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TEACH MINDFULNESS, LIVE MINDFULLY


A GUIDE FOR PROFESSIONALS

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INTRODUCTION TO THIS FREEBOOK

This FreeBook is a carefully curated selection of chapters from books published by Guilford Press and Routledge about mindfulness. Some chapters are relevant to mental health professionals looking to develop their skills, while others are ideal for client recommendation. All are useful to anyone seeking to improve their life through mindfulness.

Guilford Press is an independent publisher of books, periodicals, software, and DVDs in mental health, education, geography, and research methods. Guilford Press is distributed in the UK and Europe by Taylor & Francis. To order in other countries, visit www.guilford.com.

CHAPTER 1: A WARM WELCOME

A Practical Guide to Mindfulness-Based Compassionate Living: Living with Heart is a step-by-step guide for those who wish to deepen their mindfulness skills with compassion for a healthier, happier life and more fulfilling relationships. **A Warm Welcome** is an introduction to the topic and sets the scene for those interested in the power of mindfulness.

“Without mindfulness, difficult moments can send you skidding around in all directions including up and down on a kind of nightmare rollercoaster with no steering wheel and no brakes.”

CHAPTER 2: THE BENEFITS OF SELF-COMPASSION

The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive is based on the authors' groundbreaking eight-week Mindful Self-Compassion (MSC) program, which has helped tens of thousands of people worldwide. **The Benefits of Self-Compassion** invites the reader to reflect on their self-compassion and introduces keeping a journal to express emotions.

“Although people naturally vary in terms of how self-compassionate they are, it is also the case that self-compassion can be learned. Research has shown that people who took the MSC course (the program this workbook is based on) increased their levels of self-compassion by an average of 43%.”



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CHAPTER 3: BEING A COMPASSIONATE TEACHER

Teaching the Mindful Self-Compassion Program: A Guide for Professionals is the authoritative guide to conducting the Mindful Self-Compassion (MSC) program, which provides powerful tools for coping with life challenges and enhancing emotional well-being. MSC codevelopers Christopher Germer and Kristin Neff review relevant theory and research and describe the program's unique pedagogy. **Being A Compassionate Teacher** looks at how embodying self-compassion will improve practitioners' teaching.

"The best way to teach self-compassion is to be compassionate—toward ourselves and others."

CHAPTER 4: TIMELESS VALUES

Mindfulness involves learning to be more aware of life as it unfolds moment by moment, even if these moments bring us difficulty, pain or suffering. This is a challenge we will all face at some time in our lives, and which health professionals face every day in their work. *The Mindfulness-Based Compassionate Living* programme presents a new way of learning how to face the pressures of modern living by providing an antidote which teaches us how to cultivate kindness and compassion – starting with being kind to ourselves.

Timeless Values explores three values we consider guidelines in our search for the relief of suffering and that can contribute to more wisdom and compassion in medicine and psychology.

"The first is concerned with what—the content of what we do to alleviate suffering and the methods that are applied. The second and third are concerned with how—the way in which we deal with each other and with ourselves."

CHAPTER 5: AN INTEGRATED MAP OF DISTRESS AND SUFFERING

How does mindfulness promote psychological well-being? What are its core mechanisms? What value do contemplative practices add to approaches that are already effective? From leading meditation teacher Christina Feldman and distinguished psychologist Willem Kuyken, *Mindfulness: Ancient Wisdom Meets Modern Psychology* provides a uniquely integrative perspective on mindfulness and its



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applications. **An Integrated Map of Distress and Suffering** looks at what creates and maintains distress and suffering and how we can use theory to map the mind.

“Between stimulus and response, there is a space. In that space lies our freedom and our power to choose our response. In our response lies our growth and our freedom.”

CHAPTER 6: FIRST STEPS IN PRACTISING MINDFULNESS

Using Mindfulness Skills in Everyday Life: A Practical Guide, written by two NHS clinicians experienced in teaching mindfulness, takes a down-to-earth approach, providing straightforward answers to the most commonly asked questions. The authors give definitions of mindfulness and guide people through instructions on how to set up and evaluate simple practices.

Many people practice mindfulness in groups situations; **First steps in practising mindfulness** sets readers off to practice on their own.

“...(P)ractise being mindful at different points of the day, in different situations and in a variety of places so that you get used to being mindful as you go about your everyday life.”

CHAPTER 7: UNDERSTANDING OCD AND HOW MINDFULNESS HELPS

Mindfulness-Based Cognitive Therapy for OCD: A Treatment Manual, presents the first treatment program that adapts the proven practices of mindfulness-based cognitive therapy (MBCT) to meet the unique needs of people struggling with obsessive-compulsive disorder (OCD). Leading authority Fabrizio Didonna shows how techniques such as “mindful exposure” are uniquely suited to help OCD sufferers overcome intrusive thoughts and compulsive rituals while developing a new relationship to their internal experience. **Understanding OCD and How Mindfulness Helps** is focused on helping participants understand the relationship between mindfulness and OCD.

“Through mindfulness practice and psychoeducational explanations, patients begin to understand the activating and perpetuating cognitive mechanisms of an obsessive problem (problem formulation) and how mindfulness practice can play a role in changing these mechanisms. Focusing on the breath and

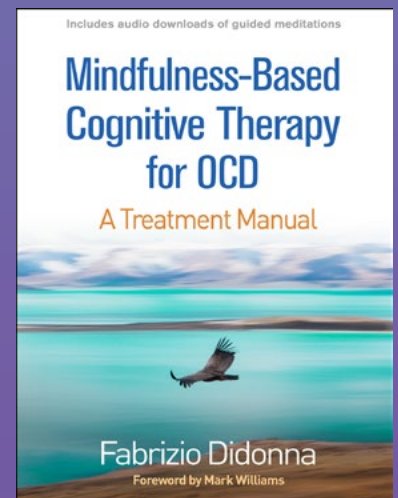
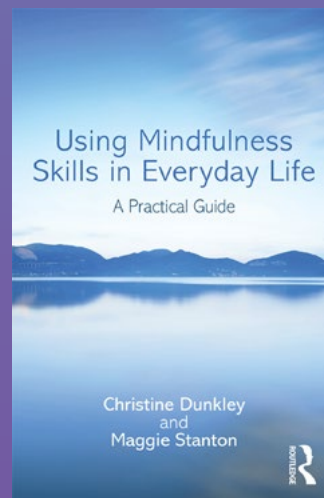
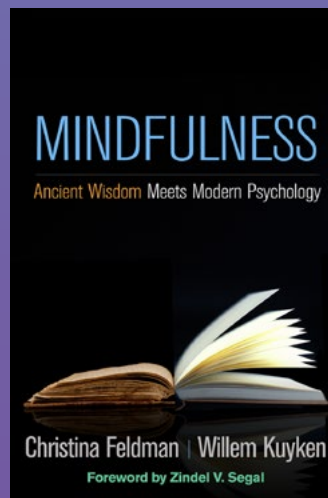
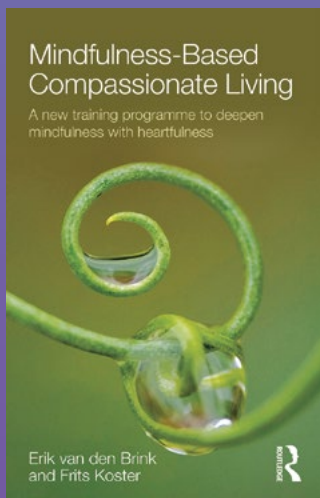
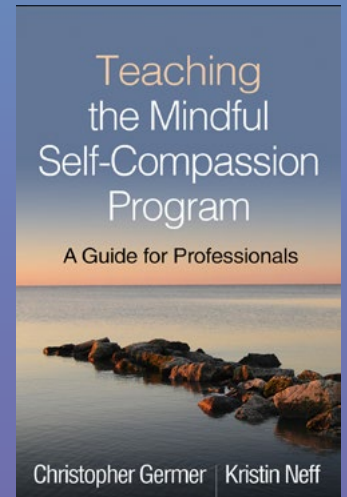
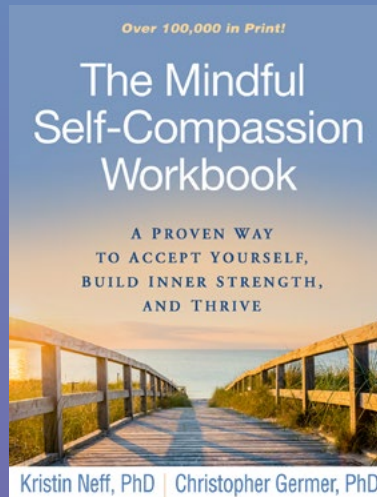
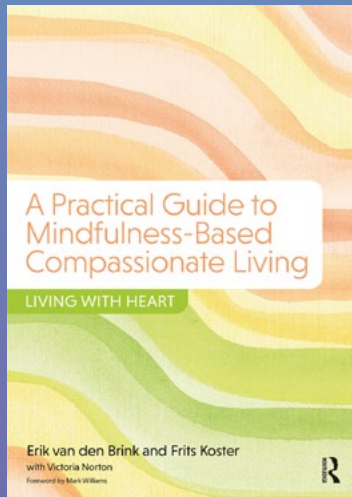


INTRODUCTION TO THIS FREEBOOK

body helps participants to become more aware of the wandering mind (intrusive thoughts, obsessions) and its tendency to control their reactions to everyday events (e.g., rituals and compulsions).”

As you read through this FreeBook you will notice that some excerpts reference previous or further chapters. Please note that these are references to the original text and not the FreeBook. Some references from the original chapters have not been included in this text. For a fully-referenced version of each chapter, including footnotes, bibliographies, and endnotes, please see the published title.

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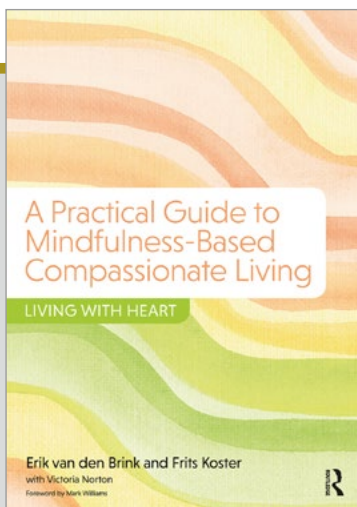


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A WARM WELCOME



This chapter is excerpted from

A Practical Guide to Mindfulness-Based Compassionate Living: Living with Heart

By Erik van den Brink, Frits Koster, Victoria Norton

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A WARM WELCOME

Erik van den Brink, Frits Koster, Victoria Norton

Excerpted from *A Practical Guide to Mindfulness-Based Compassionate Living*

Let your heart guide you.

It whispers softly, so listen closely.

—Anonymous

What made you pick up this book? Maybe it was recommended to you by someone. Maybe you thought you could use more self-compassion or should be more compassionate towards others, or you wish to find more balance between caring for others and yourself. Maybe you sensed the need to find a healthier way to relate to life's difficulties or you simply want to lead a more meaningful life. These are all good reasons for carrying on reading. Maybe the practice of mindfulness has long been familiar to you; maybe you have only recently made acquaintance with it. In case you need to refresh your memory, here is a short introduction.

THE GIFT OF MINDFULNESS

Mindfulness is something far easier to demonstrate than explain. This is why very often one of the first exercises of a mindfulness course is to examine and eat a raisin. Your teacher might ask you to imagine you have just landed on the earth from a faraway planet in another galaxy and you have never seen one of these funny wrinkly little brown things before. So, you let go of all your ideas about raisins. Looking at, feeling, smelling, tasting this object magically become completely fresh experiences. You might even be surprised to discover that although you thought you detested dried grapes, this one tastes delicious or at least perhaps not as bad as you expected. For a moment you let go of your biases and get into contact with your direct experience. This is just what mindfulness is: observing our actual experience as it unfolds moment by moment, with kind curiosity and an open, non-judgmental mind.

Mindfulness can be considered as a great friend in life, as it opens our awareness of life as it is. If we open our senses we become more intensely aware of natural beauty, the sound of birds, the aroma of freshly brewed coffee, the kind gesture of a fellow commuter. Fair enough, you might say, if life offers pleasant moments, but what if life gives you pain and misery? What about when you miss the bus, the dishwasher breaks down and floods the kitchen or the dog is sick on the carpet? Or even worse, when you lose your job, your relationship breaks up, or you get a cancer diagnosis? Why on earth would you want to be more aware of those moments? Well, when we can see what goes on at such moments and understand ourselves better, it enables us to deal better with these difficulties. Life may itself be hard enough already, but our automatic reactions to what happens often increase our suffering and this is

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Excerpted from *A Practical Guide to Mindfulness-Based Compassionate Living*

exactly what mindful awareness can ease and prevent. Mindfulness training brings more awareness of our outer and inner worlds. For example, when you practise the body scan you learn to become more aware of sensations. You might be surprised to discover areas of tension or that pain can come and go. You might realise that if you notice an itch or a disturbing noise, just observing it may cause less hassle than automatically fighting it and letting it spoil your mood. And then when you practise sitting meditation you find you can deepen the practice of watching your thoughts and emotions rather than getting caught up in them. You may discover a whole hidden landscape of sensations, feelings and thoughts that have been bubbling under the surface. You might be amazed to discover that although you have hardly been aware of them, they have been driving your behaviour in many unhelpful ways. Noticing the features of these hidden landscapes can help you find your way in life more skilfully. It is therefore not surprising that many mindfulness training programmes and online resources aimed at beginners have become so hugely successful.

THE MINDFULNESS WAVE

The mindfulness wave began in the late seventies when Jon Kabat-Zinn developed the Mindfulness-Based Stress Reduction (MBSR) programme at the University of Massachusetts Medical Center. Being both an experienced practitioner of traditional forms of meditation and a scientist in molecular biology, he was in an excellent position to combine teachings from the East with scientific insights from the West. He offered this eight-week course to patients with difficult-to-treat conditions, suffering from chronic pain, ongoing physical restrictions or poor prospects. This training helped them cope better with their stresses, pains and discomforts, even if their diseases could not be cured. Not surprisingly, mindfulness training programmes spread all over the world to be offered wherever people encounter stress. Not only in hospitals and health care settings, also in schools and workplaces, where it could contribute to more well-being, better functioning and prevention of stress-related health hazards and burnout.

Out of MBSR more specific mindfulness-based programmes were developed for people with special kinds of problems, such as Mindfulness-Based Cognitive Therapy (MBCT) for people vulnerable to depression. It can make a world of difference to see your thoughts as just thoughts instead of unshakable truths, especially the negative comments and harsh self-judgments that seem so convincing when you are depressed. Mindfulness not only brings more awareness, it opens the way to becoming kinder to ourselves.

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HEARTFULNESS

Without mindfulness, difficult moments can send you skidding around in all directions including up and down on a kind of nightmare rollercoaster with no steering wheel and no brakes. Your instinct is to shut your eyes and scream. Is there something to support you when you are brave enough to open your eyes and mindfully find a way to slow the vehicle down and guide it? At the other extreme, what if it feels like you came to a complete standstill years ago, as if forever stuck on the bleak side of life, deprived of every goodness you once hoped for? Is there anything that could possibly give comfort when you dare to be mindful of your experience then? Fortunately, there is.

That something is 'heartfulness' or compassion. Where mindfulness opens our senses, offering clearer sight and insight, compassion opens our heart, offering a way to relate to the suffering we encounter, however large or small it might be. In fact, mindfulness and compassion cannot be separated. They are like two sides of the same coin or the two wings of a bird. When the inhabitants of that faraway planet taste their raisins in the first session of the mindfulness training, their thoughts will inevitably wander off. Many of them will feel irritated with themselves for not paying attention, but the teacher will remind them to kindly bring their minds back to the raisin. A tiny seed of compassion is planted. And just as tiny seeds can grow into huge trees, with practice compassion can grow too. In this book we will offer you many ways of nourishing and developing it and in doing so at the same time deepening your mindfulness practice.

HOW MBCL BEGAN

We began to work with each other from 2007 onwards at the Center for Integrative Psychiatry in the Dutch city of Groningen. Erik, who trained as a Western psychiatrist and psychotherapist, had personally experienced the benefits of meditation and had been teaching mindfulness courses for both clients and professionals. Frits, who had previously lived as a Buddhist monk and worked as a psychiatric nurse, brought in his expertise as a mindfulness trainer and meditation teacher. We got to know each other very well by teaching many out-patient groups and teacher training seminars together. We learned how many participants highly appreciated the refreshing approach and self-healing potential of mindfulness. We also learned that many of them struggled with keeping up the practice and developing a kind and compassionate attitude towards themselves. Many requests came for deepening

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Excerpted from A Practical Guide to Mindfulness-Based Compassionate Living

this work and we felt inspired to develop a follow-on course. This resulted in the Mindfulness-Based Compassionate Living (MBCL) programme. Frits' knowledge of Buddhist psychology and Erik's knowledge of Western science and psychology proved a fruitful combination. The valuable feedback from clients, mindfulness teachers and health care professionals who took part in the courses helped to shape MBCL in the form we offer it now. It has eight sessions to be followed weekly or fortnightly.

The first Dutch book on the course appeared in 2012, followed by German, English and Spanish publications. For the English edition, we were grateful for the generous support from Victoria Norton, who as a native English speaker with ample experience in teaching and communication, assisted us in the writing process. There has been a lot of interest in the MBCL programme and the international demand for lectures, workshops and teacher training seminars has been steadily rising, in health care and other settings. Simultaneously, many others have been working on training and researching compassion and we are very happy to see how the mindfulness wave across the world is being followed by a steadily rising compassion wave.

BASED IN SCIENCE

There is a lot of evidence to show that training in compassion is good for our physical and emotional health and helps us have healthier relationships with ourselves and others. MBCL is based on extensive scientific work – pioneered by researchers like Paul Gilbert, Kristin Neff and Barbara Fredrickson – which we summarised in our previous book. Research has shown that people who score high on self-compassion...

- cope better with adversities;
- take more personal initiative and responsibility;
- are less fearful of making mistakes and being rejected;
- have more self-respect, understanding and acceptance of imperfections;
- take better care of themselves by healthier exercising and eating;
- are more emotionally intelligent;
- are happier and more optimistic;
- have more fulfilling relationships.

Several compassion training programmes have been developed that do not require previous mindfulness training, such as the Mindful Self-Compassion programme. MBCL is different, in that we have designed it for people who have already done a

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Excerpted from *A Practical Guide to Mindfulness-Based Compassionate Living*

mindfulness training. The first studies into MBCL have shown promising results, whether offered as group training for out-patients with mixed psychological problems, or with recurrent depression, or as an online programme for self-referring individuals. Researchers at the Radboud University of Nijmegen in the Netherlands have tested the programme in a larger controlled study with patients suffering from recurrent depression. The included patients had previously participated in MBCT. After completion of the MBCL course they showed a significant increase in mindfulness and self-compassion levels and a decrease in depressive symptoms.

IS MBCL FOR YOU?

Feeling stressed and being harsh on ourselves is common among many people, not only in mental health settings, where we originally developed MBCL. The course has therefore been widely offered and much appreciated by clients and professionals from various fields, not only health care, but also education, coaching, pastoral care, management and the workplace.

If you are finding it difficult to cope with the many challenges, threats and distractions of our modern world, you are not alone. Numerous people suffer from stress-related health problems, depression, anxiety, fatigue and burn out and neglect their deeper needs and values. MBCL can be of benefit if you are looking for...

- ways to deal more wisely with the inevitable stresses of life;
- a healthier balance between caring for others and yourself;
- sustainable ways to cultivate more kindness, happiness, health and harmony – in your personal and working lives, in your relationships and in the world at large;
- science-based practices, suitable for people with all kinds of backgrounds.

If you recognise yourself in the above and you are familiar with basic mindfulness practice by having followed MBSR, MBCT, Breathworks or similar courses, the MBCL programme will build on this foundation and deepen your practice. The questions below are offered to reflect on your deeper intentions and motivations for wanting to follow an MBCL course or work through this book by yourself.

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Erik van den Brink, Frits Koster, Victoria Norton

Excerpted from *A Practical Guide to Mindfulness-Based Compassionate Living*

QUESTIONS FOR REFLECTION

What do you wish to come out of this training, regarding how you...

- relate to yourself?
- relate to others, such as family, friends, neighbours, colleagues?
- deal with current difficulties in your life?
- engage with other areas in your life that are important to you, such as education and work, health and lifestyle, social activities, nature and spirituality?
- work towards valuable goals in your life, short term and long term?
- deal with future challenges?

HOW TO USE THIS BOOK

If this book was recommended to you as part of a group training, you can follow the guidance of the teacher. The eight chapters correspond with the numbers of the eight sessions or classes of the MBCL training. If you are using this book as a self-help guide, we suggest you allow yourself the time it takes to explore the exercises and themes of each chapter rather than reading it from cover to cover straight away.

We normally ask participants to set aside 45 to 60 minutes daily for home practice. Feel free to take one or two weeks per chapter, depending on how much practice time you have. You will find a summary of the session's main themes at the end of each chapter as well as an overview of practice suggestions. Exercises are marked with ✂ and offered as framed transcripts in this book and as audio downloads at www.routledge.com/9781138228931. Audios are numbered and marked with an icon 🔊 in the text. Downloadable worksheets are also numbered and marked with 📄. Most questions from worksheets you can find in the text in shaded boxes.

In this book we distinguish between formal and informal practices. If you have already started a mindfulness practice, you may have created your own private space where you can do formal practices undisturbed. Just as in the mindfulness courses, the informal practices are done in daily life. Most of the time you do not even have to interrupt your activities to do them. As with all mindfulness practice, you may encounter pleasant and unpleasant experiences. At times you may feel calm, joyful or deeply moved, at other times frustrated, sad or bored. Remember, that there is no 'wrong' experience and simply being mindful of whatever arises is

A WARM WELCOME

Erik van den Brink, Frits Koster, Victoria Norton

Excerpted from A Practical Guide to Mindfulness-Based Compassionate Living

part of the practice. If you notice the pace is too fast, be kind to yourself and slow down. Take time to digest what the exercises stir up. Any time you can return to basic mindfulness practices you already know, like the body scan, sitting meditation or mindful movement. Always feel free to choose whether you do an exercise or not; they are not offered as 'homework', but as 'suggestions for practice'. Depending on how helpful they are, you may practise some exercises more than others. Being kind in what you choose is an important part of developing compassion.

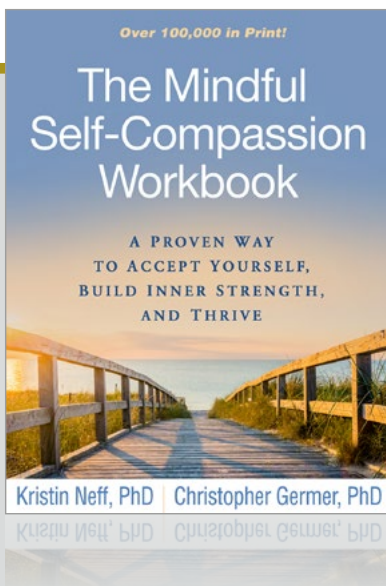
If you are suffering from emotional distress or mental health issues you find difficult to handle, we advise you to seek professional advice. It is important to know that MBCL is not intended to replace therapy. If you are currently in treatment, then it is advisable to talk to the professionals involved and get their approval. The MBCL programme does not offer miracle cures but encourages you to be in charge yourself and be your own therapist. So, you must be ready to trust your own experience in telling you what is helpful and unhelpful in dealing with life's difficulties.

Are you ready to continue the mindful journey and deepen it with compassion practice? If so, we warmly welcome you to join us and hope this book will guide you further on this valuable path. May it contribute to more ease, happiness and wisdom in your life.

CHAPTER

2

THE BENEFITS OF SELF-COMPASSION



This chapter is excerpted from

*The Mindful Self-Compassion Workbook:
A Proven Way to Accept Yourself,
Build Inner Strength, and Thrive*

By Kristin Neff, Christopher Germer

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THE BENEFITS OF SELF-COMPASSION

Kristin Neff, Christopher Germer

Excerpted from *The Mindful Self-Compassion Workbook*

On the first night of our course, Marion was pretty skeptical. “How will self-compassion help me? I’m in the habit of being really hard on myself—it’s the devil I know. It’s what got me to where I am today. Why should I change? Can I change? How can I be sure it’s a safe thing to do?”

Luckily, Marion didn’t have to just take our word for it. Over a thousand research studies have demonstrated the mental and physical health benefits of self-compassion.

People who are more self-compassionate experience greater well-being:

Less	More
Depression	Happiness
Anxiety	Life satisfaction
Stress	Self-confidence
Shame	Physical health

Although people naturally vary in terms of how self-compassionate they are, it is also the case that self-compassion can be learned. Research has shown that people who took the MSC course (the program this workbook is based on) increased their levels of self-compassion by an average of 43%. Participation in the course also helped them to become more mindful and compassionate toward others, feel more social connectedness, life satisfaction, and happiness, and be less depressed, anxious, and stressed. Participants were also less likely to avoid their difficult emotions after taking MSC.

Most of these benefits were tied directly to learning to be more self-compassionate. Moreover, the increase in self-compassion and other benefits of MSC were maintained one year later. Gains in self-compassion were linked to how much self-compassion practice participants did (either days per week spent meditating or times per day spent doing informal practices). This research suggests that by practicing the various exercises in this book, you can radically transform the way you relate to yourself, and by doing so radically transform your life.

THE BENEFITS OF SELF-COMPASSION

Kristin Neff, Christopher Germer

Excerpted from *The Mindful Self-Compassion Workbook*

MSC practices can transform how you relate to yourself and in turn transform your life.

Marion had an enviable life on the outside—two great kids, a happy marriage, fulfilling work—but she went to bed almost every night a nervous wreck:

worrying that she had offended someone or beating herself up because she didn't do enough as a mom, and feeling disappointed that she was not keeping up with her high expectations. No amount of reassurance seemed to make a difference. Marion was the kind of person whom everyone else could rely on to say just the right thing at the right time, and to be kind and supportive to just about everyone, but somehow that didn't translate into how Marion treated herself. She knew that a change had to come from the inside. But how?

Self-compassion seemed like it might provide an answer so she signed up for an MSC course. Before starting the program, Marion filled out the Self-Compassion Scale (see the next page) and realized that she was probably her own worst enemy. In the first MSC class, Marion discovered that she was not alone; in fact, criticizing ourselves, isolating ourselves, and getting stuck in rumination when things go wrong is pretty instinctive for all of us.

Marion's next step toward self-compassion—recognizing the pain of self-criticism—came easily to her. Her need for approval was starting to wear out her friends and family, and Marion was already too aware of her desperate wish to be perfect. That longing had deep roots in Marion's childhood. She was raised by a financially successful, but emotionally distant, father and an ex-beauty-queen mother who resented the tedium of being a full-time mom. Marion yearned for more warmth and closeness with her parents, but it always seemed slightly out of reach. As she grew up, Marion managed to get attention by succeeding at most everything she did. It came at a cost, however, because success never made Marion feel the way she wanted to feel.

The first epiphany came to Marion when she connected with how much and how unconditionally she loved her young children. Marion wondered, "Why do I systematically exclude myself from that love?" Couldn't she tuck herself into that good feeling, Marion wondered, much like she sometimes tucks herself into bed with her kids at the end of the day? Couldn't she talk to herself in the same caring way she talked to her friends? "After all," Marion thought, "I need to be loved just like everyone else!"

As Marion gave herself permission to love herself, she started to feel some of the old longing and loneliness of her childhood. By then, however, Marion was committed to the

THE BENEFITS OF SELF-COMPASSION

Kristin Neff, Christopher Germer

Excerpted from *The Mindful Self-Compassion Workbook*

idea that she deserved compassion as much as anyone else. She even started to feel some grief for the many long years that she struggled to get the affection of others to fill the hole in her heart. Self-compassion

practice was hard, but she persisted. She knew that these old feelings needed to come out, and she was learning the resources she needed to meet them— mindfulness and self-compassion. She could now start to give herself what she had longed to receive from others.

Her friends and family started to notice a change in Marion. It was small things at first, like deciding not to go out with friends when she felt exhausted. Marion found she could fall asleep more easily, perhaps because she wasn't taking inventory of all her missteps during the day. She still occasionally woke up with nightmares—such as dreaming that she had to make a presentation at work and she didn't remember what it was about—but she simply put her hand over her heart and spoke comforting words to herself and fell right back to sleep. Her husband noted, only partly in jest, that Marion required "less maintenance." By the end of the eight-week MSC course, Marion and her family all agreed that she had become a happier person. But what was really amazing was that she stopped berating herself for making mistakes, let go of the need to be perfect, and began to love and accept herself just as she was.

EXERCISE



HOW SELF-COMPASSIONATE AM I?

The path to self-compassion often begins with an objective assessment of how self-compassionate or not we are. The Self-Compassion Scale measures the degree to which people show self-kindness or harsh self-judgment, have a sense of common humanity or feel isolated by their imperfection, and are mindful of or overidentify with their suffering. Most research uses this scale to measure self-compassion and determine its link to well-being. Take the test to find out how self-compassionate you are.

This is an adapted version of the short form of the Self-Compassion Scale. If you would like to try the full Self-Compassion Scale and have your results calculated for you, go to www.self-compassion.org/test-how-self-compassionate-you-are.

The following statements describe how you act toward yourself in difficult times. Read each statement carefully before answering, and to the left of each item indicate how often you behave in the stated manner on a scale of 1 to 5.

THE BENEFITS OF SELF-COMPASSION

Kristin Neff, Christopher Germer

Excerpted from *The Mindful Self-Compassion Workbook*

For the first set of items, use the following scale:

- | Almost Never | | | | | Almost Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I try to be understanding and patient toward those aspects of my personality I don't like. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When something painful happens, I try to take a balanced view of the situation. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I try to see my failings as part of the human condition. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When I'm going through a very hard time, I give myself the caring and tenderness I need. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When something upsets me, I try to keep my emotions in balance. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. | | | | | |

For the next set of items, use the following scale (notice that the endpoints of the scale are reversed from those above):

- | Almost Always | | | | | Almost Never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When I fail at something important to me, I become consumed by feelings of inadequacy. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When I'm feeling down, I tend to feel like most other people are probably happier than I am. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When I fail at something that's important to me, I tend to feel alone in my failure. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When I'm feeling down, I tend to obsess and fixate on everything that's wrong. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I'm disapproving and judgmental about my own flaws and inadequacies. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I'm intolerant and impatient toward those aspects of my personality I don't like. | | | | | |

How to score your test:

Total (sum of all 12 items) ____

Mean score = Total/12 ____

Average overall self-compassion scores tend to be around 3.0 on the 1–5 scale, so you can interpret your overall score accordingly. As a rough guide, a score of 1–2.5 for your overall self-compassion score indicates you are low in self-compassion, 2.5–3.5 indicates you are moderate, and 3.5–5.0 means you are high in self-compassion.

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Kristin Neff, Christopher Germer

Excerpted from *The Mindful Self-Compassion Workbook*

REFLECTION

If you scored lower in self-compassion than you would like, don't worry. The beautiful thing about self-compassion is that it is a skill that can be learned. You might just have to give yourself some time, but it will happen eventually.

INFORMAL PRACTICE



KEEPING A SELF-COMPASSION JOURNAL

Try writing a self-compassion journal every day for one week (or longer if you like). Journaling is an effective way to express emotions and has been found to enhance both mental and physical well-being.

At some point during the evening, when you have a few quiet moments, review the day's events. In your journal, write down anything that you felt bad about, anything you judged yourself for, or any difficult experience that caused you pain. (For instance, perhaps you got angry at the waitstaff at a restaurant because they took forever to bring the check. You made a rude comment and stormed off without leaving a tip. Afterward, you felt ashamed and embarrassed.) For each difficult event that happened during the day, try mindfulness, a sense of common humanity, and kindness to relate to the event in a more self-compassionate way. Here's how:

Mindfulness

This will mainly involve bringing balanced awareness to the painful emotions that arose due to your self-judgment or difficult circumstances. Write about how you felt: sad, ashamed, frightened, stressed, and so on. As you write, try to be accepting and nonjudgmental of your experience, without diminishing it or becoming overly dramatic. (For example, "I was frustrated because the waitperson was so slow. I got angry, overreacted, and felt foolish afterward.")

Common Humanity

Write down the ways in which your experience was part of being human. This might include acknowledging that being human means being imperfect and that all people have these sorts of painful experiences. ("Everyone overreacts sometimes—it's only human." "This is how people are likely to feel in a situation like that.") You might also want to think about the unique causes and conditions underlying your painful event. ("My frustration was exacerbated by the fact that I

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was half an hour late for my doctor's appointment across town and there was a lot of traffic that day. If the circumstances had been different, my reaction probably would have been different.")

Self-Kindness

Write yourself some kind, understanding words, much as you might write to a good friend. Let yourself know that you care about your happiness and well-being, adopting a gentle, reassuring tone. ("It's okay. You messed up, but it wasn't the end of the world. I understand how frustrated you were and you just lost it. Maybe you can try being extra patient and generous to any waitstaff you encounter this week.")

REFLECTION

After keeping your self-compassion journal for at least a week, ask yourself if you noticed any changes in your internal dialogue. How did it feel to write to yourself in a more self-compassionate manner? Do you think it helped you to cope with the difficulties that arose?

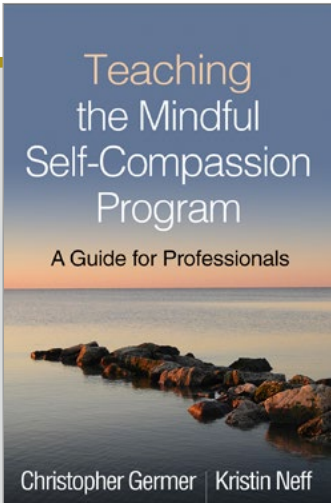
Some people will find that keeping a self-compassion journal is a wonderful way to help support their practice, while for others it may seem like a chore. It's probably worth trying it out for a week or so, but if journal writing isn't your thing, you can skip the writing part. The important thing is that we practice all three steps of self-compassion—mindfully turning toward our pain, remembering that imperfection is part of the shared human experience, and being kind and supportive to ourselves because things are difficult.



CHAPTER

3

BEING A COMPASSIONATE TEACHER



Teaching
the Mindful
Self-Compassion
Program

A Guide for Professionals

Christopher Germer | Kristin Neff

Christopher Germer | Kristin Neff

This chapter is excerpted from

*Teaching the Mindful Self-Compassion Program:
A Guide for Professionals*

By Christopher Germer, Kristin Neff

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BEING A COMPASSIONATE TEACHER

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When we honestly ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand.

—Henri Nouwen (2004)

The best way to teach self-compassion is to *be* compassionate—toward ourselves and others. Students usually need to feel compassion from their teachers before they can feel it for themselves. Therefore, the third and fourth domains of competence for MSC teachers are *embodying self-compassion* and *relating compassionately to others*; both of these domains are discussed in this chapter. We consider obstacles to being a compassionate teacher, as well as ways for teachers to support themselves in this endeavor.

EMBODYING SELF-COMPASSION

The three components of self-compassion—kindness, common humanity, and mindfulness—have been described as loving, *connected presence*. When we are in a state of loving, connected presence, we embody self-compassion. In MSC, self-compassion becomes a *way of being* when it is expressed in what a teacher says, how the teacher relates to others, and what type of atmosphere is created in the classroom.

MSC teachers do not have to be perfect to embody self-compassion. As Eugene Gendlin (1990, p. 205) said, “The essence of working with another person is to be present as a living being. And that is lucky because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble.” Actually, the teaching of self-compassion can *benefit* from a teacher’s mistakes.

A beginning MSC teacher, Jennifer, once shared with us that she had meticulously prepared for her first MSC class, only to discover shortly before her class began that she had left her notes at home. Caught in a moment of confusion and anxiety, she recognized, “This is indeed a moment of suffering!” She then shared her quandary, including her embarrassment, with the participants in her group. They were greatly amused, but also impressed by how openly and self-compassionately Jennifer responded to her predicament. Jennifer then used her real-time predicament to illustrate the meaning of self-compassion in Session 1. In their post-course evaluations, a few of

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Jennifer's students wrote that her handling of this situation was the most powerful lesson of the entire course.

A key obstacle to embodying self-compassion is shame. Teachers who want to do their job perfectly are more likely to feel shame when they run into difficulties. Shame is the sense of "I'm not good enough," and may arise in response to ordinary challenges such as misunderstanding what a student is trying to say, having one's authority questioned by a student, or having a student drop out of a course. Fortunately, self-compassion is an antidote to shame (see Chapter 16). When MSC teachers recognize the arising of shame (mindfulness), they may also have the ability to realize that others would feel similarly in such situations (common humanity), and they can be sympathetic with their plight (self-kindness). Teachers who hold moments of shame in this way, especially in front of their students, can set an example of embodied self-compassion.

One reason why MSC teachers are encouraged to embody self-compassion is that human minds neurologically resonate with each other. This makes embodiment an important teaching modality. When the teacher is in an accepting, warm, peaceful, and receptive frame of mind, that attitude will pervade the classroom. When a teacher feels anxious, students will also feel anxious. There is no escaping the influence we have on others by our emotions and attitudes. Resonance is a key topic in the field of social neuroscience (Bernhardt & Singer, 2012; Decety & Cacioppo, 2011; Singer & Lamm, 2009).

A teacher's embodiment of self-compassion also affects the decisions they make in class. For example, a common mistake of beginning teachers is to try to do too much in a session (make too many teaching points, allow too many students to speak, etc.). However, when teachers are self-compassionate, they are likely to notice when they put themselves under unnecessary pressure. Self-compassionate teachers will ensure that all members of the group, including themselves, are operating in a warm, spacious learning environment.

PERSONAL PRACTICE

Of course, we teachers are just human beings, and we embody mindfulness and self-compassion to varying degrees throughout the day. What does it take to increase the possibility that we'll be mindful and self-compassionate while teaching MSC? Personal practice! Jennifer, our beginning teacher described on the previous page, had been practicing mindfulness and self-compassion for over 2 years before her

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first MSC course, so she was primed to respond accordingly in her moment of distress. Mindfulness and self-compassion had already become habits by the time she entered the classroom.

Research on mindfulness meditation shows that the more we practice, the more mindful we're likely to become (Lazar et al., 2005; Pace et al., 2009; Rubia, 2009). However, simply sitting down to meditate doesn't mean that we're actually meditating. It's possible that we could have been meditating for years and primarily reinforced the habit of daydreaming. It's equally possible to practice meditation for brief periods of time with wholehearted attention and discover that our lives are transformed by it. People who manage to practice consistently have usually found a balance between quantity and quality of practice.

Formal meditation is especially challenging to practice on a regular basis. Who has time for it? Furthermore, behavior change is usually more elusive than we originally anticipate. Just remember the last time you tried to change your eating or exercise habits, or how quickly you gave up on a New Year's resolution. As an MSC teacher, you'll first need to figure out what it takes to maintain a consistent practice of your own before you can advise others. Next are some tips for maintaining a daily, formal meditation practice.

Making It Pleasant

To encourage you to practice regularly, meditation has to be pleasant. That does not mean *always* pleasant, but sufficiently pleasant for you to want to do it again. What would it take you to make your meditation as easy as breathing or as enjoyable as being loved? When meditation starts to feel like work, you can ask yourself, "Is there any unnecessary striving that I can let go of?" Perhaps meditation is work because you are doing it primarily for extrinsic reasons, such as to reduce stress, train your brain, or become a happier person. Instead, can you just let yourself be rocked by the gentle rhythm of your breathing, or whisper kind words into your ear, over and over? That, too, is meditation.

Feeling Comfortable

Make sure that you are physically comfortable when you meditate. Adjust your posture to support your body without effort. You will not want to meditate if it's physically painful. Meditation can be practiced sitting, standing, or lying down. Folded legs are not essential. Find a posture that allows your mind to be tranquil yet alert.

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Letting Go of Expectations

While practicing meditation, it's important to let go of expectations, especially the expectation that you will feel good. Unpleasant states of mind will arise and pass during meditation, and your task is simply to meet them all with spacious, loving awareness. Unpleasant states do not necessarily mean that you're practicing incorrectly. Please evaluate the effectiveness of your practice *after* you have meditated, or every few months, rather than during meditation itself.

Starting Small

Preconceived ideas about how long you should be meditating can be an obstacle to practice. The main thing is to *begin*. Can you arrange your schedule so that you sit for just a few minutes and see what happens? Simply stopping the forward tumble of your life, such as sitting down to meditate before opening emails in the morning, overcomes the greatest obstacle. After you begin to meditate, you may want to continue, even though you were previously convinced that you didn't have enough time.

Connecting to Core Values

Does meditation have a meaningful place in your life? Does it support your core values, such as living in love and compassion, or waking up to the preciousness of every moment? Connecting daily meditation to a larger life purpose infuses the practice with energy and meaning.

FINDING SOCIAL SUPPORT

Some people lose interest in meditation because it feels too lonely. If that's the case for you, try finding a teacher, joining a meditation group, listening to guided meditations, seeking online support, or going on a retreat. Social support is a key factor in behavior change (Gallant, 2014), and it is perhaps even more important for developing the habit of meditation because with meditation the rewards are less tangible. Connecting with teachers and fellow meditators shines a light on the meditation process, supports the value of it, and provides inspiration for further practice.

Motivating Yourself with Self-Compassion

Self-compassion is a handy tool for motivating yourself to practice. When your meditation practice lapses, as it will from time to time, take notice of any self-

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criticism or shame (e.g., “I’m a fraudulent teacher!”). Shame is an emotional burden that interferes with resuming meditation practice. Instead, remind yourself of your core values; think of the pleasure and benefit you derive from practicing; have understanding for how complicated your life is; and then offer yourself the gift of meditation—a time to know what it means to be alive and to receive the love you need.

Going on a Retreat

A retreat is an opportunity to experience the transformative potential of meditation. For example, you might identify unconscious habits of mind, such as a tendency toward perfectionism or self-judgment, and begin to let it go. Sometimes radical new insights emerge from sustained practice, such as firsthand experience of the impermanent nature of experience or a sense of connection to all beings. Taking a deeper dive into meditation on a retreat is likely to inspire you to practice more regularly when you return home.

INSIGHTS FROM PRACTICE

Various insights may emerge from sustained personal practice. These insights help us to embody self-compassion as teachers; they support ongoing practice; and they put us in a better position to respond compassionately when our students encounter similar obstacles on the path.

I’m not very good at self-compassion. One of the earliest discoveries of MSC students is that they are less self-compassionate than they ever imagined. This can be quite disheartening, but it’s a useful insight. Most of us usually don’t hear the negative chatter in our minds, and we don’t realize how much we disregard our needs. When we open to loving-kindness and compassion, we notice the discrepancy between what has been going on all along and what we’re hoping to achieve. Discovering that we’re not particularly self-compassionate signifies that we’re starting to hear the inner conversation more clearly. The pain of this discovery is yet another opportunity to respond with self-compassion.

I feel uneasy about self-compassion. Most of us have misgivings about self-compassion. For example, when we take time to focus on our inner experience and give ourselves kindness, we fear that we might become self-centered or self-indulgent. Ironically, the research points in the opposite direction: It indicates that misgivings are actually misconceptions (see Chapter 2). Misgivings may persist long after we have rationally debunked them because they rub against early childhood or

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cultural norms. It helps to remember that self-compassion is humble art; we are simply including ourselves in the circle of our compassion.

Self-compassion is about doing less, not more. We spend most of our waking hours struggling to achieve one thing or another, such as approval, connection, fame, wealth, or comfort. This attitude of striving naturally carries over to the task of learning to become a more self-compassionate person. We are not actually learning self-compassion; we are learning to embrace our imperfections. When we find ourselves struggling to become more self-compassionate, that's not self-compassion. Self-compassion itself feels like a long, delicious sigh of relief. It's subtraction, not addition.

Love reveals everything unlike itself. Self-compassion plugs us into the relational matrix of our lives—our attachment history. Giving ourselves unconditional love typically reveals the conditions under which we felt unloved in the past (i.e., interactions with early caregivers, current relationships, or cultural biases). This is called backdraft and is an essential part of the healing process (see Chapter 11). When we develop the skill of self-compassion, our minds naturally open to old relational pain. As MSC teachers, we and our students learn to expect backdraft and to meet it with the resources of mindfulness and self-compassion.

Practice makes imperfect. When some people first hear about self-compassion, they believe that self-compassion will solve all their problems— emotional difficulties, challenging relationships, and so forth. Eventually they discover that despite their best efforts, life remains difficult, and they are the same persons as before. This can be rather disappointing, but it's actually a sign of progress. Meditation teacher Rob Nairn (2009) probably said it best: "The goal of practice is to become a compassionate mess." Being a compassionate mess means being fully human, often struggling, with great compassion.

What we can feel, we can heal. Self-compassion involves opening to pain, not bypassing it. Otherwise, it's just sugar-coating—a vain attempt to manipulate moment-to-moment experience by trying to feel good. Love and sorrow commingle in compassion. Fortunately, we don't need to experience the fullness of our pain to train ourselves in self-compassion; we just need to touch it, as we would touch the flame of a candle with moist fingers.

When we suffer, we practice not to feel better, but because we feel bad. This is the central paradox of self-compassion. Everyone starts on the path to self-compassion

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to feel better and there is a tendency to apply self-compassion techniques like a magic pill to alleviate human suffering. This approach is destined to fail because it is in the service of resisting moment-to-moment experience (see Chapter 11). We cannot try to manipulate our moment-to-moment experience without making matters worse. A healthy alternative is to allow our hearts to melt in the heat of suffering, spontaneously, without a strategy.

When all else fails, self-compassion! Offering ourselves compassion can trigger three kinds of emotional reactions: We can feel good, bad, or nothing at all. The wish to feel good is a common source of frustration for MSC students because emotions have a life of their own. However, we can practice goodwill toward ourselves, no matter what we're feeling. That is a pivotal insight for MSC practitioners—practicing self-compassion precisely when the practice fails to make us feel better.

Self-compassion is a path, not a destination. As we become seasoned practitioners, we understand more clearly that the journey never ends. Life includes pain. Have we increased our capacity to receive it, and let it go? Have we learned to accept *ourselves* more wholeheartedly, especially when we suffer? With consistent practice, our emotional pain will definitely decrease and our hearts will stay open more continually, but there will always be the need to practice. We never arrive.

Insights such as these are signposts on the map of self-compassion training. They are not the territory itself. As teachers (and students), we need to understand them directly—in our own practice and through our own struggles—before the insights become real and authentic enough to support our teaching.

RELATING COMPASSIONATELY TO OTHERS

Relating compassionately to others is the fourth domain of teaching competence. It overlaps with the third domain, embodying self-compassion, but also involves different skills. Compassion for others, for example, has the added complexity of relating to other human beings whom we may hardly know. Students need to *receive* compassion in order to learn self-compassion because the learning process can be quite difficult at times. When our students sense that we are *with* them in their struggles, they are more likely to open to the possibility of self-compassion.

Embodying self-compassion, especially the component of common humanity, includes awareness of how a teacher's own identity has been shaped by cultural factors (see also pp. 116–118). It is impossible to be an authentic person in this world

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and have never experienced bias from culturally determined messages (e.g., body shape, skin color, gender), and members of some marginalized groups experience blatant oppression throughout their lives. To be truly compassionate, teachers need to be open to this source of pain within themselves, to have begun to address it with self-compassion, and to have a commitment to recognizing and alleviating cultural identity pain in others.

Compassionate relating during MSC often occurs during the inquiry process (see Chapter 9). Consider the following inquiry that occurred during a discussion of home practice.

JOSHUA: I'm afraid I'm not very good at self-compassion. When I look inside, I just see so much I don't like, and it isn't going away. I just can't feel good about myself. I'm feeling pretty lost in this program, to tell you the truth.

TEACHER: I can see that you're working really hard at it. Could you describe the feeling that you are struggling with ... what it's like?

JOSHUA: Yes, it's like a big hole inside. One I could fall into if I'm not careful. It's not a new feeling, but it's here. I hate it.

TEACHER: May I ask where exactly in your body you feel the big hole?

JOSHUA: Sure. It's right in the pit of my stomach.

TEACHER: And is there an emotion tied up with it?

Joshua: I'm not sure. Well, mostly afraid, I guess. Afraid of something going wrong because I don't know what I'm doing. That's really it. Like being lost ... lost, and frightened about being lost.

TEACHER: Yes, it is scary to feel lost and wonder if you'll ever get it. ...

I'm sure you're not alone in that feeling. (Pause) Would you be willing to just let those feelings be there for a moment? (Pause) I wonder what you might need when you feel like this—not to fix it, but simply as a comfort? For instance, how would it feel to put a gentle hand where you're feeling the discomfort? (Joshua puts a hand on his stomach.)

JOSHUA: It feels pretty nice actually. It also feels good just to be talking about it. It wasn't easy to speak up, I can tell you that.

TEACHER: Then perhaps you're already being compassionate with yourself?

JOSHUA: (Smiling) You mean I'm not so bad at this after all?

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In this inquiry, the teacher connected with Joshua's struggle to be more self-compassionate and didn't try to fix the problem. Instead, the teacher entered into Joshua's distress. Then, together, they anchored his discomfort in his body, labeled the corresponding emotion, and considered this question: "What do I need?" The supportive interaction with the teacher confirmed for Joshua that he was on the right track in the program.

QUALITIES OF COMPASSION

When a teacher is being compassionate toward a student, a host of related qualities may arise in the interaction:

- *Curiosity*—genuine interest in what a student is experiencing.
- *Kindness*—a hospitable, nonjudging attitude.
- *Warmth*—a tender inclination of heart toward the individual.
- *Respect*—appreciating the uniqueness of each individual.
- *Allowing*—not fixing and allowing each person to be whole and complete now.
- *Humility*—assuming that one person doesn't know what is best for another.
- *Mutuality*—sense of commonality with others in struggles and aspirations.
- *Confidentiality*—willingness to protect the privacy of others.
- *Receptivity*—ability to listen and learn from others.
- *Flexibility*—capacity to be moved in a new direction by the student.
- *Authenticity*—readiness to be open and honest in a helpful way.
- *Appreciation*—recognizing the inherent strengths in each individual.
- *Attentiveness*—ability to focus on the experience of another.
- *Generosity*—willingness to go beyond one's usual limitations.
- *Empathy*—feeling another's world as one's own.
- *Equanimity*—perspective and steadiness in the midst of strong emotions.
- *Wisdom*—understanding complexity and seeing a way through.
- *Confidence*—inner strength that arises from goodwill.

Teachers who want to increase their capacity for compassion toward others can focus on enhancing any of these compassion-related qualities. For example, intentionally cultivating the quality of "not fixing" might be helpful for psychotherapists who have a

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habit of trying to fix what's broken. Or for a self-compassion teacher who tends to be a striving and impatient type (commonly called "Type A"), the qualities of mutuality and receptivity might be worth nourishing. By focusing on one personal quality at a time, MSC teachers can widen the spectrum of their compassionate attributes and skills.

Teachers need wisdom to temper how they *express* these qualities of compassion. For example, if a teacher speaks in a warm, motherly tone, one student might enjoy the soothing effect, whereas another may have memories of maternal disapproval or betrayal and feel uneasy. What is medicine for one student could be poison for another. Similarly, one student may need teachers to maintain respectful distance so the student can freely explore his inner world, whereas another might experience the same distance as isolating and lonely. As we grow as MSC teachers, we are likely

to recognize our own teaching styles and be able to adjust our favored style to the needs of individual students, or at least to recognize the effect our manner of teaching might have on our students. It also helps to have a co-teacher with a different temperament or teaching style.

EMOTION REGULATION

Despite our best efforts, sometimes we just don't feel much compassion for our students. Imagine, for example, that you have scheduled an MSC class at the end of the day. One of your students comes to class feeling hungry and angry, and blurts out that the course feels like a total waste of time. How would you react? You might instinctively feel just as angry as your student. You might also conclude that the student is incapable of comprehending what the course is all about. Underneath it all, you might feel ashamed and worry that you are a poor teacher. Where's the compassion now? How do you return to a state of compassion?

Emotion regulation is an important skill for all of us as MSC teachers. It is the capacity to be with emotional pain—ours and that of others— with courage and an open heart. The resources of mindfulness and self-compassion can help. For example, when a teacher is verbally attacked by a participant, the ideal scenario might be to identify shame or anger arising in the body; to allow oneself a moment to breathe gently in for oneself and out for the student (see Chapter 14); and then to explore in a thoughtful manner what the student needs and is hoping to achieve in the course. This approach is likely to induce a shift in physiology from threat to care (see Chapter 2). Of course, it may take a while to rebound after being verbally attacked. That, too, is an opportunity for self-compassion—and for co-teaching.

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Excerpted from *Teaching the Mindful Self-Compassion Program*

CO-TEACHING

We recommend that MSC be taught, whenever possible, by two teachers (see Chapter 5). A helpful guideline for selecting a co-teacher is whether the person evokes an inner smile when you consider working together. A co-teacher should also be a person whom you genuinely appreciate and respect, and with whom you feel safe. It helps to choose a co-teacher (or an assistant) whose personality or skills complement your own. For example, if you are a woman, you might consider teaching with a man. If you are intellectual by nature, you might wish to work with a more heart-centered person. Every teacher represents a different angle of practice, and diversity in teaching styles opens a wider range of possibilities for students to connect with their teachers and learn from them. Ideally, co-teachers should also have a wish to learn from one another.

MSC students carefully observe the relationship between their co-teachers, often more closely than the teachers are willing to recognize or accept. The relationship between co-teachers inevitably sets the tone for how others in the room relate to one another. When teachers honor and appreciate each other, and enjoy teaching together, this attitude ripples outward to everyone in the room.

Here are some questions that CMSC Executive Director, Steve Hickman, suggests potential co-teachers ask as part of getting to know one another:

- “What most drew you to this program?”
- “Who are some teachers who have impressed or inspired you, and why?”
- “What are you most looking forward to in co-teaching?”
- “What are you most hesitant about when you think of co-teaching?”
- “How do you prefer to receive feedback?”
- “What is one thing that your co-teacher is likely to really appreciate about you?”
- “What is one ‘quirk’ or ‘character flaw’ that you possess and that your co-teacher might just have to learn to live with?”
- “What are some of your ‘growth edges’ in teaching and co-teaching [e.g., trusting the curriculum, not speaking too much, the inquiry process] that you would like to improve?”
- “What are some nonteaching skills or talents that you bring to the table [e.g., organization, marketing/social media, accounting]?”

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- “What is your view of the use of humor in teaching the program? How would you characterize your sense of humor?”
- “What is your preferred mode of communication [email, telephone, text message], and what do you consider a reasonable response time for a communication from your co-teacher or participants?”
- “What is your deepest intention for doing this work?”

Course leaders should also be clear from the outset about their respective roles and expectations. Hickman suggests that co-teachers sketch out a memorandum of understanding between them that addresses finances (e.g., splitting profits, handling expenses, scholarships), responsibilities (e.g., marketing, administration, room preparation, class emails), teaching roles (e.g., leadership issues), and plans (e.g., long-term teaching vision). This conversation may seem awkward at first, but it will also prevent future conflicts.

Most co-teaching relationships are neither smooth nor effortless. For example, there may be differences of opinion regarding how to deliver the curriculum or how to work with particular students. Sometimes co-teachers find themselves competing for the affection of students or trying to impress each other. Often one teacher is more experienced or skilled than the other, which inadvertently leads to the less skilled teacher’s feeling diminished. It is best to assume incompatibility, and plan to accommodate to one another as the course proceeds. Like any relationship, a co-teaching relationship changes over time (Dugo & Beck, 1997).

Co-teachers should also schedule time after each session to discuss what they have experienced and learned, ideally when both persons feel relaxed and open to feedback. Teachers can also use the so-called “sandwich method” of giving feedback. The sandwich method reinforces goodwill and has three parts: (1) “What I found most helpful was ...”; (2) “What I might have found more helpful was ...”; and (3) “Another thing I found helpful was ...” In other words, a constructive suggestion for improvement is sandwiched between two affirming statements, so that the feedback starts and ends on a positive note. Teachers might also ask each other, “How do you think our group members see us?” With thoughtful preparation and follow-up, co-teaching can be a rewarding experience for everyone.

ETHICS

MSC is an inherently ethical program, insofar as compassion is at the heart of most ethical systems (Armstrong, 2010). MSC teachers’ authority depends on their

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ethical integrity. Ethical guidelines have been drafted to remind MSC teachers of the caregiving relationship they have with their students, and to support teachers' efforts to behave compassionately (see Appendix A). Three of those guidelines are the needs to protect the emotional safety of participants, to preserve financial integrity, and to maintain respect for diversity.

Emotional Safety

Since the relationship between teachers and students is asymmetrical, especially in regard to power, it is important for teachers to maintain safe boundaries with and for their students. MSC teachers are required to maintain professional teacher–student relationships with all students during the course, to refrain from seeking additional material or immaterial rewards, and to protect the emotional and psychological safety of their participants. It is especially important for teachers to maintain safe boundaries regarding sexuality. Students can idealize teachers when the teachers represent something special to the students, and with idealization may come physical attraction. Teachers who have the need to be idealized, or who are lonely in their personal lives, may be inclined to initiate sexual contact with students or comply with sexual invitations. A teacher's capacity to recognize these situations as they arise, as well as discussing them with a co-teacher (and maybe the student), will go a long way toward maintaining psychological safety in the classroom. Teachers may also discover that students become attracted to one another as they grow in emotional intimacy during the course. Teachers should ask students to be mindful of romantic attraction and the harm it may cause to others in their lives, outside the classroom, if they cross physical boundaries.

Financial Integrity

Teaching MSC requires an expenditure of resources—time, energy, money—and teachers need to be fairly compensated for their efforts. Many MSC teachers would teach free of charge if they could, but everyone has bills to pay. We generally recommend that teachers charge for their courses what is being charged in their area for similar 8-week training programs, such as MBSR or MBCT.

A teacher's financial needs may have an impact on how a course is conducted. For example, it may not be financially viable to have a co-teacher if a group is small, or teachers may also be less selective of participants if they need to fill a course for financial reasons. Monetary concerns can also affect how flexible a teacher is when a participant wants to drop out of the program. A teacher who is financially secure

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might be willing, for example, to offer a student free attendance at a later course. Teachers are encouraged to offer scholarships to less privileged applicants, but this is not always a viable option for teachers. Ideally, teachers make financial decisions from a position of respect both for themselves and for the students.

Embracing Diversity

Our capacity as MSC teachers to respond to others with compassion is limited by our capacity to see our common humanity and our ability to understand the context of people's lives. There are human differences that we may be able to see (e.g., age, skin color, and body type) and differences that might be less visible (e.g., sexual orientation, gender identity, socioeconomic status, early childhood experience, mental or physical illness, religion, politics, literacy, and intellectual abilities) (see Chapter 10). Members of some marginalized groups, such as people of color, and even people in groups that are not a minority, such as women, experience ongoing, systemic oppression.

Our differences can be a source of pride, shame, or a host of other emotions, depending largely on cultural factors, such as how much oppression we experience as our identity develops and how much that oppression is internalized. It is also important to remember that some marginalized individuals have been able to develop strength and resilience in the face of cultural oppression and adversity, such as Susan B. Anthony or Nelson Mandela or Martin Luther King, Jr. (Burt, Lei, & Simons, 2017; Singh, Hays, & Watson, 2011; Spence, Wells, Graham, & George, 2016).

Whatever form oppression takes, the result is *cultural identity pain*. As MSC teachers, we need to be aware and open to our students' cultural identity pain and be ready to validate it and respond with compassion. Creating a space in an MSC class that supports inclusion, diversity, and equity may be a new competency for some MSC teachers, especially for teachers who identify with the dominant culture or have social privilege of one kind or another. Suffering is universal, but not all suffering is equal. Although MSC is ultimately an exercise in common humanity, we get there by validating the uniqueness of each person's experience, especially the experience of pain. Cultural identity pain is a sensitive topic that can evoke feelings of shame, guilt, or anger in just about everyone. Fortunately, self-compassion is a powerful resource for working with such feelings.

When participants arrive at an MSC class for the first time, they often ask themselves, "What is here for me?" as they look around the room for people like

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themselves. When none are to be found, students at least need to know that the group norms include genuine respect for individual differences and appreciation of the impact of culture on a person's life. Most importantly, the MSC classroom should not be a place where the pain caused by oppression on a personal and systemic level is ignored in an effort to see our common humanity.

MSC teachers are strongly encouraged to develop greater awareness and sensitivity toward the worldviews of those who are culturally diverse. Gaining this type of understanding helps us to view participants' cultural identities as representations of various dimensions and degrees of the self in relation to social disadvantage and/or social privilege. Therefore, we must always be sensitive to the impact of multiple, interacting cultural identities rather than perceiving participants' diverse ways of being as purely one-dimensional. In other words, there is always "diversity within diversity."

Toward that end, teachers may need to take additional training in cultural self-awareness to recognize their own cultural conditioning, uncover unconscious biases, and more closely examine how they are situated in the culture regarding access to power and privilege. This process supports the cultivation of cultural humility, which means acknowledging our limitations, learning to explore social differences despite our discomfort, and remaining open to the reality that cultural identity pain has a profound impact on one's sense of self and lived experience.

MSC teachers from relatively homogeneous cultures may feel that diversity, equity, and inclusion are less applicable to their teaching, but there are marginalized groups that exist within every culture. Expanding our sensitivity to the impact of culture in our lives, especially the impact on those who are subject to daily injury within a particular culture, is an important gateway to living and teaching more compassionately.

ADDITIONAL SUPPORTS FOR COMPASSION

Sometimes our inner worlds are cauldrons of conflicting impulses, and it is difficult to be compassionate. Some supports for compassion have been mentioned already, such as maintaining a personal practice of mindfulness and self-compassion, a commitment to being compassionate, and ethical standards. Two additional supports are (1) considering ourselves primarily as students rather than as teachers and (2) staying connected to a community of teachers.

Considering ourselves as students helps us remain humble and compassionate as teachers. As G. K. Chesterton (1908/2015) wrote, "Angels can fly because they can

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take themselves lightly” (p. 78). As long as we suffer in life, we will need to practice mindfulness and self-compassion. That means we are all students. The main differences between us as MSC teachers and our students are that as teachers we know the course curriculum; we have probably been practicing longer than their students; and we are occupying the teacher role.

Joining a community of teachers is another support. There are numerous benefits: We can help one another, learn from one another, be reminded that we’re not alone, and enjoy the shared purpose of bringing compassion into the world. Toward that end, the Center for MSC is committed to supporting the worldwide community of teachers through online and face-to-face forums such as advanced training seminars, special interest groups, and conferences.

POINTS TO REMEMBER

- The best way to teach self-compassion is to be compassionate. Learning to embody self-compassion and to relate compassionately toward others are overlapping domains of teacher competence.
- Embodiment of mindfulness and self-compassion teaches through the power of emotional resonance between a teacher and student. Teachers can also model for students that no personal error or imperfection is outside the reach of self-compassion.
- Personal practice—formally in meditation, and informally during the day—is fundamental to embodying self-compassion. Personal practice also enables teachers to understand and support their students as they encounter obstacles to practice.
- Tips for maintaining a formal meditation practice include making it pleasant, feeling physically comfortable, letting go of expectations, starting small, connecting with core values, finding social support, motivating oneself with compassion, and going on a retreat.
- Insights from practice, such as realizing that difficult feelings arise during self-compassion training and are part of the transformative process, help teachers to remain steady and compassionate as their students negotiate similar terrain.
- The manner in which co-teachers relate to one another sets the emotional tone of the whole group. Co-teachers will inevitably have differences of opinion, so they should discuss before and after each session how they can support one another.

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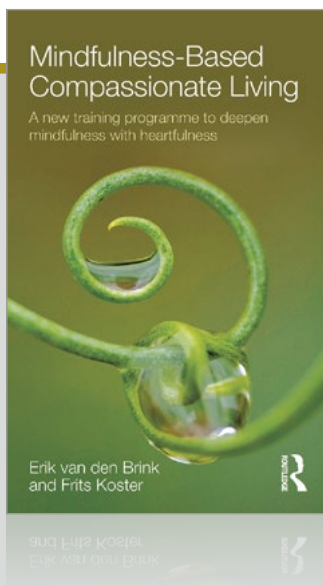
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- Compassion toward others can be maintained by a commitment to compassionate action, self-compassion, respect for diversity, and ethical standards. It is also helpful to consider oneself primarily a student rather than a teacher, and to stay in touch with a teaching community for support, feedback, and continuing education.



CHAPTER 4

TIMELESS VALUES



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Mindfulness-Based Compassionate Living

By Erik van den Brink, Frits Koster

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TIMELESS VALUES

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The choice to recognise inner and outer science as equally valuable ways to knowledge and insight that complement each other is, of course, based on values. We hope to make clear that we are talking about 'noble' values, values that call on us again and again to reexamine our attitude to suffering and to strive for an approach that involves as many wholesome and as few harmful effects as possible. Characteristic of noble values is that they are 'timeless', or at least enduring. They last throughout the centuries, survive wars and disasters and help us time and again to transcend temporary limitations and short-term interests. Such timeless values can be found in all great wisdom traditions.

We would like to mention three values that we consider guidelines in our search for the relief of suffering and that can contribute to more wisdom and compassion in medicine and psychology. You could call them golden rules for practitioners of both inner and outer science. The first is concerned with what—the content of what we do to alleviate suffering and the methods that are applied. The second and third are concerned with how—the way in which we deal with each other and with ourselves.

'PUT EVERYTHING TO THE TEST AND KEEP WHAT IS GOOD'

This biblical instruction (I Thessalonians 5:21) is perhaps taken out of context but concisely describes the open attitude that is called for in our search for what works to alleviate suffering. The integrative approach in medicine and psychiatry (Hoenders, 2014; Hoenders et al., 2011) does not want to preclude anything but wants to give all treatment methods an honest chance and investigate them with an open mind.

'Put everything to the test' does not only apply to manualised treatments of groups of patients with the same characteristics but also to the exploration of what works to alleviate the unique suffering of this unique person in this unique situation. Thus research into what works never comes to an end. Naturally a treatment that has been proven to be effective should be applied first where possible, and there would have to be good reasons to depart from this. Yet 'keep what is good' refers not only to what is shown to be most effective in large controlled studies, for these always concern other people than the patient in question, but also to what proves to work best for this particular individual.

Because all research takes place in a cultural–historical context, it will never be able to yield absolute guidelines, or protocols that should be followed blindly, but will continually require a critical openness to new possibilities. 'Keep what is good' is, in our view, not a call for conservatism but a pragmatic call for doing more of what

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works. What is important is not whether a method suits a certain view of humanity or the world, or a certain culture, but *whether the method alleviates suffering and promotes health in the least harmful and the safest possible way*. It is of less concern whether the current medical models can explain it. What matters more is whether there is an openness to adapt theories and explanation models to the findings. Science would never have progressed if there had not always been people who had thought outside the box of the prevailing scientific model. But for these people we might still think that the Earth is flat, that the sun rotates around the Earth or that atoms are the smallest particles in the universe.

'TREAT OTHERS AS YOU WANT TO BE TREATED YOURSELF'

This adage is the positive version of the so-called Golden Rule: 'Do unto others as you would have them do unto you.' The British religious historian Karen Armstrong (2011) shows how the Golden Rule is endorsed by almost all religious, ethical and spiritual traditions. It can be found in monotheistic religions like Judaism, Christianity and Islam as well as in the Chinese, Hindu, Buddhist and other great wisdom traditions. The founders of these traditions did not envisage a world that suffered from religious wars and that is still afflicted by hatred, intolerance, extremism and violence. Hostility arises from old innate survival instincts and the associated need to emphasise differences and to elevate one's own personal identity and own group over others. The Golden Rule, on the other hand, points to the similarities between all people and acknowledges the needs and wants of friend and foe. It is aimed at the survival and well-being of all, not only that of one's own personal identity or group.

Armstrong, together with others, drew up a Charter for Compassion. It invites us to let ourselves be inspired by the ancient ethical principle of the Golden Rule and to let our moral actions be guided by our unlimited potential for compassion and altruism. They recommended reinstating the Golden Rule in health care as well, which has inspired Dutch medical students to draw up a charter Compassion for Care (www.compassionforcare.com). Imagine if caregivers would treat their patients as they would want to be treated themselves, researchers would study their subjects as they would want to be studied themselves and adherents of different scientific explanation models would respect each other as they would want to be respected themselves. The Golden Rule invites a friendly connection not only between those of similar views but particularly between those who have different opinions. The essence of compassion is that boundaries between mine and yours are transcended and that we acknowledge that none of us wants to suffer and that everyone wants to be happy.

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You may think 'The Golden Rule doesn't seem so sound to me at all. I treat myself so badly and would never wish that on anyone!' This gives us all the more justification to practise self-compassion first and to wonder how we would really want to be treated. It is also a reason to reflect on the third value we want to mention.

'THERE IS MORE RIGHT THAN WRONG WITH US'

From the very first session of mindfulness training Jon Kabat-Zinn (1991) emphasised that there is more right than wrong with us and that there is good reason for this. Human beings quickly and instinctively zoom in on negative signals (Hanson, 2009). This is an old survival mechanism that helps us whenever we encounter acute danger. But when we are in psychological pain we are also inclined to focus on what goes wrong, has gone wrong or could go wrong. Without noticing it we become bitter or gloomy and lose the objective view and often enjoyment of life as well.

Many people in our Western culture seem inclined towards a high degree of harshness or ruthlessness, particularly towards themselves. This ruthlessness is often linked to a low sense of self-worth and to self-hatred. Tara Brach (2004) called this 'the trance of unworthiness'. When the Dalai Lama heard about this for the first time during a meeting with Western scientists and meditation teachers at the third Mind & Life Conference in 1991, he initially did not understand what was meant; he was painfully moved when Western meditation teachers told him about this, and he found it hard to believe that many Westerners do not love themselves (Goleman, 2003). It was remarkable that he then asked whether these people were looking for happiness. When this was answered in the affirmative, the Dalai Lama said that this was a sign that compassion is indeed one of the most fundamental emotions and driving forces in our lives.

We do not need to take the saying 'there is more right than wrong with us' to imply that we have to approve of every type of behaviour. Even if our behaviour is reprehensible and needs improvement, there is the potential for self-healing deep down in us. We do not want it to be a superficial statement against better judgment but really see it as a value, a guiding compass under all circumstances. On the surface many things might be wrong with us, but every human being has a potential for insight and growth. Just as we carry the old innate survival mechanisms—which are not 'sinful' but natural—we also have the natural ability to cultivate awareness and compassion, whatever our starting position might be. Mystics and respected teachers from all traditions have pointed out time and again that the essence of

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wisdom and compassion—Buddha-nature, the Tao, Christ-consciousness, the True Self, or whatever it is called—is always present in us, although we usually do not live from that awakened state of mind. It seems healthy to remind ourselves from time to time of this valuable insight.

For a long time, the focus in medicine and psychology has been on what is wrong, on our ailments, disorders and failings. In the second half of the 20th century, however, in the humanistic and client-focussed schools we can also see a shift in attention to inner strength and self-healing potential; and in the past several decades these have been increasingly underpinned by outer science, for example in solution-focussed approaches (De Jong & Berg, 1998; De Shazer & Dolan, 2007), in positive psychology (Carr, 2011; Seligman, 2002), in the interest in resilience (Appelo & Bos, 2008) and in the shift in focus from symptoms to strengths (Bos & Appelo, 2009). However, there are pitfalls in being biased towards what is right as well as in being biased towards what is wrong. It is an art both to accept inevitable suffering and to pay attention to what is positive in life. A new school of psychology is called the ‘psychology of the art of living’, which unites both sides of life (Westerhof & Bohlmeijer, 2011).

The ‘rightness’ this third value refers to is of a considerably deeper level than the more superficial joys and sorrows that characterise our existence. Outer science will never be able to explore it directly, and inner science can only refer to it with inadequate words. We conclude by listing the guiding values with which we align ourselves and that we apply to meet human suffering compassionately:

- ‘Put everything to the test and keep what is good’ gives guidance on how we deal with the world in the broadest sense in our search for effective remedies.
- ‘Treat others as you want to be treated yourself’ gives guidance on how we deal with each other (and other living beings), acknowledging that we all want to be happy and free from suffering.
- ‘There is more right than wrong with us’ gives guidance on how we deal with ourselves, giving space to the possibilities of awakening and healing qualities that are present in us.

As far as we are concerned these values are durable and they give direction and guidance, even if they might never be fully achieved. We might not always act in accordance with them, but that does not make them less valuable. Regular reflection and mindfulness make it possible to return to them again and again, just as the beams of a lighthouse remind us of the desired direction at all times.



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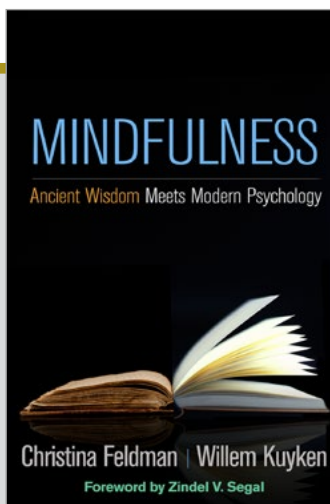
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In the next chapter we no longer contrast East and West. Both offer vital and complementary approaches to suffering. We explore how a meeting between inner and outer science might look and focus on the meeting of Buddhist and Western psychology.

CHAPTER

5

AN INTEGRATED MAP OF DISTRESS AND SUFFERING



This chapter is excerpted from

Mindfulness: Ancient Wisdom Meets Modern Psychology

by Willem Kuyken, Christina Feldman

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Excerpted from *Mindfulness*

The science of meditation is in its infancy. We need decades more study. People talk about artificial intelligence and machine learning, but we haven't scratched the surface of what human intelligence is really all about.

—Jon Kabat-Zinn (in Booth, 2017)

Between stimulus and response, there is a space. In that space lies our freedom and our power to choose our response. In our response lies our growth and our freedom.

An itch becomes a scratch.

A momentary sadness develops into a “duvet dive.”

Searing back pain triggers the thought “I can't bear this, and if I have to endure this for the rest of my life, I'd rather be dead.”

A critical comment inflames a powerful inner critic.

How does Sam's itch so automatically elicit a scratch? How does Ling's momentary sadness develop into a plummeting duvet dive, or *in extremis*, even another full-blown episode of depression? How does Mohammed's painful back sensations elicit such a self-destructive thought? For Sophia, how does receiving even a small criticism elicit such a powerful wave of self-criticism?

In this chapter, we bring together the psychological science and Buddhist psychology outlined in Chapters 2–4 to map how distress and suffering are created and maintained. This forms the basis for a route map out of distress and suffering toward well-being and flourishing (Chapters 6–8).

STIMULUS AND REACTION

We start with the simplest model, captured in the quotation that opens the chapter. In each moment, *we can open to the space between a stimulus and our reactions*; we do not have to react to all of life's difficulties.

We illustrate with examples from Sophia and Sam.

Since Sophia was a teenager her life has been marred by a harsh inner critic that is triggered when she feels she falls short of her own exacting

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Excerpted from *Mindfulness*

standards. Sophia recognizes this as a long-standing problem that was probably implicated in the onset of her anxiety as a child and her depression in her 20s. It has blighted her adult life. Even in her 60s, this inner critic can flare up in any domain of her life, as a mindfulness teacher, parent, and grandparent, and as she struggles with her worsening health status with the relentless march of her Parkinson's disease. Recently she received one small negative comment on a course evaluation that flared up a blaze of self-criticism.

Sam suffers from psoriasis, a skin condition that involves itchiness, so the urge to scratch was a familiar stimulus. During a mindfulness practice Sam became aware of itchiness (which he had learned to resist because it worsened the condition), but found himself carried away in a torrent of thinking. When the mindfulness teacher asked Sam about this, he described the powerful stream of thoughts: "I hate having psoriasis, it's so unfair;" "I know if I scratch this too much, the irritated skin will get worse and I'll suffer even more later," "I wonder how visible the rash on my face is to others, do they think I am a freak?" "I am a freak, this condition has ruined my life."



FIGURE 5.1. • From stimulus to response.

Perception is a continually unfolding process where each experience evolves and cascades into the next. Stimuli produce reactions (see Chapter 3 and Figure 5.1). If we feel an itch, we have an impulse to scratch. The itch is the stimulus, and the impulse and behavior (scratching) is the reaction. More often than not the movement from stimulus into response happens automatically, rapidly, beyond our awareness. It can sometimes be hard to distinguish between stimulus and response. For example, Sam could not distinguish the chain of events between itch (stimulus) and scratch (response). When Sam's psoriasis flared up, he would find himself

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impulsively scratching. Afterward he would know scratching made things worse, and be frustrated and upset. In Sam's case, both the scratching and torrent of negative thinking were the reaction. Sophia's inner critic flared up like kindling in a fire from the slightest perceived criticism. Our reactions and the stimuli that trigger them are often fused together, as though they are a single experience.

WHAT IS A STIMULUS?

A stimulus refers to a broad array of experiences that come from our environment, as well as internal experiences in our minds and bodies. Externally, it refers to everything we can potentially perceive (e.g., shapes, light, sounds, movement, other people, situations). Internally, it includes our bodily sensations, such as itchiness, pain, discomfort, muscle relaxation and tension, warmth, coolness, all our sense impressions, sounds, and sights. In short, it includes the many bodily sensations that our minds can discern and attend to. Stimuli can also be mental states, including thoughts, images, imaginings, and remembering. Stimuli can be feelings, encompassing the whole array of emotional states (happiness, joy, sadness, fear, etc.). Finally, they can also be impulses, such as when we have the impulse to connect with someone or to escape a situation.

WHAT IS A REACTION?

A reaction is the way we process stimuli, often automatically. In the example of an itch, the reaction is scratching. Although Ling is not fully aware of it, there is a chain of reactivity between her momentary sadness and her duvet dive. In the example of Sophia, when she reads the course evaluations, her reaction is a wave of self-criticism.

WHAT IS THE DIFFERENCE BETWEEN A REACTION AND A RESPONSE?

There is a crucial distinction between reactivity and responsiveness (Kabat-Zinn, 1990). Reactivity is:

- Often automatic, relying on deeply ingrained, natural ways of perceiving, understanding, and behaving (e.g., if we are thirsty, we seek out water; if we are tired, we sleep);
- Learned (e.g., if we hear our name, we turn to see who said it); and
- Sometimes functional, helping us navigate the world.

Reactivity can, however, also be dysfunctional. Many psychiatric disorders can be characterized by particular reactive patterns. For example, people prone to anxiety

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are hypervigilant to threat. Reactivity, both functional and dysfunctional, tends to follow well-worn grooves of habit. Crucially, in reactivity there is no gap between stimulus and reaction, leaving us no space for making choices.

Responsiveness refers to more flexible ways of perceiving, understanding, and behaving. Crucially, there is a space between stimulus and response, a space where we can observe our reactions unfolding. Within this space, we have the potential to respond in flexible and creative ways. If we are able to slow down and stay steady with the sensations of an itch, resisting the temptation to scratch, we can see that usually the itch initially gets stronger, and we have a powerful and rising urge to react by scratching it. But inevitably, we notice that the sensations of the itch change, flooding and then ebbing, coming and then going. This seemingly trivial example is not trivial at all. It powerfully illustrates that all experiences come and go, even when they are accompanied by a compelling call to action. We can come to realize that sensations, and all our experience, are impermanent.

In all forms of addiction, stimuli (e.g., cues associated with the addiction) can produce powerful cravings (e.g., to take the addictive substance). There are parallels in how Sam's itchiness creates an urge and how a variety of internal and external stimuli create an urge to drink and use drugs. As we said earlier, the urge to reach for our phones when we're bored, or to eat, even if we're not hungry, have many parallels. These urges, if acted on, create temporary relief but maintain the distress and suffering. In mindfulness-based relapse prevention for people with addictions, participants learn to "ride the waves" of cravings (Marlatt & Gordon, 1985). The same is true with cravings and urges in other mindfulness trainings. We see the cravings get stronger and stronger, but if the wave can be ridden, we learn that, just as with surfing, the wave will eventually crash and disperse back into the body of the ocean.

Sam's rock bottom involved a binge of drinking and drugging that nearly killed him. It landed him in a rehab center to detox. On his discharge from rehab, he discovered that there was an endless set of people (e.g., his dealer and people he had regarded as his closest friends), places (e.g., his home, his dealer's home, the places he bought alcohol), and things (e.g., his phone) that were stimuli and triggered cravings. He used the metaphor of "riding the waves" to describe the rising of his cravings; he experienced a compelling urge to act on his cravings, to give in to the old reaction of drinking and drugging, and the various steps in the chain of reactivity that preceded drinking and drugging, such as texting his dealer.

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With extraordinary courage and fortitude, the support of his therapist, a 12-step program, and a 12-step sponsor, Sam learned that if he rode the wave of craving, just as assuredly as it built up, it would fall away again. In the gap between these multiple stimuli and his craving lay his recovery from addiction.

The key insight is that the mind processes the many stimuli that make up the landscape of our lives, which we then react to. The movement from stimulus to reaction can happen automatically and rapidly. We are often not even aware of it. Awareness and understanding opens up a space between stimulus and reactivity, and in that space we start to have a choice to respond more flexibly, creatively, and skillfully.

THE SECOND ARROW(S) OF SUFFERING

The direct path from stimulus to reaction is through a single direct arrow, where we experience the stimulus as a bodily sensation or mental state that triggers an immediate reaction. For example, we touch something hot and retract our hand, we meet suffering and extend compassion, we see something lovely and feel a sense of wonder and appreciative joy.

Our minds are primed to appraise experiences. We automatically evaluate stimuli as pleasant, unpleasant, or neutral (see Chapters 2 and 4). We evaluate each experience against how it should be, how it was in the past, and how we would like it to be in the future. Together our initial appraisal (pleasant, unpleasant, or neutral) and evaluation (how we compare it with how we think it should be) create the second arrow of suffering. The first arrow is automatic and will happen regardless; it is the pain of pain (e.g., hunger, pain, and cold) or the joy of joy. The second arrow is how our minds *react* to the experience, thus creating further distress and suffering.

The example above of Sam's psoriasis illustrates how his itchiness is the first arrow, and the volley of negative thinking and urge to scratch are the second arrows (see [Figure 5.2](#)). The unpleasantness of the itch and the strong understandable urge to be free of it is the moment at which the second arrow is discharged. The negative thinking is the second arrow, adding a second layer of suffering onto the unpleasant itchiness.

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Excerpted from *Mindfulness*

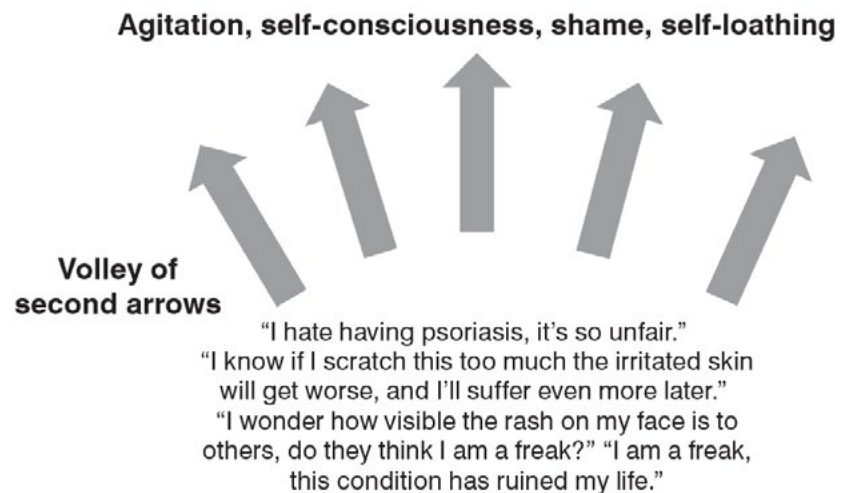


FIGURE 5.2. • The first and second arrow of suffering: Sam’s volley of second arrows.

Sophia was diagnosed with Parkinson’s disease in her early 60s and suffers from tremors. These tremors can be considered the pain of pain, her first arrow of suffering. Her story is another example of how her reaction to the tremors, the second volley of arrows, compounds her suffering.

When Sophia experienced bad days, when unpleasant tremors were ever present, it was all too easy for a second volley of arrows to be dispatched. A natural reaction would be for Sophia to compare how she is now with how she was when she was well, before she was diagnosed with Parkinson’s. She could also easily let her mind run into the future, envisaging all the scenarios of future degeneration when she might need a lot of help or even go into a nursing home. This could be scary. In darker moments, her mind would turn to imagining how the illness might end her life. Her lack of motivation, itself a symptom of the Parkinson’s disease, pulled her toward inertia. Memories of her stillborn child were never far away. The rumination about the past and future, the inertia—these were the second arrows for Sophia, compounding the tremors with a second layer of suffering. “It’s like a battle from ancient times, a whole army of archers firing arrows.”

The key insight is that we can be aware of bodily sensations, emotions, and thoughts when an experience first happens (i.e., the first arrow). We react to these concerns in understandable ways—in ways that can provide short-term relief. But some of these reactions add to our suffering (second arrow of suffering).

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HOW ARE DISTRESS AND SUFFERING MAINTAINED?

How do reactivity and the volley of second arrows lock the mind into a cycle of distress and suffering? To answer this, we differentiate between the *what* and the *how* of distress and suffering—that is, we first separate out the content of the mind gripped in reactivity—namely, the constituent sensations, emotions, thoughts, and impulses (the *what*). We then separate out the processes that fuel and maintain reactivity—namely, how we appraise and evaluate our experience and crave more of the pleasant—and turn away from and try to avoid the unpleasant (the *how*). We then consider how *context* powerfully shapes our experience.

THE WHAT: SENSATIONS, EMOTIONS, THOUGHTS, AND BEHAVIORS/IMPULSES

We experience the world as a continual unfolding of perceptions, thoughts, feelings, and impulses. We can understand our experiences better if we break them down into their constituent elements and see how they relate to one another. Cognitive therapists have helpfully developed a way of differentiating experience into several essential parts that can arise in any moment (the five-part model; Padesky & Mooney, 1990; see Chapter 2):

- Bodily sensations;
- Emotions;
- Thoughts, images, remembering, planning, reverie, appraisal;
- Behavioral impulses and behaviors; and
- Context.

We described the five-part model in Chapter 2 and provided examples of how the moment of a friend not returning our wave can be deconstructed into sensations, emotions, thoughts, and impulses (Kuyken et al., 2009).² As we discuss later, the context of each moment powerfully shapes our experience. For now, we use the first four parts of the model (sensations, emotions, thoughts, and impulses) to unpack the content of Sophia's inner critic.

Sophia's inner critic could be triggered in all domains of her life and had colored her entire life. A characteristic example was how Sophia reacted to a critical comment in the evaluation of an 8-week mindfulness course that she had taught. As was typical, it had gone well and she got excellent overall course evaluations. Many participants commended the course, the teaching, and Sophia as a teacher. However, among the evaluations there

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was one comment that the teaching had been too simple. This person wrote, “I knew it all before.” This one evaluation dominated Sophia’s immediate reaction to the course evaluations, triggering her inner critic. At the moment that Sophia’s inner critic was triggered, her bodily sensations included a knot in her stomach, tightness through her chest, shoulders, and face, and feeling “sick to her stomach.” Emotionally, there was a sense of foreboding and fear. Familiar thoughts flashed through her mind, such as “My teaching is not good enough, anyone can teach better than me ...” A memory would often surface, unbidden, from when she taught a challenging group of students more than 30 years ago during her training as a high school teacher. She was asked to cover one of her school’s most disruptive classes for a teacher who was out sick. In the memory, Sophia becomes anxious and thoughts came to mind, such as “I am losing it, this will degenerate into chaos,” “I am a terrible teacher,” “The principal will come in and see me losing it and realize I am a terrible teacher.” As the memory played out in her mind, Sophia experienced a strong urge to withdraw. The constellation of sensations, emotions, thoughts, memories, and impulses made up the content of Sophia’s reaction (see [Figure 5.3](#)).

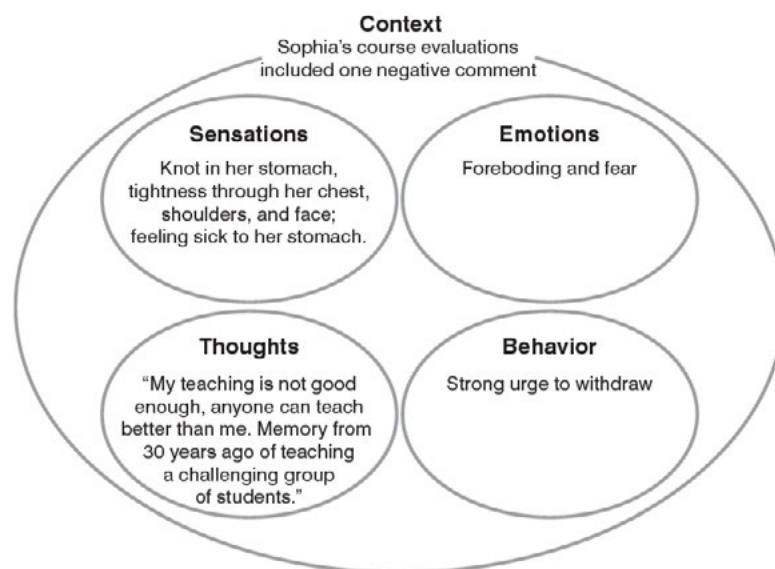


FIGURE 5.3. • The five-part model: Sophia’s inner critic is activated by a negative course evaluation.

Sam’s addiction also shows us how sensations, emotions, thoughts, and impulses can be differentiated from one another.

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Sam drove past his former drug dealer's house soon after leaving rehab (see [Figure 5.4](#)). The sight of his dealer's house was a stimulus for craving. Using this model we can parse the moment into the physical agitation (sensations), emotions (excitement and anxiety), associated thoughts ("I could so easily text him," "Why did I drive this way?"), and behavioral impulses (to text the dealer).

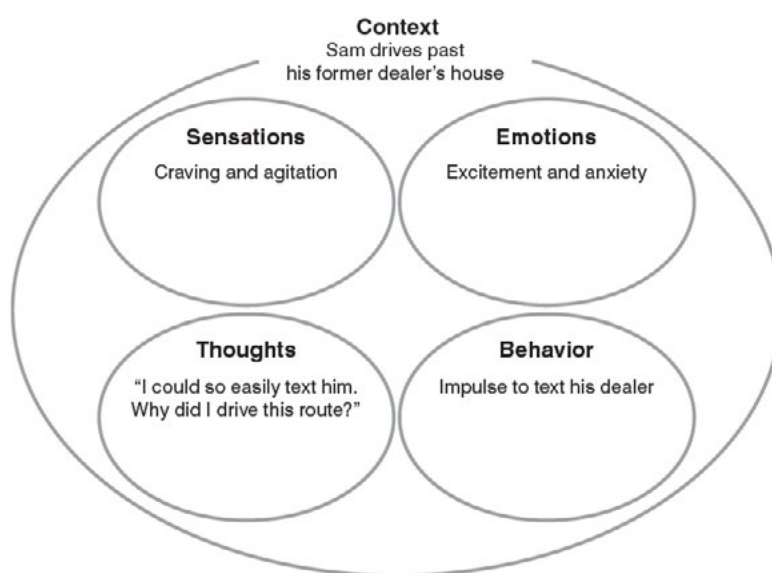


FIGURE 5.4. • The five-part model: Sam drives past his former dealer's house.

Addiction is on a continuum and not just the preserve of those with diagnosable substance abuse disorders. For example, we can map out for ourselves the moment we reach for our phone (the behavior), in a moment of boredom (feeling), with the thought "I wonder if there have been any texts or social media updates." When we notice this trail of sensations, emotions, feelings, and thoughts, we are also more able to notice the behavioral impulse—an underlying wish to escape the unpleasant sensations associated with boredom. This descriptive model can be used in mindfulness-based programs to map out in any moment the what of the mind. It works equally well for an everyday situation, like reaching for our phone in a moment of boredom, or the moment someone in recovery from addiction, like Sam, is at risk of relapse. It can be used equally for moments of distress, and for moments of pleasure, talking with a friend, for example, and moments that are rewarding, when something we do goes well.

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The key insight is that our experience can be broken down into sensations, emotions, thoughts, and behaviors.

THE HOW: WANTING THINGS TO BE OTHER THAN HOW THEY ARE (CRAVING)

To understand how the mind gets locked into cycles of reactivity, we need to understand the unfolding process of experience, as well as what drives the process. As experiences unfold, we tend to engage in the following processes:

- Labeling our experiences as pleasant, unpleasant, or neutral;
- Evaluating our experiences and elaborating on them; and
- Craving and discrepancy monitoring.

Labeling

Our mind continually monitors our experience and categorizes it as pleasant, unpleasant, or neutral. This is the very earliest part of the unfolding of any experience. Much of this happens preconsciously, never entering awareness (see Chapters 2 and 4). However, when we pay attention, we can see the moment we label an experience as pleasant, unpleasant, or neutral. For example, a loved one's smile, the taste of good food, a moment of accomplishment, and an object of beauty are pleasant. An itch, searing painful sensations, and the smell of rotting food are unpleasant. In normal conditions, the sensations of the body in contact with the ground, the ambient temperature, and background sound are neutral. Labeling the myriad stimuli potentially available to our awareness largely happens automatically without our even knowing it. There are numerous sensations unfolding in any moment of our experience and it would be neither possible nor helpful to attend to them all. Only a fraction of our experiences surfaces into awareness and those that do are usually the ones we label as pleasant or unpleasant.

Evaluating and Elaborating

The second part of the process is where something enters awareness and we evaluate it and elaborate on it, often with a judgment, followed with an attempt to change and fix it. We may say to ourselves, "This is unpleasant, I want it to be different, how can I escape it, how can I fix it?" or "This is pleasant, I like it, how can I hang on to it, have more of it, hoard it?"

This link in the unfolding chain of experience, evaluation, and elaboration is where the inclination to meet life conceptually, rather than experientially, can be

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problematic. We overthink, ruminate about the past, worry about the future, and compare our experience with other people's experiences, using both upward and downward comparisons (better than, worse than). We altogether lose contact with the experience itself.

Why does this process of labeling and evaluation create suffering? To understand the process we need to look deeper to (1) what drives evaluation and (2) the ways in which context powerfully shapes our experience.

Craving and Discrepancy Monitoring

There are three primary interrelated types of craving—all of them lead us to abandon the moment and start to elaborate our experience. They each work from a place of discrepancy between how things are and how we believe they should be. Craving hinders us from living our lives fully in direct experience and responsiveness. Unlike real appetites, which can be sated, cravings are rarely satisfied.

- *The first type of craving is a craving for sensual pleasure.* The hunger for sensual pleasure involves our desire to feel good and experience pleasure. It accounts for much of the endless activity we engage in to protect ourselves from the unpleasant and difficult in life. It is rooted in our sense that we are not capable of tolerating discomfort and threat. Instead, we look outside ourselves for something that will make us happy, to deliver a sense of well-being we feel unable to offer to ourselves. Sensual craving is not to be confused with genuine happiness where we truly appreciate and delight in all that is lovely in life.

On one level, the hunger for sensual pleasure sounds reasonably benign. It is understandably human to want to feel good. However, this hunger can lead us to live lives of agitated activity as we endlessly seek to find ways to avoid discomfort. We do not always see how our preoccupation with fixing the unpleasant continually reinforces a belief that we do not have the capacity to be at ease with experiences that are uncomfortable. When we habitually turn away from discomfort, we create the conditions for an anxious life as we engage in the impossible task of defending ourselves against the inevitable discomfort that life brings. For Sam, these strategies included visiting his favorite websites and then spending hours aimlessly looking at the website links. It is not that these activities are themselves problematic; they can all be intrinsically pleasurable. The problem was that Sam turned to these as strategies to numb discomfort.

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- *The second type of craving is to become the kind of person who we believe we ought to be.* The continual drive to be someone other than who we are sabotages our well-being, our health, and our capacity to live wakeful, meaningful lives. Instead of lessening our discontent and distress, this craving disconnects us from meeting ourselves and the moment fully. Most of us want to be the kind of person who is admired, loved, successful, and praised. The kind of person who only has pleasant experiences, who doesn't become ill or age, whose children succeed, whose vacations are always perfect, whose life is under control. We find our minds leaning forward into the future, with hope and longing and planning. Our present moment is dismissed as not being good enough and becomes simply the waiting room of a perfect future. Equally, we see ourselves as not good enough, a failure, or unworthy. This describes Sophia's inner critic well; it is this sense of *not being good enough* that undermined any sense of pleasure or accomplishment in teaching. Rather than being happy about the positive course evaluations, one negative comment triggered her inner critic and threatened her idealized image of being the perfect teacher, setting off a volley of self-criticism (or second arrows). Understandably, the perfect, idealized person we yearn to become remains elusive.
- *The third type of craving is to avoid, block out, and even annihilate our experience.* We don't want to be the kind of person who fails, who is continually striving for the unattainable, who is lonely, who feels invisible. We don't want to be the kind of person who is ill, in pain, who has unwelcome thoughts and emotions. We don't want to live lives where our children are troubled, our ambitions disappointed, our plans unfulfilled. As we busily try to fix ourselves and our lives, we try to annihilate what we cannot accept, judging and blaming ourselves or sinking into despair or numbness. In Sophia's case, she desperately wanted to avoid the dreaded image of a frozen teacher in front of a class of disruptive students; it was what drove her impulse to "pack it all in." In her 20s, when her anxiety morphed into depression and a period of time off work at home, Sophia closed down emotionally and mentally.

The extreme form of annihilating experience is suicide.

Mohammed's struggle with pain started in college during a football game that shattered several vertebrae in his back. In the aftermath, every moment of pain would be followed by a flood of rumination: "If only I had not gone into that tackle so clumsily, not been such an aggressive player in general, been warned off being so physical by earlier injuries." He blamed himself, the player he'd clashed with, and the unfairness of life.

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Mohammed saw only a future of unbearable pain—he hated the pain and wanted it all to end. In fact, when he imagined a future life living with his pain, he wondered whether he might not rather be dead. He said it took a long time to come to a place where he no longer “hated the pain.” The movement toward health began in the place where blame began to end.

CONTEXT

The context for any moment powerfully shapes our experience (see Chapter 3). This includes other demands on our attention, what happened just before, our lifelong learning history, our disposition, our current mental and emotional state, the broader social and cultural context, and our evolutionary learning history. All will shape both the what and the how of the mind (Sapolsky, 2017).³ For Sam, early in active addiction the trigger of passing his dealer’s house would have led to a fix as surely as night follows day. However, in recovery, especially if he was looking after himself emotionally and physically, this same trigger would elicit a different response because the context of his mental state had changed. He was able to meet the trigger in a different frame of mind, at a different stage in his life. Ling described how “tiredness, and certain times of the year are things to be wary of because then anything can set me off.” For Sophia, the context of the comment on her course evaluation is also key. “I knew it all before” can mean different things depending on who is saying it, and his or her intentions. If Sophia is feeling happy and secure, she is more likely to take the comment in her stride than if she is feeling tired and fed up. Also, whether a negative evaluation is placed first or last in the pile can also change how it is experienced. If it is placed last, it is experienced in the context of all the positive course evaluations that came before.

Concepts and language powerfully frame our experience. The moment we describe an experience with language, we shaped it. Concepts and language are powerful. Our mind is inclined to meaning and wholeness, and wants to package experiences neatly. For Mohammed, the words chronic pain were a cauldron of suffering—they encapsulated his injury and all the years of disability, struggle, and suffering. They were tied up with identity: “My chronic pain is ‘me,’ it defines who I am, what I can’t do.” Each person used as an example in this book has similar defining structures underpinning his or her suffering—unlovability for Ling, an inner critic for Sophia, a sense of emptiness and disconnection for Sam. But these are concepts, when examined carefully are artifices, something we return to when we consider the route map out from suffering to flourishing.

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Finally, any moment unfolds in a social and cultural context. Consider the pain and suffering of someone living 2,500 years ago at about the time the Buddha was alive. Life expectancy was half of what might be expected in today's developed nations. For most people, the basic needs of shelter, food, and safety were priorities. Today, even though we are seeing trends toward greater security and well-being around the world (Pinker, 2011), many people still live in challenging circumstances where survival, safety, injustice, and discrimination are dominant themes in their lives. These basic preoccupations shaped by our life context will inevitably shape our minds and priorities. The human mind has not evolved much in the last few thousand years. There are many more commonalities than differences in the structure and function of the mind across social and cultural groups. But someone whose safety is constantly in question—or who is struggling to meet the basic needs of water, food, and shelter—will most likely, and understandably, be preoccupied with these themes. If we smell smoke and believe there to be fire, it is sensible to immediately seek safety. A person's context and learning history are imperative considerations for any mindfulness teacher.

The key insight is that we automatically label all of our experiences as pleasant, unpleasant, or neutral. This labeling of an experience as pleasant–unpleasant is the template from which we react to and elaborate experiences. We are prone to see discrepancies between how things are and how we think they should be. The driver for evaluative elaboration is craving—for pleasure, to be the person we think we should be, or sometimes to zone out.

THE VICIOUS FLOWER

A helpful analogy that summarizes how psychological distress and suffering are created and maintained is the “vicious flower” (Salkovskis, Warwick, & Deale, 2003). The analogy is especially helpful for explaining the sorts of issues that come up for us again and again over time and in different situations. It describes how our attempts to fix our unpleasant experience can loop back, like petals of a flower, into patterns of reactivity that inadvertently maintain and perpetuate our difficulties (see [Figures 5.5 and 5.6](#)). We outline the vicious flower analogy through its stages of development.

1. *The center of the vicious flower is an experience coming into awareness.* Typically, it starts with an experience coalescing into a familiar pattern, made up of recognizable parts. This is the what of sensations, emotions, thoughts, and impulses/behaviors, with associative links that have formed through previous learning. As we've already

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seen for Sophia, the trigger of an actual or perceived criticism quickly coalesces into the first level of the artifice of her inner critic—namely, a particular constellation of sensations, emotions, thoughts, and impulses.

2. *A discrepancy monitor continually evaluates our experience against how it should or ought to be.* Very early in the process of an experience coming into awareness, the mind appraises it as pleasant, unpleasant, or neutral. When an experience is judged as unpleasant, this triggers the discrepancy monitor— what we in Chapter 2 called the “judging mind.” Our discrepancy monitor is finely tuned for evaluating the gap between how things are and how we feel they should or ought to be. It is driven by craving. Unpleasant sensations, emotions, and thoughts are hard to bear, and we understandably want them not to be there—we want to feel good, we want to be the person we think we should be. In Sophia’s case, the thought “My teaching is not good enough” and a vivid memory of a class she could not control 30 years ago were hard to bear and associated with a set of unpleasant emotions and sensations. She had an idealized view of the sort of teacher she should be, and the gap between how she thinks she is, in this moment, and how she should be, drives the next stage of the vicious flower’s development.

3. *Strategizing to fix and/or avoid the problem. To bridge the gap between how things are and how we think they should be, we start a process of strategizing to fix and/or avoid.* We use these strategies for a good reason—because they are often effective in providing some relief from distress, at least in the short term. These strategies can be broadly categorized into elaboration (e.g., rumination, worry, preoccupation, debating with ourselves, getting stuck in attempted problem solving) and avoidance (e.g., blaming others, distraction, safety behaviors, reassurance seeking, and numbing with food, drink, TV, or computer use). Sometimes these strategies may be skillful, even the reactive and avoidant ones. They can be part of protective mindfulness—that is, the mind recognizes destructive thoughts and impulses and acts to protect itself. The strategies are understandable ways of managing psychological, physical, and life challenges. Sophia’s range of strategies are shown in Figure 5.6 and include extensive rumination, a tendency to try to do things perfectly next time by overpreparing, and if all that fails, zoning out by surfing the Internet, comfort eating, or sleeping excessively.

4. *These strategies can inadvertently loop back to exacerbate and perpetuate the problem.* The irony is that the reactive strategies that are intended to fix our problems and protect us can inadvertently exacerbate our problems and even maintain them

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in the longer term. This is because they do not address the root causes and the short-term relief reinforces the behaviors—that is, we learn that the strategy works in the short term and that’s why we do it again and again. The strategies entangle us in cycles of reactivity. In Sophia’s case, overpreparation for teaching was in part what made her such a good teacher, but it reinforces the inner critic because it is premised on a dysfunctional conditional assumption: “If I prepare really well, the fact that I am not a good teacher will not be exposed.” Underneath the conditional assumption lies a core belief around inadequacy and unworthiness that cannot be challenged or rebuilt. Avoidance, sleeping, and comfort eating provide short-term relief, but our problems are still there waiting in the crevices of our minds. It is called a “vicious flower” because the strategies loop back to the problem forming petals around it.

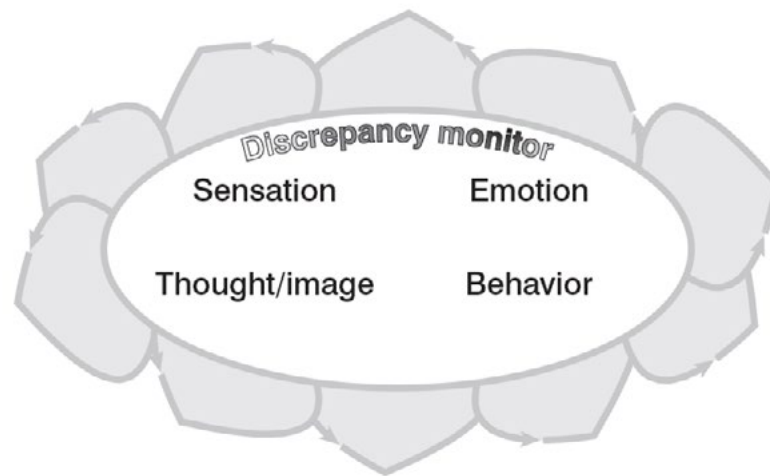


FIGURE 5.5. • The vicious flower: How distress and suffering are maintained and perpetuated.

The vicious flower metaphor was first developed in cognitive therapy to explain how health anxiety is maintained (Salkovskis et al., 2003). Clinical psychologist Melanie Fennell went on to use it in mindfulness programs with people prone to suicidal thinking and behavior (Williams, Crane, et al., 2014). However, it can equally well be used to explain any recurrent problems that entangle us from spending excessive amounts of time on our phones, from surfing to changing jobs as soon as the going gets tough, feeling trapped in relationship patterns, such as criticizing or blaming a partner or child, letting procrastination repeatedly sabotage us, to unhealthy lifestyle habits such as yo-yo dieting. In short, the vicious flower can be used to explain many problems that tend to recur.

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We summarize again with Sophia's case. The immediate imprint of criticism is the center of the flower, which would very quickly coalesce into familiar sensations, emotions, thoughts, and impulses (see center of **Figure 5.6**). For Sophia, criticism triggered a major discrepancy between her perceived and ideal self, how she felt herself to be (inadequate and unworthy), and an idealized image of how she thought she ought to be. When Sophia's inner critic was activated, her fix-it mind would respond with ruminative thinking (e.g., "I'm going to give up teaching, it is too much trouble, and I am no good at it. Anyone can teach better than me. Why am I so hopeless?"), she would try to make herself feel better (e.g., spend time surfing the Internet), and eventually she would resolve to prepare her course to such a standard of perfection that no one could possibly criticize it (see the petals in Figure 5.6). All of these would provide temporary relief but would not do much to address the root of the inner critic: an underlying sense of inadequacy and worthlessness. In fact, the negative self-talk and overpreparation only served to strengthen her beliefs about her worth being contingent on always doing well.

The vicious flower analogy can accommodate many of the psychological science and Buddhist psychology ideas we covered in Chapters 1–4.

1. The center of the flower is the stimulus; the petals are the reactions.
2. The center of the flower is where experience can be seen as it is, differentiated and described close to its lived experience.⁴
3. The center of the flower is the first arrow; the petals are the second arrows.
4. The coalescence of an experience in the center of the flower arises when an experience is labeled as pleasant or unpleasant—the first link in the chain of reactivity.
5. The constructive process of evaluative elaboration drives the generation of the petals.
6. Craving (denial, attachment, and aversion) underlies the discrepancy monitor's continual judging, as we seek to feel better and to escape distress.
7. The center of the flower can be both conceptual and experiential ways of being and knowing, but the conceptual mode is more likely to elicit the discrepancies and petals of the flower. If an experience is known experientially, it may well still

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be unpleasant, but it will be less likely that the chain of reactivity unfolds through attempts to fix the problem conceptually.

8. *The vicious flower can be seen through the lens of some of the definitions of mindfulness.* Simple knowing would be standing back to see the content and process of the vicious flower and would likely do much to break it up. Elements of the flower involve protective awareness, as the mind seeks to protect itself from mental and physical pain, albeit gone astray.

9. *The analogy can be extended to include the context in which any experience arises and forms into a vicious flower.* This can be proximal—the prevailing mood state (happy, sad, irritable) shapes how a moment is experienced and appraised. These are like the weather conditions determining whether the plant flowers or not. It can also be distal, our life's learning history, our genetic predisposition, and the evolutionary story of our species as a whole. For example, our long-standing beliefs and habits will create the tendency toward certain repeated patterns of reactivity. The underlying core beliefs, conditional assumptions, and ways we have learned to react within the analogy can be the roots and stem of the vicious flower.

10. *Finally, the analogy can be used to frame change in several ways. First, it can be interrupted at each stage of its development.* Like the links in a chain, any link can be broken. Second, like a flower, it requires a range of conditions: sun, soil, and water. If these conditions are not present, it will not flower. In the same way, by denying some of the supportive conditions (e.g., judging our experience, strategizing to fix unpleasant emotions), we can prevent the vicious flower from flowering. Finally, the analogy can equally well be used for the cultivation of compassion, joy, and wholesome mind states and behaviors. These themes of transformation and flourishing are the subject of the rest of the book.

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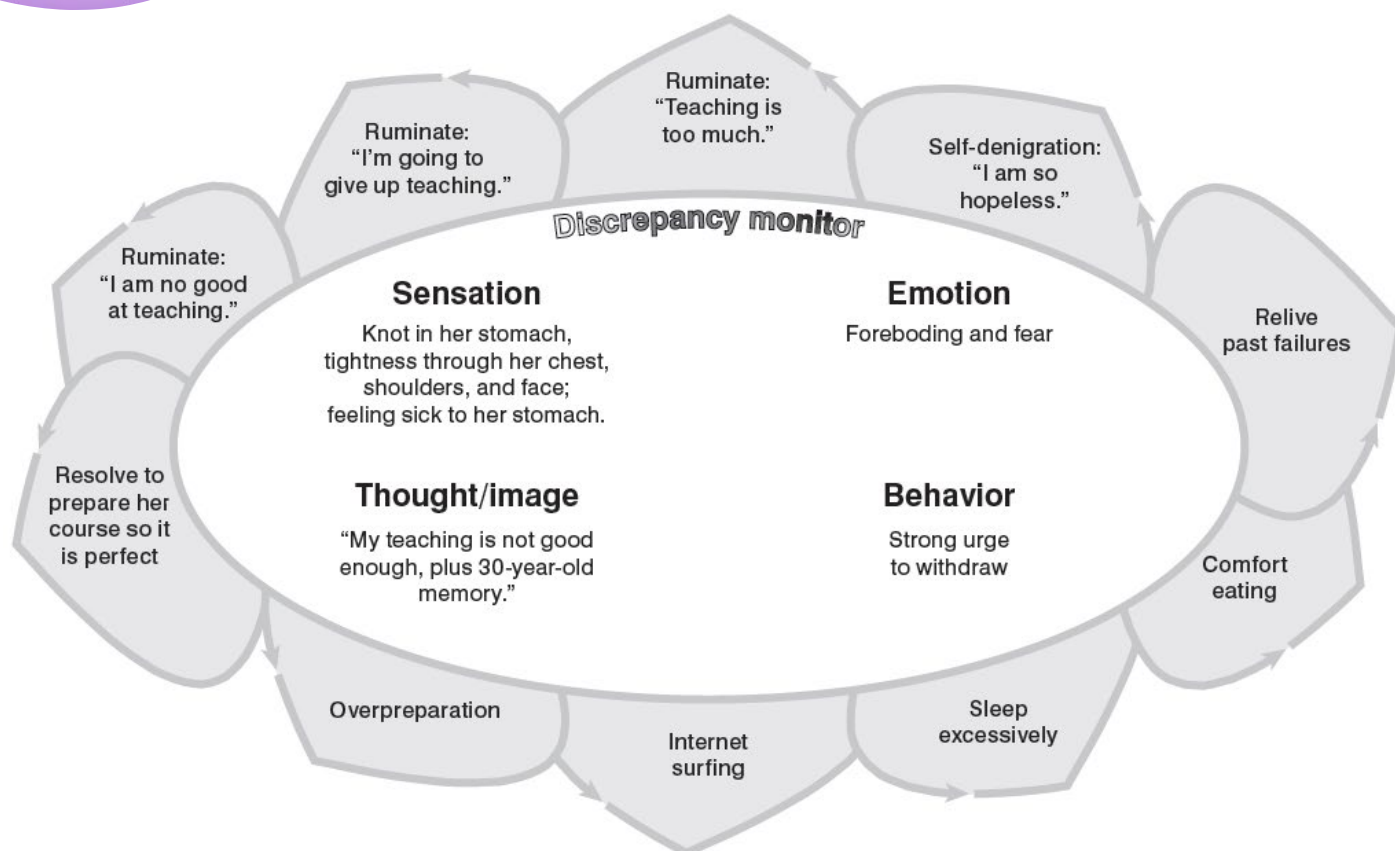


FIGURE 5.6. • The vicious flower: Sophia's inner critic.

The key insight from the vicious flower analogy is that we all use reactive ways of coping that at one level are completely understandable, even protective. But when examined, we see that these coping strategies can often inadvertently maintain the problem and sometimes even make it worse.

SYNOPSIS

This chapter returned to the questions we asked at the start of the book: What creates distress and maintains distress and suffering? How can we use theory to map the mind? We have developed hypotheses from psychological science and Buddhist psychology and provided a sketch of the landscape of the mind caught in distress and suffering. This linchpin chapter converged on several key ideas.

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1. First, the mind can be described and understood, at least in part, to a degree that helps us.
2. Much of the time we process the many stimuli that make up the landscape of our lives quite automatically and rapidly. We are often not even aware of our reactions. Awareness and understanding opens up a space between stimulus and reactivity, and in that space, we start to have a choice to respond more flexibly, creatively, and skillfully.
3. The direct path from stimulus to reaction is like a single direct arrow, where we experience the stimulus as a bodily sensation or mental state, which in turn triggers an immediate reaction. We react to these concerns in understandable ways—in ways that serve us and can provide short-term relief from pain and distress. But some of these reactions add to our suffering. These can be described as the second arrow(s) of suffering.
4. The ways distress and suffering are maintained and exacerbated can be divided into the “what” and the “how.” The what refers to deconstructing our experience into sensations, emotions, thoughts, and behaviors. The how refers to the labeling (pleasant, unpleasant, or neutral) and subsequent elaborative evaluation of our experience influenced by context. This is driven by craving for pleasure, an ideal of ourselves and our lives, and sometimes a wish for oblivion. Reactivity stems from a difficulty recognizing and allowing experience to be as it is—an inability to meet challenging experiences in any moment.
5. The vicious flower analogy is a deceptively simple way of describing and explaining how distress and suffering are maintained. We all use reactive ways of coping that at one level are completely understandable, but which can inadvertently exacerbate and maintain our problems.
6. Health and mental health are borne of understanding how distress is created and re-created in our minds, so these processes can be seen and transformed; it then becomes possible to respond in new ways.

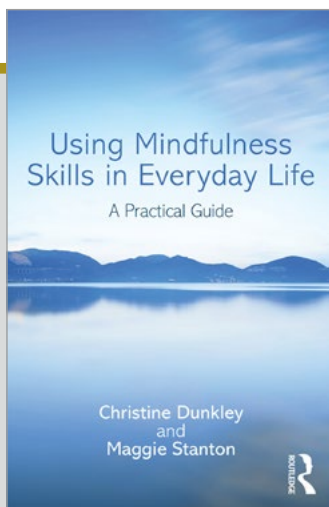
In the next three chapters, we build on this map to create a route map that helps us navigate toward greater health, well-being, and flourishing (Chapter 6). New ways of being, knowing, and responding provide the ground for well-being and flourishing (Chapters 7 and 8).



CHAPTER

6

FIRST STEPS IN PRACTISING MINDFULNESS



This chapter is excerpted from

Using Mindfulness Skills in Everyday Life: A Practical Guide

By Christine Dunkley, Maggie Stanton

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In previous chapters, we have described how being mindful can enhance the quality of your life and experiences. For any of us to get to the position where we can easily remember to be mindful on a daily basis, we really need to practise regularly in a disciplined way. This is why most people join a class or group, so that they can practise with other people and get some feedback on how they are doing. A mindfulness teacher should help to shape your practice so that over time you become more skilled at being mindful when you really need to be. If you prefer to learn how to be mindful on your own, you can begin by following the suggestions in this chapter. In that case, set aside a time each day when you are going to do one or more of the exercises we suggest so that you don't forget. We would also encourage you to practise being mindful at different points of the day, in different situations and in a variety of places so that you get used to being mindful as you go about your everyday life.

WHAT'S THE POINT OF MINDFULNESS EXERCISES?

In a mindfulness practice, you usually have a focus for your attention, and you practise bringing your mind back to it over the period of the exercise. By taking some time for reflection afterwards, this short regular discipline can help you in the following ways:

- 1 You get to practise the action of deliberately focussing your attention (exercising the 'mental muscle')
- 2 You learn to accept the current experience ('being' in the moment)
- 3 You learn to identify the components of an experience (expanding awareness)
- 4 You start to notice obstacles to mindfulness (the antics of the 'untrained puppy')
- 5 You find ways to transfer the skill from wherever you practise to other situations (the 'roll-out' message)

In this chapter, we give some example practices and also some glimpses of what might happen if you visit a mindfulness teacher or mindfulness skills trainer.

KEEP IT SIMPLE

Mindfulness exercises can be completely spontaneous. Here is an example of something you can do quite easily in almost any situation.

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Right now, in this moment, run your finger lightly along the palm of your other hand, from your wrist to your fingertip. What did you notice? Was there a sensation? Is it still there? Did your mind wander off at all when you did that? Where did it go? Into the future? For example, 'I'll stop off and get some hand-cream as my skin is a bit dry.' Or into the past? 'This reminds me of stroking the cat this morning.' Or did it stay on the sensation? Were you judging yourself? 'I don't think I'm doing this right' or were you judging the exercise? 'How can this help anyone?'

In this instance, there was very little need to prepare, as the focus of your attention was – pardon the pun – readily to hand. But it contained the most essential ingredients of a practice – there was a chosen focus for your attention, and there was some guidance to help you expand your awareness. Mindfulness is not about the highlights – it is about the spaces in between. When we seek to add complexity, we are rejecting the current experience, wanting it to be something other than it is. A truly advanced practitioner is able to do the same simple thing over and over again – being as alive and awake the first time as the last. The real skill is to open ourselves fully to the moment whatever it contains.

However, being mindful in the current moment can be quite a hard skill if you have a lot of distractions. You are more likely to be able to achieve mindfulness if you practise regularly and in a formal way. This means setting aside some time on a regular basis and disciplining yourself. During these formal practices, you can add some ingredients to improve the effectiveness of your learning.

GETTING READY FOR THE PRACTICE

You may be wondering where you are going to do your practice. If you are half way up a mountain in Tibet with a stunning view and no distractions for a hundred miles, this is an ideal location. If you are perched on a stool in your kitchen with the neighbours playing loud music and the dog scratching the door for his breakfast this is an ideal location. Get the message? Wherever YOU are is the ideal location. Whether you are sitting cross-legged on an antique Persian rug or on the 08:32 to Euston, it is still possible to choose a focus for your attention. The more demanding the distractions, the more difficult it is likely to be to practise, but also the more useful.

This is the reason that as mindfulness teachers we have never put notices on the door saying 'quiet please, mindfulness in progress'. Do what you can to make it

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easier for yourself to concentrate, but don't make easiness the most important thing. Most of us lead busy, chaotic lives. If this skill is going to be a game-changer for us, we have to make it fit the space we occupy. So let go of any judgements that your location is not quiet enough, or spacious enough, or peaceful enough, or tasteful enough. It is what it is. Your preparations don't have to be hugely elaborated, in fact the best exercises are very simple. So don't feel you need to rush out and buy a special cushion, or a bell, or a mat. But do arrange a space and time where your full intention is to practise.

HOW TO SIT

For this first exercise, we will assume that you have at least got a place to sit. Right from the outset, we want to be very clear about the difference between mindfulness and relaxation. It can be difficult to unhook from the notion that we should feel calm or relaxed at the end of the practice. For this reason, instead of trying to 'sit comfortably', we prefer the instruction favoured by Jon Kabat-Zinn to 'sit with dignity'. Place both feet on the floor and keep your back upright if you can. We are doing the opposite of relaxation – reminding our body that we want it to be alert and alive. Try to keep your eyes open, just find a place to direct your gaze that isn't too distracting, perhaps a spot on the floor or on the table in front of you. Many people find it easier if they angle their eyes slightly downwards, as the posture of staring into the middle distance is often associated with daydreaming. Eventually, we will encourage you to be mindful in any position, but for regular practice, it helps to assume a posture associated with mindfulness.

These instructions might sound strange, you might be thinking that you want to lean back in your chair as that is more comfortable, or you want to close your eyes to help you concentrate. Remember the reason we are being mindful is so that we can bring this same quality of attention to our daily activities. Do you recall the girl in Chapter 2 who needed to take her coat back to the shop? She would certainly need to do that with her eyes open. Having said this, if you can't keep them open to begin with, don't beat yourself up about it, just work towards an eyes-open practice over time.

DURATION OF A PRACTICE

Mindfulness practices can be anything from 1 minute long to a number of hours. Our experience is that most people find it easier to begin with shorter sessions and gradually extend them. We have noticed in our own practice that we can become

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complacent at the ease of short exercises and assume that a longer exercise is just 'more of the same'. But this is not the case; there is a very different quality to longer practices; and we would encourage you to lengthen them out as you get more experienced.

Having said this, if you are someone who doesn't like to be alone with their thoughts, or if you feel your emotions very intensely, then 2 minutes might feel like a long time. When starting out, many people say that 2 minutes can seem like much longer. It can be amazing how many things your mind can do in such a short period of time.

When you start learning mindfulness, we would advise you to focus on something fairly obvious like sounds or objects. In the remainder of this chapter, we will outline some simple exercises of this type, and then in Chapter 5, we will move onto mindfulness of internal experiences.

As we introduce the mindfulness exercises in this chapter, we include scripts that we use when teaching a group or one-to-one. If you are practising on your own you can either read these to yourself before the exercise to give you an idea of what to do, or read them into a taping device and listen to them when you are ready to practise. After a while, you won't need this type of memory aid, as being mindful will become more natural.

KEY COMPONENTS OF A MINDFULNESS PRACTICE

1. You have a specific focus for your attention
2. Remember that it is normal for your mind to wander
3. If your mind wanders, notice where it has gone to and bring it back to the focus you set at the start
4. You may have to repeat the same action again and again
5. Despite your mind wandering, if you *return it*, you have been mindful

TIMING YOUR PRACTICE

If you are a beginner to mindfulness then it is probably best to use a device such as a kitchen timer, a stop watch, a timer on your computer or on your phone. There are apps that can be downloaded to time the practice for you. For the next exercise, set your timer for 2 or 3 minutes.

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MINDFULNESS OF SOUNDS

In this practice, we are going to be mindful of sounds. If you are able, then try and keep your eyes open, just find a place for them to rest. The task is simply to notice sounds that we hear. We are not attempting to label the sounds, although this might automatically happen. Our minds have been used to labelling sounds, so it is likely that as we hear 'tick tock', our mind may say, 'that's the clock.' Or if we hear 'dringgg dringgg', our mind may say, 'that's a phone.' If this happens, then there is no need to judge your mind for doing what it has always done; instead, just gently guide it back to the next sound. Whatever your mind starts to do, even if it goes into stories or memories associated with the sounds, the skill is just to bring it back to the next sound. Do this as many times as you need to until the end of the exercise.

The skill that you have just practised is that of 'observing', that is, noticing without having to put words on the experience. Try repeating this exercise whenever you remember it during the day. Repetition of the same exercise allows us to notice our own progress and to detect the factors that make our practice easier or harder. Listening mindfully is a good one to start with as it is a skill that can be practised in any location.

A mindfulness student recounted keeping a bedside vigil when her sister was seriously ill in hospital. She found that her mind constantly wandered into the future (fears that her sister would not recover) and into the past (the accident that had caused her sister to be admitted). During those long hours, she found she could not concentrate enough to read a book or magazine, and there were a number of other ill patients in the ward so talking or watching TV was discouraged. She turned her attention to being mindful of sound.

At first, she became alarmed, adding a label to each sound she heard, trying to work out whether it was good news or bad news (the sound of footsteps approaching: good or bad? A click from the monitor: good or bad?). But over time, she became more effective at just receiving the sensation of each hum, swish, click or whoosh that she heard, attaching to none and pushing away none. She found that her own sounds; her breathing, the creak of her chair as she moved position, became part of the experience of sound. Did mindfulness turn this experience into one

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that was pleasant? No. Did it make the time pass more quickly? No, but she stopped adding to her own distress by recalling the past or predicting the future. She found that she was able to tolerate the present moment more easily.

GUIDED MINDFULNESS OF AN OBJECT

This is a different type of exercise, one in which a teacher usually gives instructions throughout the practice. It is still possible to conduct the practice on your own, and we will give some pointers on how to do so at the end of the script.

For this example, we have chosen to be mindful of a leaf. (This is one of our favourite exercises as we work in the NHS, and leaves are cheap.) When we used to lead this exercise in a group, we would have a selection of leaves and pass them round the participants for each person to choose one. As they did so, we would say:

As each of you selects a leaf for this practice, I am going to hazard a guess that some of you are having the thought 'I want a good leaf.' The interesting thing is that for each of you, what would constitute a 'good leaf' is different. For some, a 'good leaf' would be one that is completely free from blemishes. For others, a 'good leaf' is one that is different from the others in form or colour. How interesting that even if you have never done this exercise before, your mind already has a protocol for it. Somewhere you have a mental file labelled, 'a list of qualities for a "good leaf"'. If you are asked to observe one during a mindfulness practice'. It is not just this current situation in which your mind has an agenda. It has millions of these protocols, producing them at the drop of a hat. Your mind won't wait for you to request the protocol, but it will just hand it to you as though these are the rules. In mindfulness, we learn to notice when this happens and then to exercise choice. We can choose to follow the protocol, or we can choose to ignore it.

MINDFULNESS OF A LEAF

The following instructions will guide you through a series of observations. If your mind wanders off, then gently bring it back to the leaf and follow the next instruction.

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First of all, hold the leaf in the palm of your hand... Notice the weight of it. How does it feel against the skin on your palm? ... Are there places where it touches and places where it doesn't?

Pick it up between your fingers and thumb... .Notice the temperature of the leaf does it feel warm or cool? ... Is it the same temperature all over? ...Does the temperature change as you hold it between your fingers?

Notice the texture of the leaf... .Does it feel rough or smooth? Do the edges of the leaf feel the same as the centre? Is it hard or soft, firm or limp to the touch, damp or dry? Does the stalk feel the same?

Allow your eye to follow the contour of the leaf... .Notice the shape and size. View it from a variety of angles and see the shape change in your eye-line... .How thin is it, how wide at its widest point?

Notice the colour on the upper side of the leaf.... See any variations in shade and texture... . Look at the detailing; any veins, ridges, patterns? ... Explore every part of the leaf, the edges, the middle, the stalk.

Now taking the leaf in your fingers turn it over and notice how the underside differs in colour and texture.... Notice how the light catches the leaf differently as you move it.

Is there a smell to the leaf? ... Is it more evident towards the stalk or in the body of the leaf, does it change if you run your nail over the leaf? Continue to use your senses to observe the leaf until the end of the exercise.

If you are being mindful of a leaf by yourself, you can read over the list of prompts to orient yourself on how the exercise is done, and then set your timer for 3 minutes and explore the leaf using your five senses. Alternatively, you can read the steps onto a recording device leaving 15 seconds or so between each step and play it back when you want to begin. You might even do the practice with friends who are interested in practising, with one of you reading the instructions while the others do the exercise.

Any object can be used for this type of mindfulness practice. You might choose to be mindful of something you see every day around your home, or things that are found in nature. Here are a few suggestions.

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Stones, shells, crystals, acorns, pine-cones, conkers, twigs, feathers, wheat stalks, flowers, fruit, vegetables, water, raisins, biscuits, dried pasta (spaghetti is a particular favourite for its projectile snapping qualities), cinnamon sticks, sweets (those in a wrapper offer additional opportunities to be mindful), teabags, pieces of fabric, cotton wool, sponge, pictures from magazines or birthday cards, keys, buttons, stamps, coins, beads, toothbrushes, string, ornaments, marbles, CDs, coloured pencils.

MINDFULNESS OF THE BREATH

Mindfulness of the breath is a universally recognised practice, and for most people, it is a gentle introduction to mindfulness. However, it can be harder if you have suffered from anxiety. You may find that when you turn your mind to your breath, you start feeling anxious. In that case this probably isn't the exercise that you should begin with, perhaps start with those exercises that focus on an object or listening to sounds. However, sooner or later mindfulness of the breath is a must for everyone, because the breath is something you have with you at all times. If you are someone who finds it difficult at first, then it is likely to be the one practice that has the most benefits for you, so please persevere.

Below is the script for a mindfulness exercise that we have used regularly with clients in the NHS, and it has two features that make it user-friendly even if people are naturally anxious. One is that it begins by directing the focus outside of the body and moves the attention slowly inwards towards the breath. The other is that it adds an instruction to label the 'in' and 'out' breaths. If you are anxious, this act of labelling can make the practice easier, but for all of us, the act of labelling helps us to focus.

MINDFULNESS OF THE BREATH

Just take a moment to arrive here in this room. Allow the walls of the room to act as a barrier, keeping out whatever happened before you came into this room, keeping out whatever might happen after you leave.

Let's bring our attention to the way we are connected to this room, moving the spotlight of our mind to the very soles of our feet – can you sense the hardness of the floor beneath your shoes? And now pay all of your attention to the sensation of being seated on the chair. Notice how it feels to allow your weight to rest on the

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chair, feel the sensation on your legs and your bottom and your back as the chair holds you up.

And now bring your attention in further to notice that you are breathing. We're not attempting to alter the rate of our breathing in any way, but if it does alter, that's fine, just notice without judging. Bring the spotlight of your mind to the point in your body where you are most aware of your breath. This may be in your nostrils, or in the rise and fall of your chest, or in the expansion and contraction of your abdomen. Wherever that place is for you, see if you can tell the difference between the in-breath and the out-breath.

Notice that every in-breath is followed by an out-breath, and every out-breath is followed by an in-breath. Notice the point at which your breath changes from going in to coming out. If your mind wanders, then gently guide it back to the in-breath or the out-breath.

Now as my voice falls away continue to focus on the breath. It may help you if as you are breathing in to say quietly in your mind, 'IN', and as you are breathing out to say quietly in your mind, 'OUT'. Continue to do this until I signal the end of the exercise.

Learning to accept the breath however it comes is more beneficial than trying to avoid being aware of it, as the breath is with us at all times whether we like it or not.

MINDFUL BODY SCAN

Another universally recognised practice is the body scan, and there are numerous examples in books and CDs. The idea is to move the focus of your attention around your body. This has proved very effective for people who are suffering from physical pain. Recurrent pain in one part of the body, back or shoulder for example, will often draw our attention to the exclusion of everything else. This increased awareness can heighten the sensation of pain. One of our clients with post-operative pain told us that he used the body scan practice on a daily basis, describing the effect as 'diluting the sensations of pain'.

A further reason for practising the body scan is because our experience of the world comes through our body. Some people who have suffered from trauma have very little awareness of their physical self; they often describe themselves as feeling 'stuck

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in their head', cut off from their bodily sensations. The body scan can be a gentle re-introduction to genuine experiencing. This is a concept to which we will return in later chapters.

The body scan can be contracted or expanded but we would advise you to start with 15 minutes and build up gradually to longer practices. Some mindfulness teachers ask their clients to bring a mat and lie on the floor, but as you will have gathered by now, we think that sitting in a chair is fine too, as this is the posture you are more likely to adopt when you are using the skill outside of the mindfulness room.

MINDFUL BODY SCAN

Doing a mindfulness body scan can be like being in a scanning machine, except that instead of radio waves, we are using our own attention to scan our body. While we are doing this practice, if you notice that your mind gets preoccupied by one part of your body, perhaps because there is pain or discomfort, then just try to treat that part as you do all the others, don't avoid it and don't linger there as the practice moves on. Just listen for the next instruction.

Let's start by bringing that attention to our scalp, right at the crown of our head.

Can you feel the skin across your forehead?

Perhaps you have the sensation of hair touching your ears or the back of your neck.

Can you feel any sensation in your eyes? And now in your cheeks?

Notice the feeling in your lower jaw – perhaps it is tightly closed, or a little open. Bring your attention slowly downwards, over your chin and onto your neck.

Notice the front of your neck, with the breath going up and down your throat, and the hollow of your collarbone, scan round and up the back of your neck, feeling your head resting at the top of your spine.

Now move your attention to scan the top of your shoulders, noticing if they are high, up under your ears or if they are hunched forward or sloping down towards your arms.

Move your attention to your arms, down to the elbows, then down your forearm to the wrist. Can you move your attention all the way round the bracelet of each wrist – how does it feel?

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Now push your attention all the way through your hand to the very tips of your fingers and your thumbs. Can you feel any pulse in those thumbs?

Now notice your upper body, your ribcage and chest. Do you have any sensation there? In your mind, follow the sensation down your breast bone to the softness of the abdomen beneath. Notice the sensation down each of the little bones in your back, from your neck down to your waist. Can you scan around the girdle of your waist? Notice the feeling of your hips and upper thighs.

Feel your weight being supported by your bottom on the chair.

Follow the line of your thighs down to your knees, can you feel the chair beneath you? Is the temperature different on the back of your thighs to the front?

Bring your attention over the curve of your knees. Can you feel the hardness of your kneecap? Can you feel the skin over the top? Now notice the angle of your shins and calves as you bring your attention down towards your ankles.

Are you aware of any sensations in your heels, perhaps you can feel the cradle of your shoe around them? Notice the soles of your feet, and slowly drive your awareness to the very end of your toes, noticing the little toes on each foot and then your big toes. Notice if you have any feeling in the very tips of those big toes.

Notice that as you go through this practice, we are not asking you to change anything that you notice in your body. For example, we don't suggest that if you encounter tension in your back and shoulders you should relax your muscles or alter your position. This is the key difference between mindfulness and relaxation. In mindfulness, we accept what's there without trying to change it. We have produced a CD with a 5-minute breathing practice and 15-minute body scan – see the 'Other resources' section at the end of this book for details of how to order.

In each of the practices above – mindfulness of sounds, of an object, of your breath and of your body – we have shown you how to do the exercise in a formal way. But as you go through each day, you will have other chances to practise:

Listening to the variety of sounds as you prepare a meal – chopping, sloshing, sizzling and clinking. Observing the sensations as you brush your teeth; holding your toothbrush, the feel of the handle, the sound of the bristles against your teeth, the smell and taste of the toothpaste.

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Mindfulness of your breath as you wait in a queue to be served. Mindfulness of your body as you rise from a chair, noting the pressure on your feet, the contracting of the muscles in your thighs, the forward motion of your torso, the changing position of your head as you make the transition from being seated to standing.

If you do any of these things with your full awareness and attention, they become mindfulness practices. Get into the habit of doing them as you go through each day.

You might like to keep a record or log of the practices that you do, as this is another way of encouraging yourself to practice. It is also helpful to see how you build up the time you devote to mindfulness on a daily basis – jot down any formal practices that you do and also when you have participated in your everyday activities in a mindful way.

In this chapter, we have described how to set up an exercise and given examples of some common practices. In the next chapter, we will look at some reflection that you can do after each exercise.

KEY TASKS

- Keep it simple
- Clearly define the focus for your attention
- Only pay attention to 'one thing at a time'
- If the mind wanders off the task, just gently guide it back
- Start with short practices and build up over time
- Keep a mindfulness log

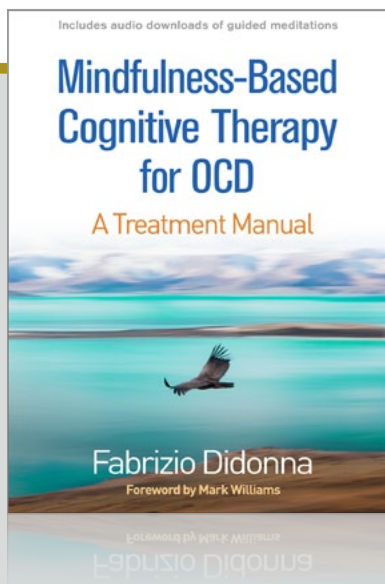
REMEMBER

- Mindfulness does not require a special location or specific equipment
- Mindfulness is not relaxation
- Be prepared to repeat practices, and also to add new ones
- Don't confine your mindfulness to one place and time
- Start to incorporate short practices into your everyday life

CHAPTER

7

UNDERSTANDING OCD AND HOW MINDFULNESS HELPS



This chapter is excerpted from

*Mindfulness-Based Cognitive Therapy for OCD:
A Treatment Manual*

By Fabrizio Didonna

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UNDERSTANDING OCD AND HOW MINDFULNESS HELPS

Fabrizio Didonna

Excerpted from *Mindfulness-Based Cognitive Therapy for OCD*

Man is not destroyed by suffering; he is destroyed by suffering without meaning.

—VIKTOR E. FRANKL

ABOUT THIS SESSION

In Session 1 participants were introduced to the experience of mindfulness and its potential effects on the mind and body. In Session 2 they consider the ways in which mindful practice can act therapeutically to modify the mechanisms of OCD (see Session 2–Handout 1). The cognitive mechanisms that activate, perpetuate, and reinforce OCD problems are described in a number of psychoeducational handouts that are discussed with the participants. The information includes typical OCD symptoms, typical distorted beliefs, a cognitive model of how OCD works, and the way that mindfulness can affect these mechanisms. The instructor should use a whiteboard or PowerPoint slides to present the information and engage the participants in discussion. See **Box 7.1** for the session agenda.

Participants arrive at Session 2 after a week of intensive mindfulness practice. They may have already experienced the benefits of this practice, but what they usually describe is having experienced difficulty trying to stay in the present moment and frustration that their automatic pilot continuously takes over.

ABOUT POSTURE

The basic approach to understanding the mind is a process of gradually making friends with oneself.

—CHÖGYAM TRUNGPA

UNDERSTANDING OCD AND HOW MINDFULNESS HELPS

Fabrizio Didonna

Excerpted from *Mindfulness-Based Cognitive Therapy for OCD*

Box 7.1

AGENDA FOR SESSION 2

THEME: Understanding OCD and How Mindfulness Helps

BRIEF SUMMARY

This session is focused on helping participants understand the relationship between mindfulness and OCD: that is, that obsessive problems can be defined as a lack of basic mindfulness skills (attentional bias, thought–action fusion, rumination, overinterpretation, etc.). Through mindfulness practice and psychoeducational explanations, patients begin to understand the activating and perpetuating cognitive mechanisms of an obsessive problem (problem formulation) and how mindfulness practice can play a role in changing these mechanisms. Focusing on the breath and body helps participants to become more aware of the wandering mind (intrusive thoughts, obsessions) and its tendency to control their reactions to everyday events (e.g., rituals and compulsions).

SESSION OUTLINE

- About posture
- Sitting Meditation: Mindfulness of the Breath and Body
- Practice review
- Home practice review
- OCD symptoms and distorted beliefs
- Thoughts and Feelings Exercise
- Understanding how OCD works and how mindfulness helps
- Break
- A patient's report and discussion
- The three causes of suffering
- Reading and discussion of Session 2 quotes
- Distribution of participant handouts and assignment of home practice:
 - 30 minutes of Body Scan—6 out of 7 days
 - 15 minutes of Sitting Meditation: Mindfulness of the Breath and Body—6 out of 7 days

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Fabrizio Didonna

Excerpted from *Mindfulness-Based Cognitive Therapy for OCD*

- Mindfulness of a routine activity
- End in a Mindful Circle with a focus on breathing

MATERIALS AND RESOURCES

- Bells
- Audio file of the Mindfulness of the Breath and Body exercise (Track 4)
- Whiteboard and marker

PARTICIPANT HANDOUTS

Session 2—Handout 1. Summary of Session 2: Understanding OCD and How Mindfulness Helps

Session 2—Handout 2. Practical Instructions on Posture

Session 2—Handout 3. Typical Symptoms of OCD

Session 2—Handout 4. Types of Distorted Beliefs in OCD

Session 2—Handout 5A. How OCD Works and How Mindfulness Helps

Session 2—Handout 5B. How OCD Works (figure)

Session 2—Handout 5C. How Mindfulness Can Help My OCD (figure)

Session 2—Handout 6. A Patient's Report: "Mindfulness as a Healing Solution for My OCD" Session 2—Handout 7. The Causes of Suffering

Session 2—Handout 8. Session 2 Quotes

Session 2—Handout 9. Home Practice for the Week Following Session 2

Session 2—Handout 10. Home Practice Record Form for Session 2

Session 2—Handout 11. Information for Family Members and Partners

Session 2 begins with the instructor sharing the preceding quote as a way to introduce the importance of meditation postures in preparing the body for meditation and for balancing, stabilizing, and calming the body and the mind (see Session 2—Handout 2). The instructor explains that finding a comfortable and stable posture (which is the first step in meditation) is a way to be kind and friendly with the body,

UNDERSTANDING OCD AND HOW MINDFULNESS HELPS

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and thus with oneself. Furthermore, the way we feel in our minds is expressed through our bodies: for example, when we are tense, our shoulders are rigid and raised. Body posture has a direct and powerful effect on our states of mind. We know that body and mind are interrelated: The mind influences the body and the body influences the mind in an interdependent relationship. For this reason, mindful state arises spontaneously when physical posture and mental attitude support each other. A body in a symmetrical balanced position helps to balance the mind: If we calm the body, we help our minds to calm. A comfortable upright posture helps one's mind to come to rest in a state of calm and presence (Bien & Didonna, 2009).

Posture is the way we prepare our body for meditation. According to Jon Kabat-Zinn (1994), "a dignified sitting posture is itself an affirmation of freedom, and of life's harmony, beauty, and richness, and the posture itself is the meditation" (p. 46). Posture is a way to communicate not only how we feel, but also what states we want to cultivate and develop. For example, very anxious people often tend to adopt a posture with their shoulders tense and curved forward, their backs bent, heads hanging down, and arms crossed, signaling a closing-up stance to protect themselves from the outside world. The posture adopted during meditation can instead give us a sense of openness, trust, perseverance, calm, and security. Adopting a posture is also a form of discipline, or more precisely a mix between discipline and relaxation—it requires an ongoing effort aimed at calming body and mind, not only during formal practice but in everyday life too.

A meditation *support* is something in our internal or external experience on which we can focus our attention. It is used as a reference point or an anchor for the mind, reduces distraction, and helps to bring attention back to the here and now. Some examples of supports normally used in meditation are posture and body sensations, breath, sounds, or any other form of sensory experience we perceive in a specific moment. A support is useful because it is something real, concrete, and always available in the present moment.

SITTING MEDITATION: MINDFULNESS OF THE BREATH AND BODY

After explaining posture, the instructor leads participants in a sitting meditation focused on the breath and body. This is an expansion of the Mindfulness of the Breath practice in Session 1. After stabilizing the body and the mind through mindfulness of breath, participants are invited to explore any sensation arising in their bodies with an attitude of gentleness, curiosity, acceptance, and nonjudgment. Use **Box 7.2** to guide the meditation.

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BOX 6.2

SITTING MEDITATION: MINDFULNESS OF THE BREATH AND BODY

Sit in a comfortable position with your back straight but not stiff, your shoulders and your chest relaxed, your head aligned with your back, your hands comfortably resting on your knees, or with the palm of your left hand gently welcoming the back of your right hand with the tips of the thumbs touching each other. If you choose to sit on a chair, try not to lean against its back. Keep your feet parallel to one another, flat on the floor. Rest your hands comfortably on the armrests or in your lap. You can also choose to sit on the floor, but place a thick cushion under your pelvis to raise your body about a quarter to half an inch (8–10 cm) from the floor. If you have a meditation bench, you can use that as well.

Choose a position that allows you to feel present, grounded, and in touch with everything that supports you. Choose a posture that gives you a sense of calm and tranquility, a feeling of being present with yourself, a position that gives you a profound sense of dignity. Focus for a while on how your body feels where it is in contact with whatever you are sitting on; feel the force of gravity keeping you grounded, moment by moment.

As in any mindfulness practice, there is no state to achieve, no goal to pursue, just simply allow yourself to welcome any experience you become aware of, moment by moment, with a sense of acceptance, compassion, and gentle curiosity. Once you have become aware of your posture and are settled, you can decide to bring your attention to your breathing, so that your breath becomes your center, your main reference, your anchor. [pause 30 seconds]

You don't have to breathe in any specific way, just let the breath breathe itself, as it always does, and has done, from your very first day of life. Simply listen to your breath, whether it is slow or fast, as the breath continues to breathe. [pause 30 seconds]

At any time, thoughts may appear that draw your attention away from your breath and body. When this happens, simply notice it happening, notice that thoughts are passing, observe them as they pass, and welcome them, but as soon as possible try to bring your attention back to your body and your breath. No matter how many times your mind wanders, each time come back to the here and now with your breath. [pause 1 minute]

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You may also notice the short pauses between an inbreath and the following outbreath, and between each outbreath and the following inbreath. Listen deeply to this flow of life, endless, unstoppable.

Breathing can become your anchor because it is the most real, tangible, and present thing you have. It is always present, moment by moment, always available. You do not have to look for it; you do not have to ask anybody for it. Just become aware of your breath and be with it, in a welcoming, kind way. Become a witness to your breathing.

Feel the air full of oxygen as it enters through your nostrils and flows down to the lower part of the abdomen, and then takes the opposite journey from your abdomen to your nostrils during the outbreath. Air enters and air exits. [pause 1 minute]

Welcome any feeling or experience you observe. If it is easier, you may also choose to observe your breathing in your chest, noticing how your chest expands gently as you breathe in and then gently contracts as you breathe out.

Or you may choose to focus your awareness on your nostrils and carefully notice the feelings that the air creates as it enters through your nostrils, full of oxygen, and then exits free of oxygen. [pause 1 minute]

Without completely losing touch with your breathing, try to move your awareness to your body, toward the sensations that are present in your body in this moment. Try to direct your attention toward a particular sensation that is present in this moment, noticing where you are feeling it and where it feels most intense.

Try to guide your attention with kind curiosity, welcoming whatever feeling may arise.

Try to bring a sense of deep acceptance to unpleasant sensations you may feel. Imagine you are directing the air toward the part of your body where a sensation is most intense. The inbreath is like pointing a powerful light on that part of your body; then breathe out the intense sensation, letting it go.

You can now direct your attention to another part of your body, to another sensation present in this moment, breathing toward the sensation, into that part of your body. [pause 1 minute]

Try to welcome any feeling that may arise. Even if it is unpleasant, try to stay with it, try to see how long you can stay with it before deciding to do something that

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will get rid of the unpleasant feeling. Try to simply observe what is happening, moment by moment, instead of reacting to what is happening, to what you do not like.

Try to free your experience from any judgment: There are no right or wrong sensations. What you feel is simply what is happening in this moment. What you feel may be pleasant or unpleasant. It is what life is: a mix of pleasant, unpleasant, and neutral events. Welcome any event with the same level of awareness and acceptance, trying to welcome it, not reacting to it. [pause 1 minute]

Now try to expand your awareness to include a sense of your body as a whole. From the soles of your feet to the crown of your head, become aware of this feeling of total unity, noticing how your breath flows throughout your entire body, feeling each part of your body fill with energy and life at every breath, feeling now as if your whole body is breathing.

Based on Segal, Williams, and Teasdale (2013)

PRACTICE REVIEW

INSTRUCTOR: I am really curious to hear any comments you have on this practice. Does anyone want to say anything?

LUCAS: Very relaxing. I really felt the energy and tension disappearing.

DANIEL: I couldn't find the right position. Maybe it would have been easier if I had been sitting on a chair. I was able to concentrate, but not completely, because I didn't feel like my back was straight.

INSTRUCTOR: I would like to suggest that if, during a meditation, you feel that the position is uncomfortable, you try to consider this sensation an opportunity. What I mean is, try to relate to that sensation in a conscious way, by staying in contact with it but not impulsively reacting to it. This is not about suffering. Indeed, if the position is too uncomfortable, change it. But before reacting, right then, try to at least postpone the reaction for a few seconds to see what happens by staying with that sensation. We have a tendency to relieve any form of discomfort as soon as possible. It is important to learn to not react immediately to something you consider uncomfortable. It will soon be clear how this attitude has strong implications for treating OCD symptoms.

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KATY: I found the right position on the chair and the exercise went well. I noticed that posture is fundamental for maintaining good concentration. I felt calm and in the right position, my thoughts didn't wander, and I stayed in the present moment. This exercise came out well, I was calm, and it went well.

INSTRUCTOR: So, a comfortable posture helped you. I urge you to consider meditation not as something that can go right or wrong; it is never a performance that works or doesn't. An exercise never goes "badly" because whatever happens is simply our experience in that moment. Meditation doesn't aim for any specific result; it simply consists of being fully present in the present moment to whatever is happening. Let's try to free ourselves right now from expectations and goals to be achieved during practice because this would surely be an obstacle.

DOMINIC: As for the concept that it is important to do our best and that the exercise is not a performance and we should just accept whatever comes—I find that some times are better than others. I realize that I can't simply observe things; I get involved. If thoughts keep on arising, I get lost in them and then all of a sudden I go back to my breath. Some days these mind trips are more frequent, and so I tend to think that I'm not doing it right.

INSTRUCTOR: The tendency to wander is a normal feature of the human mind and not a problem. It is in the nature of our minds to wander from the focus toward which we direct it. It's like a boat left without an anchor: At a certain point it will drift, carried away by the wind or the tide. Judging this wandering or fighting it is not useful. One of the fundamental lessons these exercises teach us is the habit of suspending judgment. Thinking that the exercise went badly is a judgment. We hardly ever need judgments, especially the really negative ones we have toward ourselves about what we feel or think. To counteract this, we can first simply notice how often we judge our experience, perhaps jotting down in a notebook the number of judgments we form each day and looking at them in a detached way. Doing this is a way to decrease judgments until they eventually disappear.

DENNIS: But if you lose your judgment, you lose your personal values.

INSTRUCTOR: That's interesting! What do you feel you need to judge?

DENNIS: For example, saying "I don't like that color" is a judgment that might be necessary in a certain situation.

INSTRUCTOR: Yes, you're right! Sometimes judging can be useful. Judgment certainly has a function in our daily lives, but how do we use it? To give meaning to life and establish our priorities, or to view ourselves negatively? In particular, I'm referring to those judgments that produce problems for each of you.

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ELIZABETH: During the exercise I told myself to be patient and let the thoughts pass. I concentrated on my breath and sensations, and I told myself “How strange, I’m not moving.”

LISA: I found it very hard to concentrate on breathing. Coming back to the breath was a problem because I couldn’t feel it.

INSTRUCTOR: Were you distracted by something?

LISA: Perhaps the sitting posture. Lying down I could feel the movements of my abdomen better. I felt an itch in my foot and started to get agitated, and I found it difficult to go back to the breath.

INSTRUCTOR: What about the itch was making you feel agitated?

LISA: I don’t really know, because I tried not to do anything. Even at home, when I felt an itch in my hand I didn’t do anything and after a while it passed. But it didn’t pass in my foot, and I became more and more agitated, even though the itch remained the same. So I started to move to see if it would pass.

INSTRUCTOR: What was wrong with the itch remaining?

LISA: It was annoying me and taking me away. I had nothing to anchor to because I couldn’t feel my breath properly.

INSTRUCTOR: Next time something like this happens, do your best to gently feel curious about that itch rather than getting agitated: Notice its intensity, its location, look at it from a distance; it is only a sensation, not even a painful one. Rate your ability to stay with that sensation instead of trying to eliminate it. Trying to eliminate it is a reaction common to all human beings; if there is something wrong, we want to eliminate it. Instead the basic idea here is that if there is something we don’t like, we try to stay with it. As human beings we continuously react to events, especially internal events that are actually harmless and often useful.

Remember that there are few certainties in life. One is pain, the other is the breath that is with us from the first to the last moment of life. The second certainty is the most powerful tool with which to overcome the first.

HOME PRACTICE REVIEW

Participants give their feedback for the first time on how the week’s home practice went. They share their experiences with the group, describing what happened during and between the daily practices and what they have learned. Normally they report difficulties and obstacles, but sometimes interesting benefits and insights emerge as well. Following is an excerpt from a home practice review.

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INSTRUCTOR: Does anyone want to say something about his or her experience during the week's practice?

DANIEL: I tried to do the exercises in the morning and in the afternoon, and I noticed that I concentrate more in the morning.

DOMINIC: I practice in the morning, and when I feel good after meditating, I notice that it's easier for me to stay in the present moment. It's as if there is a mechanism by which everything becomes easier. And I've noticed that during the day it gets lost a little. Another thing is that if the experience makes me understand something, I tend to transfer it to a conceptual level and it becomes a thought. I can't settle for just feeling things, I need to understand them. My head tells me I need to understand, and I find it hard not to believe that thought, so I tend to ruminate and think that certain obsessive thoughts lead me to understand things that make me feel good—but then I go haywire.

INSTRUCTOR: Based on what you are saying, there seems to be a strong need to reach a conceptual understanding, as you call it. The kind of meditation we practice actually goes in the opposite direction: We are trying to be, not to understand during meditation. We are trying to feel what is happening, not to think about what is happening. We are trying to live on an experiential level. Experiencing reality in mindfulness meditation happens without having to enter a conceptual mode, quite the opposite: Often we are able to experience reality precisely because we don't enter that conceptual mode.

FREDERICK: I think it is too simplistic to stop at the feeling level. I have to intervene with something that's my own. It's like I need to add my thoughts to a simple observation.

INSTRUCTOR: It is natural and often useful to stop and think during meditation practice and outside of it. But is this thinking mode always useful or does it often lead you into OCD obsessions that you can't come out of? The mind is undoubtedly a useful tool—otherwise it wouldn't have developed to this level in human beings—but we must understand how to use it best. In OCD, the mind is often used in ways that are not useful. It can even act against you. We want it to go back to being a tool at your service. It is like having a hammer in my hand: It's a useful tool if I use it to hammer a nail into the wall, but it can cause me serious harm if I use it to hit myself on the head. The practice of mindfulness does not stop us from thinking. In fact, it helps us see when it is useful to stay on an experiential level, when it is useful to think about the experience and know with which thoughts it is useful to stay. Thinking characterizes us as human beings and is useful, but how does it help your problem? This is what we have to consider and will discuss.

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GINA: It hasn't been an easy week for me. I did the exercises but I had difficulty with the sensations: I felt cold, and I wanted the exercise to end. Then there was something peculiar too: I started the exercise with an irritating itch in my foot and for the first time I was able to tell the difference between body and mind. My bodily itch was annoying; my mind was amplifying the itch, and I felt as if I couldn't get out of this—my mind was invading my physical sensation and therefore my being. So I realized that this is a tendency of mine. I realized that when an uncomfortable situation occurs, I tend to amplify it. But how much is it negatively affected by my thoughts? If I consider a sensation in itself, it may not be so negative. I know that at times there can be great discoveries through meditation, sometimes relaxation, and other times nothing.

INSTRUCTOR: Yes! That's really important.

FREDERICK: I had great difficulty practicing the Body Scan. I set the alarm clock early and I managed to do the breathing exercise without the audio guide. I tried to apply this exercise to emotions too and to understand my difficulties by observing my emotions in a detached way to go beyond sensations.

TRACY: I found it hard: I had a hard time managing to do the exercises on my own without panicking. I'm afraid I'm not doing them the right way and that I can't do them as I would here in the group. So I think I'm not doing it right and I don't have any results.

DOMINIC: It's not important. We have to start from the assumption that we're doing our best, and not judge it as being right or wrong.

LOUIS: At the end of the exercise, you shouldn't ask yourself if you've done it the right way. You don't need to achieve a result; what's important is just doing it.

INSTRUCTOR: That's right! As I mentioned before the meditation, it's never a performance. It's simply a moment in which we are with ourselves, observing ourselves without expecting anything. Therefore, whatever happens is fine because that is simply our experience in that moment.

MARY: The first time it was hard to stay there the whole time, but then it became less and less difficult. In certain moments I managed to develop a sense of acceptance of my unpleasant emotional states, considering them internal events that I didn't need to react to or worry much about. On the days that I practiced, I experienced flashes of awareness during activities I usually carry out automatically, and in those moments, I experienced colors, smells, and perfumes as being very real. I realized that I often live without experiencing these sensations. Instead it usually seems that only my anxieties and preoccupations deserve my attention. While I was eating, for example, I happened to stop and ask myself what I was actually

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eating in that moment, and I was able to notice the taste. I'd never done that before.

INSTRUCTOR: Did you do this several times?

MARY: Yes, but I was able to do it better on the days I had done the exercises.

CLAUDIA: I was often distracted and found it hard to focus on my breath. I felt my heart beating everywhere and I felt agitated. I just couldn't keep still, and I felt a heavy weight on my chest. It distracted me a lot. The second time I found it hard to distance myself from my thoughts, especially during the long pauses in the audio exercise to which I was listening. When I had to be aware of my body as a whole, I wasn't distracted by my thoughts because it seemed to me I was all one thing. That was the only time I was able to not get distracted by my thoughts. I practiced before going out for an errand yesterday, and this upcoming errand distracted me a lot because I kept on thinking about where I had to go.

JENNIFER: I practiced three times, but I found it hard to get the idea of doing the exercise into my head. I couldn't manage to hold the position. I moved a lot; I just couldn't stay still.

INSTRUCTOR: What was disturbing you?

JENNIFER: I felt forced to stay in that position as I listened to the audio, then I decided to stop. I felt more present when I tried to lie on the floor, and I managed to complete the exercise. Sometimes I skipped doing the exercises even if I had time, because I couldn't get motivated to do them.

INSTRUCTOR: It is very important to find a regular time each day to practice the exercises. I know it can be difficult to fit these practices into already busy days. However, we often fill our days with things that are not really important or that can even be harmful. If we try to remove or spend less time on them, we can gain precious time to practice mindfulness. It may be useful to schedule an appointment with yourself in your diary to do the exercises at the same time every day, as if you had an appointment with someone else. Choose a time when it's easier or more useful to do the exercises. Often practicing in the morning, as soon as you wake up, can be useful because it's good to start the day with awareness. Because you may be tired in the evening, doing the exercises then can make you fall asleep. This is the opposite of being present.

GEORGE: I tried doing the exercises in the morning and felt as if I didn't have many thoughts. The following day I tried in the evening to see if anything would be different. During the day lots had happened and during the exercise, I was thinking about them and I wasn't able to concentrate much. I had lots on my mind.

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INSTRUCTOR: That's an important point. The fact that you had lots of things on your mind isn't an obstacle in the least, and it shouldn't be seen as something negative. We can observe a sky that is cloudy or cloudless, and simply notice what it's like in that moment. We can do the same with thoughts: We notice if they are there. We practice observing what is there. We do not practice in the hope that our mind will be empty. What is important is not how many or which thoughts we have, but how we relate to them.

LOUIS: I practiced during the afternoon because before that, I have to do my rituals. I mean that usually when I wake up, I have to do my rituals for the first 2 hours.

INSTRUCTOR: Out of habit?

LOUIS: Yes.

INSTRUCTOR: A little at a time, try to fit this practice into the part of the day you have devoted to your rituals. There is nothing in your life that compels you to do these rituals just then, and so you can try to fit in a new healthy habit. Perhaps try to fit in the exercises before your rituals and then see if the state of mind created by the exercises changes your view of the rituals.

LOUIS: OK, I'll try. ...Sometimes I felt very tired when I was doing the exercises, maybe because of the posture. There were also times when I couldn't feel my hands. I did it in the sitting posture because lying down would be problem because it would lead me to break some of the rules of my rituals.

INSTRUCTOR: Remember that one of the ideas we will be developing in this program is breaking the rules. I'm referring to the rules that characterize your OCD. You have built them up over the years, and they must be hammered to pieces.

OCD SYMPTOMS AND DISTORTED BELIEFS

The instructor now distributes Session 2–Handout 3 on the symptoms normally present in people suffering from OCD. It is important for participants to become more aware of their own OCD-related symptoms. Going through the list on the handout, the instructor discusses the contents as a way to increase participants' awareness of the clinical aspects that can be targeted and improved through this program. It is helpful to give participants time to briefly look through the list and think about symptoms they might have and then engage everyone in an active discussion.

OCD is an extremely heterogeneous disorder, so the symptoms of participants can vary to a large degree. For this reason, it is useful for each participant to have a moment of clear awareness about the specific symptoms that need to be targeted

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in this part of the program. It is also helpful to share this issue of heterogeneity with participants, discussing the fact that regardless of the different forms in which OCD can manifest, all symptoms are characterized by some basic common components (e.g., dysfunctional beliefs, self-distrust, hyperactivation of the threat system in the brain). It is also an opportunity to talk about the best ways to use the exercises or techniques taught in the program for participants' specific symptoms (see Session 2–Handout 3).

OCD DISTORTED BELIEFS

As described in Chapter 1, people affected by OCD have developed a number of distorted beliefs over the years. Explain to the group that these beliefs function as “filters” in how people with OCD interpret their internal and external experiences. The instructor should distribute Session 2–Handout 4, which lists the types of distorted beliefs in OCD, and invite participants to reflect briefly (2 or 3 minutes) on which beliefs in the list they recognize as the way they interpret their experience.

THOUGHTS AND FEELINGS EXERCISE

This next activity can be introduced to group members as a way to demonstrate how distorted beliefs can result in a distorted sense of reality and trigger OCD symptoms. The Thoughts and Feelings Exercise helps participants begin to see the relationship between events, thoughts, and emotions. It uses the basic cognitive ABC model of emotional distress to guide participants in discovering how the interpretation of an event influences mood, feelings, reactions, and physical sensations.

Participants are first asked to observe their initial responses to an ambiguous event. They are then asked to identify and distinguish the ensuing feelings, thoughts, physical sensations, and urges. As suggested by Bowen, Chawla, and Marlatt (2011), it is important to keep the key stimulus ambiguous; that is, the imagined scenario should be presented in a neutral tone of voice that does not assign any meaning to the behavior. This neutrality allows the mind of the listener to project its own story and patterns onto the situation. The Thoughts and Feelings Exercise can be introduced to participants as follows:

The way you interpret an event has a strong influence on your emotions and mood. This exercise provides an example that will help you to better understand the relationship between your thoughts and emotions. Try to

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concentrate on the example I am about to give you and imagine you are actually experiencing the situation I am about to describe.

Sit in a comfortable position and close your eyes. Now, imagine the following scenario:

You are walking down the street ... and, at a certain point, you see someone you know on the other side of the street, walking in the opposite direction.... This is someone you are happy to see and you smile and wave.... The person doesn't answer your greeting and walks on by.... How do you feel? ... What thoughts are going through your mind right now? What do you feel like doing? Are there any body sensations? Do you have an urge to act in a particular way?

When participants open their eyes, the instructor invites them to describe any feelings or body sensations they experienced, and any thoughts or images that went through their minds. The instructor lists these reactions to the scenario on a whiteboard using three columns headed *Situation*, *Thought*, and *Feeling*.

Discussion of the Thoughts and Feelings Exercise

As the comments from participants are discussed, it should become clear that what they each think happened in the scenario determines how they feel about it—and this directly affects how they react. The opposite can also be true: A pre-existing emotion can influence thoughts. When we already feel shame or anxiety, we may interpret an event in line with what we are feeling. The instructor should highlight the normal tendency to consider thoughts and feelings as facts, and not as subjective experiences. It is also useful to investigate whether participant reactions are familiar patterns of thoughts and reactions. Are they a participant's typical response to an ambiguous situation? This is one of the starting points of OCD problems. The following excerpts from such a discussion should help highlight the ways in which this exercise is useful.

JOHN: I was sure that I had done something to that person. I often feel responsible if something goes wrong, if something bad happens, or if somebody doesn't notice me.

INSTRUCTOR: And how did you feel when that person didn't respond to your gesture?

JOHN: I felt guilty.

JENNIFER: I have had similar thoughts, that sometimes I must have done something wrong and I feel guilty. But I also felt anxiety because I wasn't able to connect with

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the person. I thought that I deserved that person's refusal to interact with me. At the same time, I would have liked to have cleared things up, to have fixed things with that person.

SARAH: I felt shame. I felt excluded and abandoned—which was unacceptable for me.

INSTRUCTOR: Did you notice if the way you interpreted the other person's behavior was familiar, the way you often react?

[Many participants answer "yes."]

INSTRUCTOR: This exercise is very interesting because it helps us understand that often our reactions and the things we feel in certain situations don't depend on what is really happening around us or what other people do, but rather on the ideas that we have about ourselves, about who we are, what we are, or how we should be or behave. In this situation, did any of you recognize one or more of the distorted beliefs that we talked about earlier?

JENNIFER: Yes, the exaggerated responsibility.

ANDREW: I recognized my tendency to give too much importance to a possible danger.

SARAH: It reminded me of my intolerance of uncertainty. I couldn't stand not knowing what really happened in the situation.

Implications for OCD Problems

The key lesson for participants from the Thoughts and Feelings Exercise is that our feelings and behaviors are the effects of an event *plus an interpretation*. People affected by OCD tend to misinterpret normal, harmless, and ambiguous stimuli as highly dangerous, with threatening consequences for which they might be responsible. After the exercise, group members are more aware of how OCD functions and how mindfulness can have a therapeutic influence on their problem.

UNDERSTANDING HOW OCD WORKS AND HOW MINDFULNESS HELPS

Understanding how OCD works means understanding the factors that trigger, reinforce, and perpetuate participants' OCD problems. Once participants understand this process, they will be able to see why and how mindfulness practice can influence their symptoms. It should help to motivate practice on a regular basis in order to change those symptoms. One of the things the instructor says at the beginning of this session is, "The first step to healing is understanding."

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Give the participants Session 2–Handouts 5A, 5B, and 5C.

A cognitive problem formulation is used in these handouts to normalize the obsessive experience. In order to make sure that participants fully understand the contents of this problem formulation, the instructor should use a whiteboard and build the formulation together with them using the following steps.

First explain how distorted beliefs lead participants to interpret normal and harmless experiences (e.g., intrusive thoughts) as dangerous and threatening, which in turn, activates safety-seeking behaviors, compulsions, and challenging emotions (see Session 2–Handout 5B). These OCD symptoms can be seen as normal when people are constantly activating the brain’s threat/self-protection system (i.e., the fight, flight, or freeze response).

Then explain that there are two ways in which mindfulness helps to counter OCD (see Session 2–Handout 5C). First, mindfulness practice puts participants in direct touch with reality as a corrective response to distorted thoughts and beliefs. Practiced on a regular basis, mindfulness can help participants to suspend any judgment they normally ascribe to OCD triggers. They learn to observe thoughts, doubts, impulses, and urges without reacting to or interpreting them but rather by accepting them for what they really are: harmless and impermanent experiences that will disappear if they are not fed energy. This acceptance helps prevent any unnecessary activation of the threat/self protection system (i.e., in conditions when danger is not real). Second, mindfulness may favor the activation of the brain’s contentment/soothing and safety system, which fosters feelings of calm, security, and trust (see Session 2–Handout 5C).

The instructor invites each member to discuss with which aspects of the diagram on Session 2–Handout 5B he or she identifies.

INSTRUCTOR: Are there any comments or questions? Which aspects of your problem do you recognize in this problem formulation?

GEORGE: I identify with almost everything. Now it’s clear to me why I keep on doing things that I know don’t make any sense, but as long as I continue to give those meanings to things, they do make sense in some way.

LARA: Actually, I had already started to understand this through the exercises I did this past week. I tended to place less importance on my disturbing thoughts when they appeared and I then tended to react less.

INSTRUCTOR: When you regularly practice mindfulness, you begin to break a series of mental habits, which for some of you have been consolidated over many years,

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and you create a new mental habit. A new mental mode allows you to suspend all judgment and appraisals about what is going on inside you (e.g., thoughts, feelings, sensations), welcoming them without reacting to them, observing them from a distance, and recognizing them for what they are: simple, innocuous, impermanent mental events. But in order for this new mental mode to become yours, to become a part of you so that it becomes stable and enduring, you have to practice mindfulness on a daily basis, at least for a few months. If you don't, your old mental habits will tend to work their way back into your minds. This is why I strongly but warmly invite you commit to doing the home practice over the next few weeks and to take the exercises seriously.

BREAK

Participants take a brief 10-minute break at this point in the session.

A PATIENT'S REPORT AND DISCUSSION

The instructor can increase the participants' understanding of these central concepts about OCD and mindfulness by reading aloud and discussing a patient's report (see Session 2–Handout 6), in which she describes her experience in the group and how and why it has been helpful to understand her obsessive problem and to overcome it through mindfulness practice.

THE THREE CAUSES OF SUFFERING

The instructor next presents the three main causes of human suffering identified by Buddhist psychology— attachment or greed, aversion and illusion, and ignorance or distortion—and helps participants find connections and relationships between OCD problems and each of these three factors. For example, OCD mechanisms and symptoms are a form of *attachment* to particular thoughts, beliefs, behaviors (e.g., rituals), and/or objects (e.g., hoarding), so the instructor might prompt participants to think about their attachments. If they are unable to think of anything, the instructor can ask participants to reflect on whether or not they have rituals they feel compelled to perform. Compulsions are a kind of aversion toward some feelings (e.g., anxiety, shame, disgust), thoughts (obsessions), physical sensations, or objects. To discuss aversion, the instructor asks participants to consider if there are thoughts, feelings or things that they strongly dislike and try to avoid, offering examples if they have difficulty coming up with any on their own. Dysfunctional beliefs, magical thinking, and thought–action fusion are forms of reality distortions. Based on what has been discussed so far in the program, participants are asked if they can think of situations

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in which they realized they had a distorted view of what they were feeling, what was happening around them, what was really going on.

Once at least some participants have been able to relate the three causes of suffering to their own OCD, the instructor discusses the ways in which mindfulness practices can be particularly effective in preventing or weakening these causes of suffering. The instructor also helps group members understand how mindfulness practices are particularly effective in preventing or weakening the three modes of mind that cause suffering and in replacing them with healthier attitudes.

As part of home practice, participants should go over Session 2–Handout 7 carefully to better understand and reflect on these issues at home.

READING AND DISCUSSION OF SESSION 2 QUOTES

As was done in Session 1, and will be done in the sessions that follow, the instructor shares a series of quotes (Session 2–Handout 8) and asks participants to reflect on and share how they might relate to what has been discussed during the session.

DISTRIBUTION OF PARTICIPANT HANDOUTS AND ASSIGNMENT OF HOME PRACTICE

The instructor distributes the handouts that have not yet been shared with participants during the session, starting with Session 2–Handout 1, which sums up the basic contents and aims of this session and that participants need to read at home. Then the instructor should draw particular attention to Session 2–Handout 9, the home practice assignments for the week, and Session 2–Handout 10, the Home Practice Record Form for Session 2. Participants are asked to practice 30 minutes of Body Scan for 6 out of the next 7 days, and 15 minutes of Mindfulness of the Breath and Body for 6 out of 7 days. They are also asked to practice mindfulness of a routine activity (informal practice) and to record their meditation practice using the Home Practice Record Form for Session 2 (Handout 10). Participants are also asked to carefully read the handouts provided in the session at least once throughout the week, and reflect on how the information can be helpful for understanding and dealing with their present problems.

The instructor also gives participants Session 2–Handout 11 to be shared with close relatives, partners, or friends who are able and willing to support the therapeutic process. Session 2–Handout 11 is individualized and presented in letter format, each one having a participant's name on it. The aim of this handout is to provide the

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people close to the participant with a number of guidelines, recommendations, tips, and information on the rationale, goals, and basic principles of the MBCT for OCD Program. For those participants who will bring their loved one(s) to Session 3, the letter serves as preparation for the discussion that will take place during that time (see Chapter 7).

MINDFUL CIRCLE

As practiced in the previous session, Session 2 ends with the group members joining together in a circle. The instructor rings the meditation bell to begin a silent meditation focus on the breath for 3–4 minutes. At the end the instructor may choose to repeat one or more of the quotes from this session and invite each member in turn to share, in a few words, his or her present-moment experience without any further comments.

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SESSION 2—HANDOUT 1 SUMMARY OF SESSION 2: UNDERSTANDING OCD AND HOW MINDFULNESS HELPS

OCD is characterized by recurrent, intrusive, and distressing thoughts, images, or impulses (obsessions) and repetitive acts (compulsions or rituals). Patients believe that these repetitive acts will reduce the discomfort and anxiety caused by obsessive thoughts and prevent any perceived harmful consequences. About 2–3% of the world's population suffers from OCD. Most people affected by this disorder have a problematic relationship not only with their thoughts, but also with all internal experience (sensory perceptions, emotions, and physical sensations). This dysfunctional relationship can play a significant role in the perpetuation of the disorder.

Mindfulness can be considered the opposite of many obsessive mechanisms and symptoms. Obsessive symptoms can be defined as being in a state of severe mindlessness or lack of awareness. Over time, obsessive rituals become automatic, and the person is no longer aware of their actual consequences and meaning. The practice of mindfulness allows you to develop the **ability to recognize and choose not to react to unwanted thoughts, emotions, and sensations**. Habitual and automatic ways of reacting (obsessions and compulsions) simply fuel the symptoms of the disorder (see Session 2—Handouts 5A, 5B, 5C, and 6).

Cultivating mindfulness means learning to remain **rooted in the present, in touch with reality as it actually is**, and not as distorted by the mind. It teaches us how to **observe our own experience without judging it**. Mindfulness practice and all the exercises in this course can radically improve the relationship you have with your internal states, whether they are thoughts, emotions, or physical sensations, and thus help you to gradually feel free from obsessive and compulsive habits and feelings.

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SESSION 2—HANDOUT 2 PRACTICAL INSTRUCTIONS ON POSTURE

The best meditation posture is one in which you feel at once comfortable, awake, and stable and centered, and one that you can continue to hold comfortably for a while. This type of posture allows you to practice with fewer of the distractions or hurdles arising from physical discomfort, drowsiness, and mind roaming. It allows the body to be balanced, still, and awake. You can accomplish this if the body finds balance, serenity, stability, and alertness.

When you practice, be it in a sitting meditation, yoga, or some other exercise, it is a good idea to wear loose clothing, with nothing tight around your waist, and to leave your feet bare.

For most meditation practices in this book, you can sit on a straight-backed chair or on the floor, using a cushion (such as a zafu) or kneeling bench to support your bottom.

Keep your back straight, but not rigid, with the back of your neck aligned with your spine. Maintain an upright posture. Visualize your body being drawn up by a string from the top of your head. If you are on a chair, you can sit toward the edge of the chair so that you are not leaning on the back of it. Rest your feet flat on the floor. Incidentally, there is nothing about sitting on the floor that makes it preferable over sitting on a chair. Using a chair is also extremely useful to people with physical problems or especially stiff joints.



A common on-the-floor meditation posture, especially for beginners, is the Burmese position.

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In this position, sit cross-legged on the floor. Your knees should preferably be touching the floor, but this will depend on each individual's muscle flexibility and is not a requirement. It can be helpful to use a cushion under the knees.

As an alternative, you can sit in a kneeling position, on a bench or a cushion, with your knees resting on the floor and your arms and hands placed over your thighs.



Whichever way you sit, find the most balanced, relaxed, and fixed position that allows your mind to go deeply into the process of meditation. Try to be gentle with yourself.

Let your hands rest on your knees, or set one hand in the other, palms up and thumbs softly touching at the navel level.



Relax your shoulders. You may keep your eyes open, or close them to prevent outer distractions.

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SESSION 2—HANDOUT 3 TYPICAL SYMPTOMS OF OCD

Which symptoms and features listed below do you recognize as present for you? Which features create the most difficulties? These symptoms can improve through this program.

Obsessions are recurring, persistent, unwanted, and intrusive thoughts, images, scenes, impulses, and doubts that cause anxiety, distress, or other negative feelings. The person tries to get rid of these feelings or neutralize them by performing a ritual action.

Typical themes of obsessions are:

- Fear of being contaminated, or contaminating others, by infections or disgusting substances or objects.
- Fear of harming yourself or others.
- Excessive attention to moral or religious ideas.
- Unpleasant sexual or violent thoughts.
- A need for orderliness and symmetry.
- Doubts about not having locked the door or windows or turned off the gas, taps or lights.
- Fear of shameful misbehavior or acting inappropriately.
- Magical thinking and superstitious beliefs (e.g., “If I don’t count to 87 when I am walking down the street then something terrible will happen to my beloved; “I’m afraid of the number 6 and have to avoid it because 666 is said to be the devil’s number”).

Compulsions are behaviors or rituals that the individual feels compelled to perform over and over again. These behaviors are meant to prevent or reduce the distress of obsessions or make them go away.

However, these behaviors are excessive or cannot realistically prevent the feared event. They normally offer only a temporary relief from distress. The obsessions usually come back stronger. Furthermore, these rituals often end up causing distress themselves as they become more demanding and time-consuming.

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Compulsions can be either **overt**, when they are observable by others (e.g., washing, checking), or **covert**, when they are unobservable mental actions (e.g., silently counting or repeatedly saying words, phrases, or prayers in one's mind).

Examples of typical compulsions include:

- Washing (hands, body) and cleaning (housecleaning, clothes, objects).
- Checking (doors are locked; the gas, lights, or a tap is off; retracing a driving path to make sure that you have not run over a pedestrian).
- Counting in certain patterns.
- Continuously asking for reassurance.
- Ordering and arranging things, perfectionism.
- Silently repeating words or phrases.
- Excessive praying or engaging in behaviors triggered by religious beliefs or fear.
- Excessive slowness in completing tasks and the consequent delays.
- Repeating tasks excessively.
- Constantly thinking "neutralizing" thoughts to counteract obsessive thoughts.
- Not allowing someone to enter one's home (e.g., because of fear of contamination).
- Avoiding places, situations, people, or activities that could trigger obsessive thoughts.

Most people with OCD have both obsessions and compulsions, but some individuals may have only one or the other.

Symptoms generally worsen when the person is experiencing more stress. Most people with OCD recognize that their obsessions and compulsions are irrational and unrealistic, but they feel unable to resist them and break free.

In individuals with OCD, these thoughts and behaviors cause extreme distress, take up much time, and interfere with their daily life, work, and relationships.

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SESSION 2—HANDOUT 4 TYPES OF DISTORTED BELIEFS IN OCD

Many people who suffer from OCD develop distorted or unrealistic beliefs starting during childhood. These beliefs guide their interpretation of life experiences in a problematic way. They work as “filters” that give particular meanings to internal and external experience. These beliefs activate obsessions, rumination, and, consequently, compulsive rituals.

From the following list of types or categories of beliefs, try to identify the ones you have developed.

1. **Perfectionism:** An unrealistic belief that you have to do everything in a perfect way, whatever the cost. Often this belief leads to rumination, obsessions, hoarding, and rituals of control, order, precision, and symmetry.
2. **Exaggerated responsibility for potential damage and/or for omission:** A misconception that if a serious harmful event occurs or has occurred, you are completely responsible for it. You must therefore do everything in your power to prevent it from happening again or determine why it happened. You may also have the belief that you have not done enough or have avoided doing whatever is necessary to prevent major damage. This belief often triggers obsessions, rituals of control, cleaning, and rumination.
3. **Control over thoughts:** An unrealistic belief that you need to and should be able to control your thoughts—for example, that you can prevent thoughts from appearing or get rid of them when they are undesirable. Often this belief leads to rituals of order and symmetry, hoarding, mental rituals, rumination, and obsessions.
4. **Giving too much importance to thoughts:** A misconception that your thoughts can have a direct impact on your life and say something real about who you are as a person. This may include the belief that thoughts actually have the power to determine your well-being and your actions. This belief can activate rumination and obsessions; rituals of control, order, and symmetry; and hoarding.
5. **Giving too much importance to perceived threats and danger:** A belief that a harmful event has a higher probability of happening to you than to others or may be more severe than it actually is in reality. This conviction often leads to rumination and rituals of control.

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6. **Intolerance of uncertainty:** Significant difficulty accepting and remaining in unpredictable or uncertain situations. It may include the unrealistic belief that you will always be able to be certain about what is happening. Such a belief often leads to rumination/obsessions and rituals of control, order, and precision.

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SESSION 2—HANDOUT 5A HOW OCD WORKS AND HOW MINDFULNESS CAN HELP

If you carefully observe your OCD, you will realize that there are specific mechanisms that activate and maintain your problems over time. Understanding these mechanisms will help you change them.

OCD problems start with an experience that most people consider harmless. The experience can be a **thought**, in the form of a doubt (e.g., “Did I lock the front door?”; “Did I wash my hands properly?”) or an image or scene (e.g., the memory of something you did or did not do, or of something you fear), **physical sensations** (e.g., “My back is itching”), or **perceptions** that may be visual, auditory, tactile, etc. (e.g., “I saw a stain on the floor”; “I heard a noise”) (see Session 2—Handout 5B). In people with OCD, these experiences trigger a cascade of events. First, the doubt, image, or perception is interpreted (judging model) according to **distorted or irrational beliefs** developed earlier in life (see Session 2—Handout 4 on types of distorted beliefs). The interpretation then activates fears that the situation might be very dangerous.

Judging these triggers as dangerous and **mistrusting** internal experience (especially memory and perception) activate the brain and body’s fight, flight, or freeze response. This is part of the **threat/self-protection system**, a set of areas and structures in the brain. This system prepares the body to take defensive action in the presence of a real danger. It can save your life if you are really in a dangerous situation. However, the system can also be activated in the presence of a nondangerous trigger if you believe the danger is real. Frequent activation of the system is stressful because it generates **distressing emotions** (anxiety, disgust, guilt, shame, etc.), leading you to try to protect yourself from the feared danger. You carry out **self-protective or safety-seeking behaviors**, such as asking for reassurance or enacting compulsive rituals of checking or washing. You might also avoid certain situations, or constantly look for danger without noticing that there isn’t actually any danger.

Once activated, distressful emotions and protective behaviors further fuel the interpretation of danger given to harmless thoughts. This increases their frequency and they then quickly become an **obsession** (i.e., a continuous, disturbing thought) and you feel a need to take defensive action. A vicious cycle is now in place, activating and perpetuating obsessive– compulsive problems over time.

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Mindfulness helps prevent unnecessary activation of the threat/self-protection system (see Session 2—Handout 5C). When practiced regularly every day, mindfulness can help you **suspend judgment** that you might give to any trigger. You will learn to observe the trigger without interpreting it or reacting to it, and accept it for what it is—a harmless event that will simply disappear if you do nothing to fuel it. Mindfulness also activates the brain's **contentment/soothing and safety system**, which calms and promotes a sense of security and trust.

Mindfulness helps you to reduce OCD symptoms (safety-seeking behaviors and distressing thoughts, emotions, and sensations) and to cultivate a sense of calm, stability, and balance.

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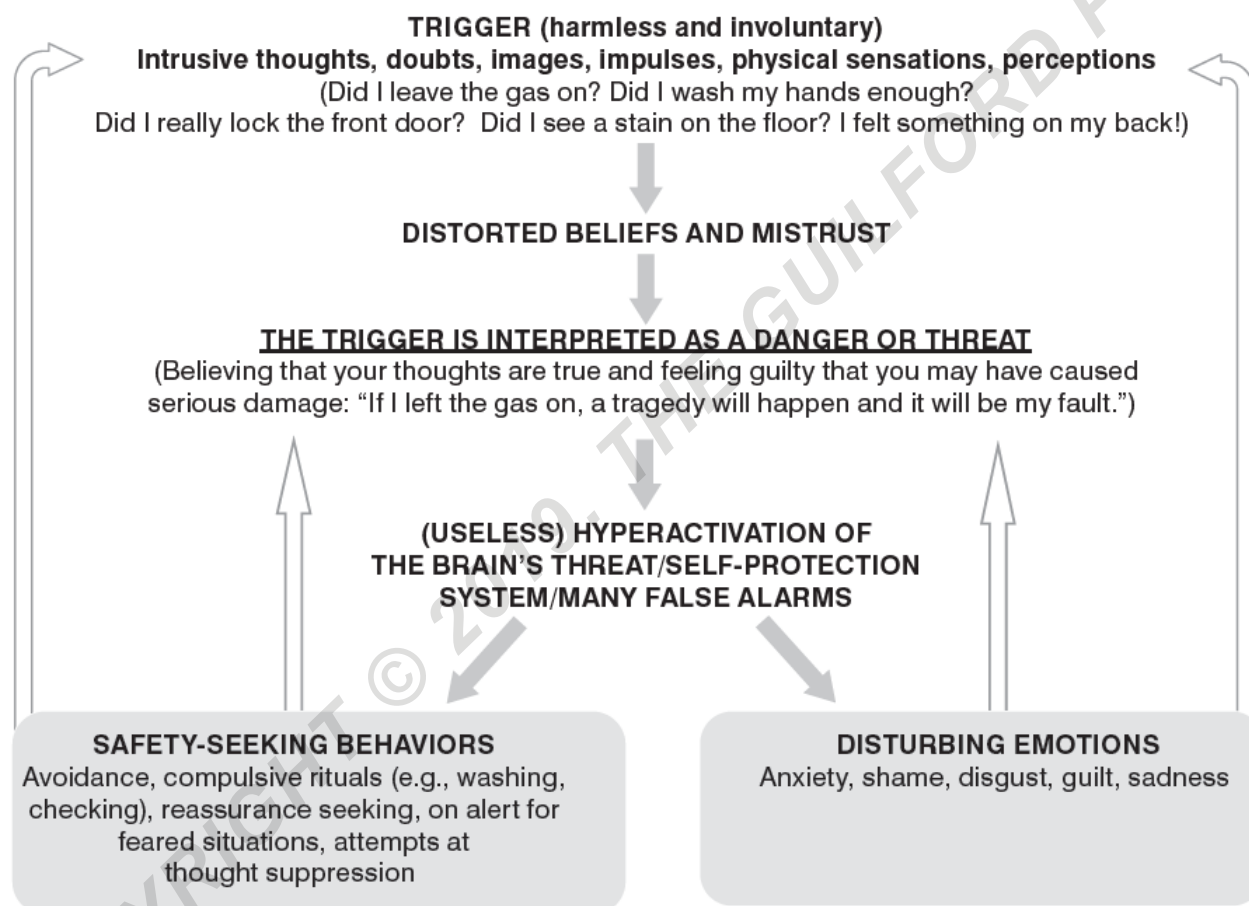
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SESSION 2—HANDOUT 5B

How OCD Works



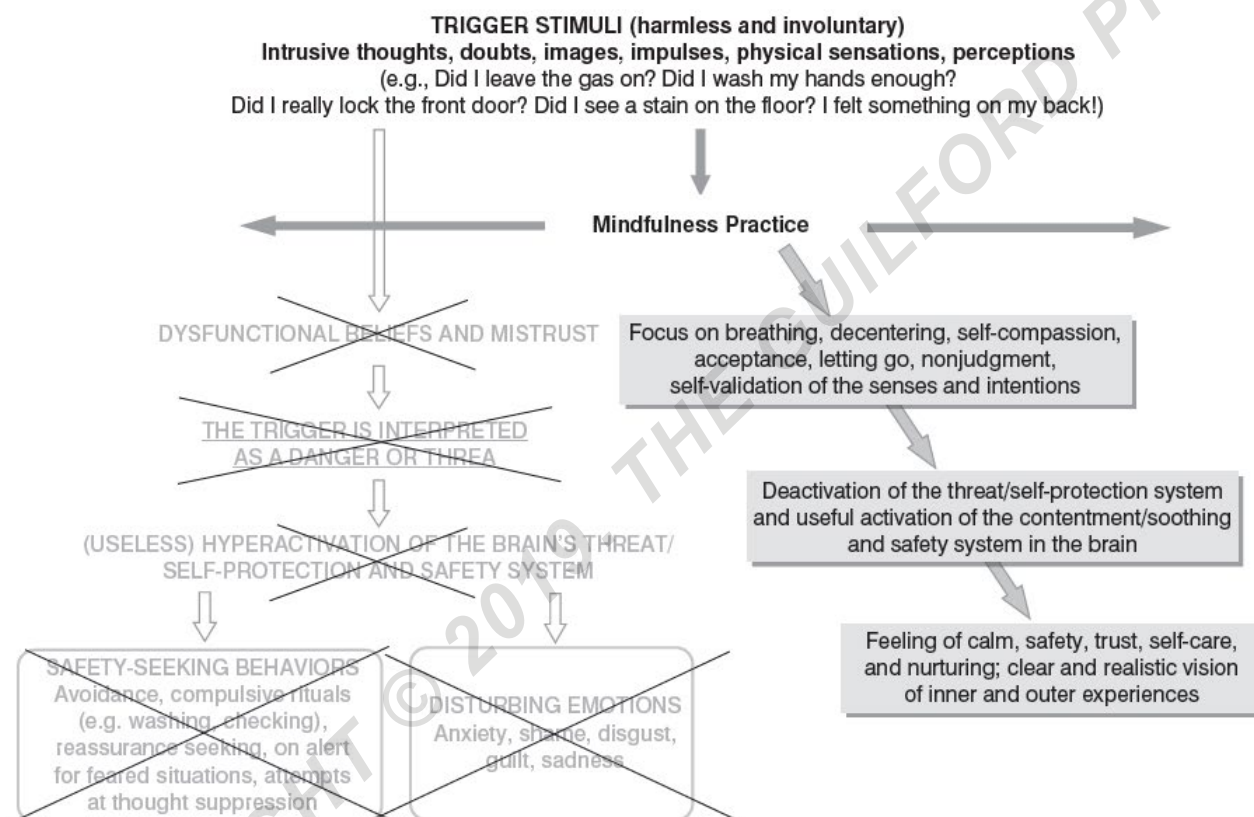
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SESSION 2—HANDOUT 5C

How Mindfulness Can Help My OCD



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SESSION 2—HANDOUT 6 A PATIENT'S REPORT: "MINDFULNESS AS A HEALING SOLUTION FOR MY OCD"

Mindfulness practice has truly helped me deal differently with my intrusive thoughts, doubts, obsessions, images. Normally I react to my obsessive thoughts as if they were real, urgent commands that I cannot refuse to act on. I act on them as soon as I have them because it feels like not acting on them would be too risky, that something bad would happen, and it would be my fault.

Mindfulness allows me to stop the progression from intrusive thoughts to judgmental thoughts—that if I don't do my ritual, something bad will happen. Now when I have intrusive thoughts, it's like I can observe them from a distance, see them for what they are—just thoughts. I'm also able to be aware of what is really happening, and since it is almost never anything truly risky, I don't have to react anymore.

This ability to not react has made me realize that I don't need to do my rituals. I no longer believe in the importance of thoughts that tell me "You have to check three times or you have to make sure 10 times." I know they are just thoughts, and so I let them be until they go away, like clouds passing in the sky. The ability to observe my thoughts without doing anything—without judging, without reacting—allows me to interrupt the mechanisms that have always led to my rituals.

—Sara (a young woman affected by OCD)

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SESSION 2—HANDOUT 7 THE CAUSES OF SUFFERING

Pain is a normal condition in the life of every human being. When we are born, we experience great pain as we move from the comfort of the womb to the world, a transition imposed on us by nature. Loss, illness, accidents, and thwarted expectations lead to various forms of suffering. Fortunately, life may also offer many moments of joy and long periods of serenity and peace. All we can do as human beings is to create the best possible relationship with pain when it occurs to try to prevent it from increasing and to do what we can to make it eventually go away. Pain, like everything else in life, is not permanent. Developing awareness allows us to recognize and prevent our usual automatic ways of reacting and to respond mindfully in more effective ways. For all human beings, but especially for people affected by OCD, suffering is generated and increased by the tendency to react to painful or disturbing experiences in one or more of the following three ways.

1. Attachment/clinging. A tendency to consider some elements or experiences (people, objects, or situations) as “essential” to our lives, clinging to something (even thoughts or beliefs) or someone, intensely hoping to experience life in a way that is different from how we are living it in the present moment, continuously wanting what we do not have and not allowing ourselves to let go of pleasant experience when we have to let it go. This clinging is the basis of all addictions and can create anxiety about losing something or not getting what you consider essential. In turn, this anxiety can generate compulsive rituals or requests for reassurance; it can lead to anger, sadness, or desperation if we have lost this something. A Buddhist proverb says, “In life everything you truly need is already here.”

2. Aversion. A tendency to resist, fight, deny, oppose, and avoid unpleasant experiences, even normal unavoidable ones. Aversion occurs whenever we don't accept things that are not the way we would like them to be, including our own thoughts, emotions, or sensations. We try to change or prevent what, in reality, cannot be changed or prevented. All this leads to an enormous and unnecessary waste of energy that can generate feelings of anger, resentment, shame, anxiety, guilt, or sustained stress, and activate compulsive rituals in reaction to those unwanted feelings.

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3. Illusion or distortion. A tendency to lose touch with reality or distort it by fantasizing, seeing (or fearing) what is not there, and not seeing what is there. When you are not in the present moment, you can get trapped by memories of the past or worries about the future that do not allow you to see things in an objective and realistic way. This condition can generate emotions that are very difficult to deal with and is one of the causes of OCD.

Each of these three ways of reacting causes, increases, and maintains suffering and most psychological disorders. Through the practice of mindfulness we are increasingly able to recognize when one of these three tendencies has been activated in our minds. We can then try to interrupt it or at least reduce its intensity and frequency, and eventually prevent it from happening in the future.

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SESSION 2—HANDOUT 8 SESSION 2 QUOTES

The basic approach to understanding the mind is a process of gradually making friends with oneself.—Chögyam Trungpa

We do not see things as they are; we see them as we are.
— The Talmud

Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lie our growth and our freedom. —Viktor E. Frankl

I am an old man and have known a great many troubles, but most of them never happened. — Mark Twain

In the stillness before our habits arise, we become free.
—Jack Kornfield

It's hard to fight an enemy who has outposts in your head.
—Sally Kempton

A belief is not merely an idea the mind possesses. It is an idea that possesses the mind. —Robert Oxton Bolton

Men are not prisoners of fate, but only prisoners of their own minds.
—Franklin Delano Roosevelt

If you worry about what might be, and wonder what might have been, you will ignore what is. —Author Unknown

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SESSION 2—HANDOUT 9 HOME PRACTICE FOR THE WEEK FOLLOWING SESSION 2

1. Practice the Body Scan exercise (Track 2) for 6 out of 7 days and make a note of your impressions and observations on the Homework Record Form.
2. Practice the Mindfulness of the Breath and Body exercise (Track 4) each day, at different times, for 6 out of 7 days. Staying in touch with your breath every day will give you the opportunity to become aware of what you feel when you are in touch with the present moment.
3. Each time you practice any exercise of this session, report your experience on the Home Practice Record Form for Session 2 (Handout 10), making a note of any comment, impression, or difficulty you might have experienced.
4. Carefully read the material provided in the handouts, at least once, and reflect on the ideas presented, trying to make them yours and using them everyday to develop a new relationship to your thoughts, feelings, and physical sensations.
5. Choose a routine activity in your daily life that you can become particularly aware of (e.g., brushing your teeth, showering, washing the dishes, taking out the trash, reading, going shopping, eating).

When you practice the exercises, try not to have specific expectations about what will happen during. When practicing mindfulness, think of yourself as a good farmer who prepares and sows his or her land, trusting that he or she will see the fruit of this work grow and blossom after a few months. Do your best to approach the exercises not as if they were a duty to carry out, but as a healthy activity that you wish to make a permanent habit in your life.

Always remember that the commitment you dedicate to this training will give you significant results in the long run and, with time, mindfulness may become a life choice and a way of being in the world.

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SESSION 2—HANDOUT 10 HOME PRACTICE FOR THE WEEK FOLLOWING SESSION 2

Name:

Fill in this form each time you practice. Also note anything that happens during the exercise, so that we can talk about it during the next session.

Day/Date	Exercise	Comments
Thursday Date:	Body Scan Mindfulness of Breath and Body Routine activity	
Friday Date:	Body Scan Mindfulness of Breath and Body Routine activity	
Saturday Date:	Body Scan Mindfulness of Breath and Body Routine activity	
Sunday Date:	Body Scan Mindfulness of Breath and Body Routine activity	
Monday Date:	Body Scan Mindfulness of Breath and Body Routine activity	
Tuesday Date:	Body Scan Mindfulness of Breath and Body Routine activity	
Wednesday Date:	Body Scan Mindfulness of Breath and Body Routine activity	

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SESSION 2—HANDOUT 11 INFORMATION FOR FAMILY MEMBERS AND PARTNERS

Dear relative or partner of _____,

I would like to provide you with information on the therapeutic process your loved one is going through as part of this program and explain what does and does not help your loved one's problems.

Obsessive-compulsive disorder (OCD) is a trust disorder in the sense that people suffering from it cannot trust what they do, what they perceive, or what they remember. People with obsessive problems do not trust their attention, memory, or senses, especially during anxiety-evoking situations. They tend to interpret situations as dangerous or threatening. They think they must do something, such as ask for reassurance or perform compulsive rituals, to prevent feared consequences. The reassurance and rituals reduce the person's intense anxiety but do not deal with the root of the problem.

People with OCD often ask family or friends for reassurance; this delegates the responsibility for what is feared to the person who reassures them. And the effect of receiving reassurance is that it actually feeds and strengthens the obsessive problem. It increases the person's distrust of him- or herself.

Over this 11-session course, your loved one will learn a new way to relate to his or her thoughts, sensations, and emotions. He or she will learn to observe these internal states without having to react to them with compulsive rituals. He or she will recognize thoughts, emotions, and physical sensations as simple, harmless, transient events, without giving them any meaning.

Mindfulness exercises help people with OCD to develop this new relationship with internal and external experiences. People cultivate a new relationship with their senses (sight, hearing, touch, taste, and smell) that encourages confidence in themselves, which is a fundamental antidote to obsessions.

In order to better help your loved one and to strengthen the effects of the therapeutic program, please follow these guidelines:

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1. *Read all the material* your loved one brings home from each session. Reflect on it together, trying to understand how to best use it in everyday life and during difficult situations.
2. *Never give reassurances.* These increase your loved one's insecurity and feed the disorder.
3. *Give your loved one messages of trust,* in which you communicate that you trust him or her and what he or she thinks, feels, wants, hears, and remembers, and that he or she will be able to improve or overcome OCD.
4. *Never help your loved one in rituals.* For example, do not help with showers or washing; do not make sure that something is in its place and do not organize objects. This kind of helping only reinforces and magnifies the problem. Instead, remind the person to use the ideas, principles, and tools provided by the mindfulness group. For example, ask, "What have you learned in the group that would help you out in this situation?" or "Which exercise or attitude could you use to overcome this difficulty?"
5. *Encourage, motivate, and, if necessary, help your loved one remember to do the daily practice* of the exercises assigned at each session. You can also practice the exercises with him or her, listening together to the audio tracks of the mindfulness exercises. The effectiveness of this program depends largely on regular practice of the exercises at home.
6. *Help your loved one to become independent* and to make daily life decisions, taking full responsibility for those decisions. This is a fundamental element of the treatment for obsessive–compulsive disorder, because those suffering from OCD tend to find it difficult to take responsibility for their own actions and decisions.
7. *Always offer support and praise* when your loved one manages to do something difficult on his or her own, without rituals and reassurances.
8. *Believe in your loved one's ability to manage and overcome obsessive–compulsive problems.* Help develop his or her confidence in the ability to change.

I hope the information provided here is clear; I am available if further clarification is needed.