacy of mindfulness of body sensations in the mindfulness-based interventions. *Constructivism in the Human Sciences,* 11(1):2-29.

Dryden, W., & Still, A. (2006). Historical aspects of mindfulness and self-acceptance in psychotherapy. *Journal of Rational-Emotive & Cognitive-Behavior Therapy,* 24 (1): 3-28.

Epstein, M. (1995). *Thoughts without a thinker: Psychotherapy from an Buddhist perspective.* New York: Basic Books.

Fields, R. (1981). *How the swans came to the lake: A narrative history of Buddhism in America.* Boulder: Shambhala.

Fowler, J. (1981). *Stages of faith: the psychology of human development and the quest for meaning.* New York: HarperCollins.

Freire, P. (1988). *Pedagogy of freedom: Ethics, democracy, and civic courage.* Lanham, Md.: Rowman & Littlefield.

Freud, S. (1912). Recommendations to physicians practicing psycho-analysis. In J. Strachey (Ed.). (1958). *The standard edition of the complete psychological works of Sigmund Freud, Volume XII (1911-1913).* London: Hogarth Press.

Gendlin, E.T. (1962). *Experiencing and the creation of meaning; a philosophical and psychological approach to the subjective.* New York: Free Press of Glencoe.

Gergen, K. (1999). *An invitation to social construction.* Thousand Oaks, Ca.: Sage Publications.

Goleman, D. (1977/1988). *The meditative mind: The varieties of meditative experience*. Los Angeles: J.P. Tarcher; New York: Distributed by St. Martin's Press. Updated ed. of *The varieties of the meditative experience*.

Grepmair, L., Mitterlehener, F., Loew, Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics,* 76:332-338.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57: 35-43.

Hayes, A., & Feldman, G. (2004). Clarifying the construct of mindfulness in the context of emotion regulation and the process of change in therapy. *Clinical Psychology: Science and Practice,* 11(3), 255-262.

Hayes, S., & Shenk, C. (2004). Operationalizing mindfulness without unnecessary attachments. *Clinical Psychology: Science and Practice,* 11(3), 249-254.

Hoffman, L. (2007). The art of "withness": A new bright edge. In H. Anderson & Gehart, D. (Eds.). (2007). *Collaborative therapy: Relationships and conversations that make a difference.* New York: Routledge.

Hovanessian, M. (2003). Zen and the art of corporate productivity. *Business Week,* July 28.

Ivanovski, B. & Malhi, G. S. (2007). The psychological and neurophysiological concomitants of mindfulness forms of meditation. *Acta Neuropsychiatrica,* 19: 76-91.

Jain, S., Shapiro, S., Swanick, S., Roesch, S., Mills, P., Bell, I., & Schwartz, G. (2007). A randomized controlled trial of mindfulness meditation versus relaxation training: effects on distress, positive states of mind, rumination, and distraction. *Annals of Behavioral Medicine,* 3:11-21.

Kabat-Zinn, J. (1990) Full catastophe living: *Using the wisdom of your body and mind to face stress, pain and illness.* New York: Delta.

Kabat-Zinn, J. (1994). *Wherever You Go, There You Are.* New York: Hyperion.

Kabat-Zinn, J. (1996). Mindfulness meditation: What is, what it isn't, and its role in health care and medicine. In Haruki, Y., et al (1996). *Comparative and psychological study on meditation.* Netherlands: Eburon.

Kabat-Zinn, J. (1999). Indra's net at work: the mainstreaming of dharma practice in society. In Watson, G., Batchelor, S., and Claxton, G. (Eds.). *The psychology of awakening: Buddhism, science and our day-to-day lives.* London: Rider.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice,* 10 (2) 144-154.

Kalb, C. (2003). Faith & Healing. *Newsweek,* November 10.

Kasamatsu, A. and Hirai, T. (1973). An electroencephalographic study of the Zen meditation (Zazen). In D.H. Shapiro and R.N. Walsh (Eds.), *op. cit.*

Ladden, L. (2007). Mindfulness meditation and systems-centered practice. *Systems-Centered News,* 15(1): 8-11.

Langer, E.J. (1989). *Mindfulness*. Reading, Mass.: Addison-Wesley.

Lebow, J. (2006). *Research for the psychotherapist: From science to practice.* New York Routledge.

Linden, W. (1973) Practicing of meditation by school children and their levels of field dependence, test anxiety, and reading achievement. *Journal of Consulting and Clinical Psychology, 41* (1), 139-143.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder.* New York: Guilford Press.

Mahesh Yogi, M. (1968/1963). *Transcendental meditation.* New York: New American Library.

Martin, J. (1997). Mindfulness: A proposed common factor. *Journal of Psychotherapy Integration,* 7(4) 291-312.

McCown, D. (2004). Cognitive and perceptual benefits of meditation. *Seminars in Integrative Medicine,* 2 (4), 148-151.

McCown, D., Reibel, D., & Malcoun, E. (2007). Psychological type and participation in mindfulness-based stress reduction programs. Presentation at *5th Annual Conference: Integrating Mindfulness-Based Interventions into Medicine, Health Care, and Society,* Worcester, MA, March 29 - April 1.

Mezirow, J. (2000). Learning to think like an adult: Core concepts of transformation theory. In J. Mezirow & Associates (Eds.), *Learning as Transformation.* San Francisco: Jossey-Bass.

Merton, T. (1968). *Zen and the birds of appetite*. New York: New Directions.

Moyers, B. (1993). *Healing and the mind*. New York: Doubleday.

Norum, D. (2000). Mindful solutions: A journey of awareness. *Journal of Systemic Therapies*, 19(1):16-19.

Palmer, P. (1998). *The courage to teach: Exploring the inner landscape of a teacher's life.* San Francisco: Jossey-Bass Publishers.

Pelletier, K. (1974). Influence of transcendental meditation upon autokinetic perception. In D.H.Shapiro and R.N. Walsh (Eds.), *op. cit.*

Perls, F., Hefferline, R., & Goodman, P. (1969, c1951). *Gestalt therapy: Excitement and growth in the human personality.* New York: Julian Press.

Reibel, D.K., et al. (2001). Mindfulness-based stress reduction and health related quality of life in a heterogeneous patient population. *General Hospital Psychiatry,* 23:183-192.

Rogers, C. (1961). *On becoming a person; a therapist's view of psychotherapy.* Boston: Houghton Mifflin.

Rogers, F. (2004). *The world according to Mr. Rogers: Important things to remember.* New York: Hyperion.

Rosenzweig, S., Reibel, D., Greeson, J., Brainard, G., & Hojat, M. (2003). Mindfulness-based stress reduction lowers psychological distress in medical students. *Teaching and Learning in Medicine,* 15(2):88-92.

Roth, B. & Calle-Mesa, L. (2006). Mindfulness-based stress reduction with Spanish- and English-speaking inner-city medical patients. In R.A. Baer (Ed.). (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications.* Boston: Elsevier Academic Press.

Rothwell, N. (2006). The different facets of mindfulness. *Journal of Rational-Emotive & Cognitive-Behavior Therapy,* 24: 79-86.

Safran, J.D. & Segal, Z. (1990). *Interpersonal process in cognitive therapy*. New York: Basic Books.

Santorelli, S. (2004) Three points to consider when teaching mindfulness-based stress reduction. Personal notes provided by Santorelli at Post-Conference Instructional Institute, *2nd Annual Conference sponsored by the Center for Mindfulness in Medicine, Health Care and Society*, Worcester, MA. March 27, 2004.

Santorelli, S., & Kabat-Zinn, J. (2001). MBSR curriculum guide and supporting materials: Guidelines for presenting this work. Worcester, MA: Center for Mindfulness in Medicine, Health Care & Society, (unpaginated).

Santorelli, S. (2001a). Mindfulness-based stress reduction: Qualifications and recommended guidelines for providers. Worcester, MA: Center for Mindfulness in Medicine, Health Care & Society, (unpaginated).

Santorelli, S. (2001b). Mindfulness-based stress reduction (MBSR): Standards of practice. Worcester, MA: Center for Mindfulness in Medicine, Health Care & Society, (unpaginated).

Santorelli, S. (2001c). Interview with Saki Santorelli, Stress Reduction Clinic, Massachusetts Memorial Medical Center. In Freedman, L. (Ed.), *Best Practices in Alternative and Complementary Medicine.* Frederick, MD: Aspen.

Schure, M.B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and Qigong. *Journal of Counseling and Development*, 86(1): 47-56.

Seeman, W.; Nidich, S.; and Banta, T. (1972). Influence of Transcendental Meditation on a measure of self-actualization. *Journal of Counseling Psychology,* 19:184–187.

Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.

Selver, C. & Brooks, C.V.W. (2007). *Reclaiming vitality and presence: Sensory awareness as a practice for life.* Berkeley: North Atlantic Books.

Shapiro, D.H., & Walsh, R.N. (1984). *Meditation, classic and contemporary perspectives*. New York: Aldine.

Shapiro, S., Carlson, L., Astin, J., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology,* 62(3), 373-386.

Shapiro, S.L., Shapiro, D.E., & Schwartz, G.E. (2000). Stress management in medical education: A review of the literature. *Academic medicine,* 75(7): 748-759.

Simon, G.M. (2006). The heart of the matter: A proposal for placing the self of the therapist at the center of psychotherapy research and training. *Family Process,* 45: 331-344.

Speca, M., Carlson, L.E., Goodey, E., & Angen, M. (2000) A randomized, wait-list controlled clinical trial: The effect of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients. *Psychosomatic Medicine,* 62:613– 622.

Speeth, K.R. (1982). On psychotherapeutic attention. *Journal of Transpersonal Psychology,* 14(2): 141-160.

Stein, J. (2003). Just say OM. *Time*, August 4.

Still, A. (2006). Introduction. *Journal of Rational-Emotive & Cognitive-Behavior Therapy,* 23(4): 275-280.

Suzuki, D.T., Fromm, E., & De Martino, R. (1960). *Zen Buddhism & psychoanalysis*. New York: Harper & Row.

Tuckman, B.W. & Jensen, M.C. (1977). Stages of small-group development revisited. *Group & Organization Studies,* 2(4): 419-427.

Tweed, T.A. (1992). *The American encounter with Buddhism, 1844-1912: Victorian culture and the limits of dissent.* Bloomington: Indiana University Press.

Wallace, R.K. (1970). Physiological Effects of Transcendental Meditation. *Science*, 167:1751-1754.

Wampold, B.E. (2001). *The great psychotherapy debate: Models, methods, and findings.* Mahwah, NJ: Erlbaum.

Watts, A. (c1959). *Beat Zen, square Zen, and Zen.* San Francisco: City Lights Books.

Wátzlawick, P., Weakland, J.H., & Fisch, R. (1974). *Change; principles of problem formation and problem resolution*. New York: Norton.

West, W. (2000). *Psychotherapy and spirituality: crossing the line between therapy and religion.* Thousand Oaks, Ca.: Sage.

Winnicott, D.W. (1971). *Playing & reality.* New York: Basic Books.

Witkiewitz, K., Marlatt, A., & Walker, D. (2005). Mindfulness-Based Relapse Prevention for Alcohol and Substance Use Disorders. *Journal of Cognitive Psychotherapy*, 19(3): 211-228.

Yalom, I. (1985). *The theory and practice of group psychotherapy.* New York: Basic Books.

Zimmerman, J. & Coyle, V. (1996). *The Way of Council.* Las Vegas: Bramble Books.