

Clinical Handbook of Mindfulness

Clinical Handbook of Mindfulness

Fabrizio Didonna

Editor

Editor

Dr. Fabrizio Didonna
Coord. Unit for Mood & Anxiety Disorders
Department of Psychiatry
Casa di Cura Villa Margherita
Arcugnano, Vicenza - Italy
fabdidon@libero.it

ISBN: 978-0-387-09592-9 e-ISBN: 978-0-387-09593-6
DOI 10.1007/978-0-387-09593-6

Library of Congress Control Number: 2008938818

© Springer Science+Business Media, LLC 2009

All rights reserved. This work may not be translated or copied in whole or in part without the written permission of the publisher (Springer Science+Business Media, LLC, 233 Spring Street, New York, NY 10013, USA), except for brief excerpts in connection with reviews or scholarly analysis. Use in connection with any form of information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed is forbidden.

The use in this publication of trade names, trademarks, service marks, and similar terms, even if they are not identified as such, is not to be taken as an expression of opinion as to whether or not they are subject to proprietary rights.

Printed on acid-free paper

springer.com

To my wife Rachele, For her love, support and understanding. May she be always safe, happy, healthy and free from inner and outer harm

F. D.

Contents

Acknowledgments	xi
About the Editor	xiii
Contributors	xv
Foreword	xxv
Introduction: Where New and Old Paths to Dealing with Suffering Meet	01
Fabrizio Didonna	
Part 1 Theory, Conceptualization, and Phenomenology	
1 Mindfulness: What Is It? Where Did It Come From?	17
Ronald D. Siegel, Christopher K. Germer, and Andrew Olendzki	
2 Mindfulness and Meditation	37
Andrew Olendzki	
3 The Neurobiology of Mindfulness	45
Michael T. Treadway and Sara W. Lazar	
4 Toward a Phenomenology of Mindfulness: Subjective Experience and Emotional Correlates	59
Kirk Warren Brown and Shari Cordon	
Part 2 Clinical Applications: General Issues, Rationale, and Phenomenology	
5 Mindfulness and Psychopathology: Problem Formulation ..	85
Nancy L. Kocovski, Zindel V. Segal, and Susan R. Battista	

6	Emotional Memory, Mindfulness and Compassion	99
	Paul Gilbert and Dennis Tirsch	
7	The Use of Metaphor to Establish Acceptance and Mindfulness	111
	Alethea A. Varra, Claudia Drossel, and Steven C. Hayes	
8	Mindfulness and Feelings of Emptiness	125
	Fabrizio Didonna and Yolanda Rosillo Gonzalez	
9	Assessment of Mindfulness	153
	Ruth A. Baer, Erin Walsh, and Emily L. B. Lykins	
Part 3 Mindfulness-Based Interventions for Specific Disorders		
10	Mindfulness and Anxiety Disorders: Developing a Wise Relationship with the Inner Experience of Fear	171
	Jeffrey Greeson, Jeffrey Brantley	
11	Mindfulness and Obsessive-Compulsive Disorder: Developing a Way to Trust and Validate One's Internal Experience	189
	Fabrizio Didonna	
12	Mindfulness-Based Cognitive Therapy for Depression and Suicidality	221
	Thorsten Barnhofer and Catherine Crane	
13	Mindfulness and Borderline Personality Disorder	245
	Shireen L. Rizvi, Stacy Shaw Welch, and Sona Dimidjian	
14	Mindfulness-Based Approaches to Eating Disorders	259
	Ruth Q. Wolever and Jennifer L. Best	
15	Paradise Lost: Mindfulness and Addictive Behavior	289
	Thomas Bien	
16	Mindfulness for Trauma and Posttraumatic Stress Disorder	299
	Victoria M. Follette and Aditi Vijay	
17	Mindful Awareness and ADHD	319
	L. Zylowska, S.L. Smalley, and J.M. Schwartz	
18	Mindfulness and Psychosis	339
	Antonio Pinto	

19 Mindfulness-Based Stress Reduction for Chronic Pain Management 369
 Jacqueline Gardner-Nix

20 Mindfulness-Based Interventions in Oncology 383
 Linda E. Carlson, Laura E. Labelle, Sheila N. Garland,
 Marion L. Hutchins, and Kathryn Birnie

Part 4 Mindfulness-Based Interventions for Specific Settings and Populations

21 Mindfulness-Based Intervention in an Individual Clinical Setting: What Difference Mindfulness Makes Behind Closed Doors 407
 Paul R. Fulton

22 Mindfulness with Children: Working with Difficult Emotions 417
 Trudy A. Goodman and Susan Kaiser Greenland

23 Mindfulness-Based Elder Care: Communicating Mindfulness to Frail Elders and Their Caregivers 431
 Lucia Mc Bee

24 Mindfulness-Based Interventions in an Inpatient Setting 447
 Fabrizio Didonna

25 Training Professionals in Mindfulness: The Heart of Teaching 463
 Susan Lesley Woods

Appendix A: Mindfulness Practice 477
 Thomas Bien and Fabrizio Didonna

Appendix B: Resources 489

Index 499

Acknowledgments

I wish to acknowledge my indebtedness to a number of people.

First and foremost, I wish to acknowledge the influence of many teachers and mentors: I am profoundly grateful to Jon Kabat-Zinn for his precious and invaluable teaching throughout the past years, for his extraordinary and contagious enthusiasm and wise example in transmitting and embodying the deep meanings and principles of mindfulness. My warmest thanks to him also for his precious help, support and feedback during the final stage of this project, for helping me to expand the list of mindfulness centres and groups in Appendix B and last, but not least, for his kind and thorough foreword to this book.

My heartfelt thanks goes to Thich Nath Hanh and Thomas Trobe, who have allowed me to see new paths over the years to improve professionally and grow personally and to effectively integrate mindfulness and meditation into my understanding and treating of psychological suffering in clinical practice.

A special and nostalgic acknowledgement goes to Ma Yoga Sudha, who left us a few months ago. She personally taught me the precious and healing value of compassion, disidentification and free emotional expression in psychotherapy through meditation.

I am also grateful to Giovanni Liotti who illuminated me with many wise ideas and helped me learn how to understand and treat challenging and complex psychiatric patients.

I also want to offer my sincere and warm thanks to Mark Williams, Marsha Linehan and Jeffrey Young for their kind comments and support to the book.

I am extremely grateful to Thomas Bien, Sarah Guth and Jeffrey Brantley for their valuable, thorough and helpful feedback and review on chapters 8, 11 and 24.

A Special thanks goes to Zindel Segal for sharing his advice and clinical insights and for supporting me in this wonderful project right from the start.

I am very grateful to all the authors who have contributed to this book and who have put so much work into helping bring this project to fruition. I also thank them for their enthusiasm and collaborative way of accompanying me throughout this fascinating, but also laborious, journey and lastly for their precious and invaluable contribution to the field. Each has furnished many new insights for me personally.

xii Acknowledgments

I am most grateful to the staff of Springer Publisher, in particular Executive Editor Sharon Pannulla, and Editorial Assistant Jennifer Hadley, for their kind assistance, advice, and support and for their flexible approach throughout the process of putting this book together. Many thanks also to the Project Manager Sasikala Rajesh.

I am also very indebted to my patients, who have taught me most of what I know about clinical work with their efforts, perseverance and trust in the therapy, and, in the end, their love of life.

Finally, I wish to offer my heartfelt thanks to my wife Rachele for her love and patience as I toiled long hours and was often absent while editing and writing this manual. To her this book is dedicated.

F. D.

About the Editor

Fabrizio Didonna, Psy D, is a Clinical Psychologist and Cognitive Behaviour Psychotherapist. He is a founder and President of the *Istituto Italiano per la Mindfulness (IS.I.MIND)*. He is a Coordinator of the Unit for Mood and Anxiety Disorders, and he also works at the Unit for Borderline Personality Disorders in the Department of Psychiatry at the *Casa di Cura Villa Margherita* in Vicenza, Italy. He is a teacher and trainer at the School of Cognitive Therapy in Bologna, at the School of Cognitive and Forensic Psychotherapy in Reggio Emilia and at the Institute for Cognitive Science in Grosseto, Italy. He is an experienced instructor of mindfulness groups both in inpatient and outpatient settings and was one of the first therapists who planned and used mindfulness training with patients with severe disorders in inpatient treatment programs. He has given workshops worldwide in the field of CBT for obsessive compulsive disorder, depression, anxiety disorders and mindfulness-based training, has presented scientific papers at conferences in Italy and Europe, and published many articles, several chapters and two books. He is Vice-President of the Italian Association for Obsessive-Compulsive Disorder and also the Representative of the Regional Section of SITCC, the Italian Society for Cognitive and Behaviour Therapy. He has been practicing and teaching meditation for many years and gives training retreats in MBCT and mindfulness-based interventions in Italy and in many countries in Europe.

Contributors

Baer Ruth is Professor of Psychology at the University of Kentucky. Her research interests include mindfulness and acceptance-based interventions, assessment and conceptualization of mindfulness, cognitive-behavioral interventions, and psychological assessment. She is the editor of *Mindfulness-Based Treatment Approaches: Clinician's Guide to Evidence Base and Applications* (Academic Press, 2006).

Barnhofer Thorsten is a post-doctoral clinical research psychologist working in a Wellcome Trust funded team led by Professor Mark Williams at the University of Oxford. He teaches MBCT classes and trainings as part of ongoing research into the effects and mechanisms of mindfulness meditation, most recently, in collaboration with Dr Catherine Crane, a study funded by a Francisco J Varela Research Award from the Mind & Life Institute examining the effects of MBCT in chronically depressed patients with a history of suicidality.

Battista Susan completed her Master's work with Dr. Nancy Kocovski at Wilfrid Laurier University where she was involved with research on mindfulness and social anxiety. Susan is now at Dalhousie University completing a doctoral degree in clinical psychology.

Best Jennifer L., Ph.D. is a clinical health psychologist and Assistant Professor of Psychology at the University of North Carolina at Charlotte. Prior to this position she pursued post-doctoral research training with Duke Integrative Medicine in applying mindfulness-based approaches to the regulation of weight, eating and metabolism in eating disorders and obesity. She also has experience developing and leading mindfulness-based groups for the management of stress and for reducing symptoms of anxiety and depression with community samples. Dr. Best is published in the area of mindfulness and glucose metabolism among obese binge eaters. Her current research examines how mindfulness may be a useful skill for improving appetite regulation among overweight individuals seeking to maintain weight loss.

Bien Thomas, Ph.D. is an author and practicing psychologist in Albuquerque, New Mexico, where he teaches mindfulness and meditation. In

addition to his doctorate in psychology from the University of New Mexico, he also holds a master's degree in theology from Princeton Theological Seminary. He presents nationally and internationally. His work is at the forefront of integrating mindfulness into the practice of psychotherapy. He is author of: *Mindful Therapy: A Guide for Therapists and Helping Professionals* (Wisdom, 2006), *Mindful Recovery: A Spiritual Path to Healing From Addiction* (Wiley, 2002), and *Finding the Center Within: The Healing Way of Mindfulness Meditation* (Wiley, 2003), and co-editor of the Guilford volume, *Mindfulness and the Therapeutic Relationship* (2008).

Birnie Kathryn received her BA (Hons) Psychology from the University of Calgary in 2007. Under the direction of Dr. Linda Carlson, Kathryn studied the impact of the MBSR program for patients with cancer and their partners. In particular, her thesis focused on examining changes in symptoms of stress, mood disturbance, and social support in this group. For this work, Kathryn received an honorable mention for the Research Award for outstanding undergraduate research. Kathryn's personal interest in yoga and meditation prompted her to study abroad in India at the University of Pune, as well as complete a minor in religious studies. She plans to continue a focus on psychosocial oncology in her graduate studies.

Brantley Jeffrey, M.D., is a Board-Certified psychiatrist and has practiced mindfulness meditation for over 25 years. He is a founding faculty member of Duke Integrative Medicine, and is the founder and director of the Mindfulness-Based Stress Reduction Program at Duke Integrative Medicine. Dr. Brantley is the author "*Calming Your Anxious Mind: how mindfulness and compassion can free you from anxiety, fear, and panic*", 2nd edition, (New Harbinger Publications, 2007). He is also the co-author of a popular book series, *Five Good Minutes* (New Harbinger Publications, 2005, 2006, 2007) and has contributed to book chapters, and numerous articles focused on applications of mindfulness to enhance health and well-being in daily life.

Carlson Linda is a Clinical Psychologist and Associate Professor in Psychosocial Oncology in the Department of Oncology, Faculty of Medicine at the University of Calgary, and the holder of the Enbridge Endowed Research Chair in Psychosocial Oncology. She also holds an Adjunct Associate Professor appointment in the Department of Psychology. Dr. Carlson has been studying MBSR since 1997 and published papers on its effects in cancer patients in peer-reviewed journals including *Psychosomatic Medicine*, *Psychoneuroendocrinology*, and *Brain, Behavior and Immunity*. Her group has shown its efficacy for decreasing symptoms of stress, improving mood, sleep and quality of life, and altering stress hormone and immune function in cancer patients. She has published almost 80 book chapters and research papers in peer-reviewed journals, holds several millions of dollars in grant funding and regularly presents her work at international conferences.

Cordon Shari, MA, is a Doctoral candidate in Social Psychology at Virginia Commonwealth University. Ms. Cordon's research focuses on the role of mindfulness in interpersonal contexts. Conducted in both laboratory and intervention settings, her studies investigate the effects of trait and state

mindfulness on relationship formation, satisfaction, and psychological well-being correlates.

Crane Catherine is a post-doctoral research psychologist working in a Wellcome Trust funded team led by Professor Mark Williams at the University of Oxford. In collaboration with Dr. Thorsten Barnhofer she is currently conducting a study funded by a Francisco J Varela Research Award from the Mind & Life Institute, examining the feasibility and immediate effects of mindfulness-based cognitive therapy for patients who are chronically depressed and suicidal. Catherine has a personal interest in mindfulness meditation and a number of publications on the role of mindfulness-relevant psychological processes in depression and suicidal behaviour.

Didonna Fabrizio (*see about the editor*)

Dimidjian Sona, Ph.D., is an assistant professor in the department of psychology at the University of Colorado, Boulder. Her research focuses on the treatment and prevention of depression. She has a strong interest in the clinical application of mindfulness, including both Dialectical Behavior Therapy and Mindfulness-Based Cognitive Therapy, and a longstanding personal mindfulness and yoga practice.

Drossel Claudia received her doctoral degree in experimental psychology from Temple University. She is currently pursuing a doctoral degree in clinical psychology at the University of Nevada, Reno, where she encountered the concepts of acceptance and mindfulness through Dialectical Behavior Therapy and Acceptance and Commitment Therapy. Claudia views acceptance and mindfulness as complex cognitive-behavioral skill sets that require extensive practice, permeate all aspects of inter and intra personal relationships, and are not teachable with words alone. Daily life provides the practicing ground for acceptance and mindfulness. Claudia engages in formal practice by studying yoga.

Follette Victoria M., PhD, is a Professor of Psychology and Chair of the Department of Psychology at the University of Nevada, Reno. She was named Distinguished Alumna by the Department of Psychology at the University of Memphis, Tennessee where she completed her graduate work. Dr. Follette heads the Trauma Research Institute of Nevada, which utilizes a contextual behavioral approach to understanding the sequelae of trauma. Her areas of interest include the empirical study of applied treatment and mindfulness-based approaches to treatment and she had published extensively in these areas.

Fulton Paul R., Ed.D. is a founding member and President of the Institute for Meditation and Psychotherapy. He is a clinical psychologist, having received his doctorate from Harvard University's Laboratory for Human Development. Paul received lay ordination in Zen Buddhism in 1972. He is currently Director of Mental Health for Tufts Health Plan in Massachusetts, and in private psychotherapy practice. He is on the board of directors of the Barre Center for Buddhist Studies in Barre, Massachusetts. Paul has taught applications of Buddhist psychology to mental health professionals interna-

tionally, and is co-author and co-editor of *Mindfulness and Psychotherapy*, Guildford, 2005.

Gardner-Nix Jackie graduated from London University, UK as an MBBS (British equivalent of M.D.) and Ph.D. (biochemistry), and obtained membership in the Royal College of Physicians of UK in Internal Medicine. Currently, she is a Chronic Pain Consultant in the Departments of Anaesthesia's Pain Clinics at St Michael's Hospital and Sunnybrook Health Sciences Centre, Toronto, and an Assistant Professor at University of Toronto. She has given many workshops and presentations on pain management and specialized in medications for pain, but in the last six years has focused on developing and researching mindfulness-based meditation courses for pain sufferers based on Jon-Kabat-Zinn's MBSR work. Her courses are taught through telemedicine as well as on site to patients throughout Ontario, Canada.

Garland Sheila. Under the supervision of Dr. Linda Carlson, Sheila Garland has been investigating the use of MBSR in individuals with cancer since 2003. Specifically, her interest has been the potential application of mindfulness meditation to reduce insomnia symptoms and improve sleep quality. Sheila Garland previously published pilot work demonstrating that participants reported improved sleep quality after participation in the MBSR program. In addition, she has published a comparison of the MBSR program to another psychosocial intervention on measures of spirituality and post-traumatic growth. Finally, she has contributed to work exploring the experience of partners and support persons taking part in the program.

Germer Christopher K., PhD is a clinical psychologist in private practice, specializing in mindfulness-based treatment of anxiety and panic, and couples therapy. He has been integrating meditation and mindfulness principles into psychotherapy since 1978. His special interest is the cultivation of self-compassion in psychotherapy. Dr. Germer is a founding faculty member of the Institute for Meditation and Psychotherapy, a Clinical Instructor in Psychology, Harvard Medical School, and co-editor, *Mindfulness and Psychotherapy* (Guilford Press).

Gilbert Paul is Professor of Clinical Psychology at the University of Derby and Consultant Psychologist at Derbyshire Mental Health Services NHS Trust. He has a visiting Professorship at the University of Fribourg (Switzerland) and Coimbra (Portugal). He has been a Fellow of the British Psychological Society since 1993 published over 100 papers and book chapters and 14 books. He has a special interest in the the role of shame in psychopathology and its treatment with compassion focused therapy.

Goodman Trudy, Ed.M., is the Founder of InsightLA, a non-profit organization that offers mindfulness meditation courses, sitting groups and retreats. She has trained and taught extensively in Zen and Vipassana meditation, psychotherapy, and Mindfulness-Based Stress Reduction. Trudy teaches with Jack Kornfield and others worldwide. She co-founded the first Institute for Meditation and Psychotherapy in Cambridge, MA, in 1995, and Growing Spirit, a

family mindfulness program in Los Angeles, with Susan Kaiser Greenland, in 2002.

Greeson Jeffrey, Ph.D., is a clinical health psychologist with a Master's degree in Biomedical Chemistry. He has practiced and researched mindfulness meditation for over 10 years. He is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the Duke University School of Medicine and a scientist-practitioner at Duke Integrative Medicine. Dr. Greeson has investigated the psychological and physiological benefits of Mindfulness-Based Stress Reduction and other mindfulness-based clinical interventions since 1998, and he has published several peer-reviewed papers in the field. He is especially interested in the measurement, neuroscience, and molecular biology of mindfulness as a core self-regulation skill.

Hayes Steven C. is Nevada Foundation Professor at the Department of Psychology at the University of Nevada. An author of 32 books and nearly 400 scientific articles, his career has focused on an analysis of the nature of human language and cognition and the application of this to the understanding and alleviation of human suffering. He is the originator of Acceptance and Commitment Therapy, which is one of the family of new acceptance and mindfulness therapies emerging within cognitive behavior therapy. Along with Victoria Follette and Marsha Linehan he edited the 2004 book *Mindfulness and acceptance: Expanding the cognitive behavioral tradition*. (New York: Guilford) and is co-editor of the upcoming book "*Mindfulness and acceptance in children*." His work has been recognized by the Exemplary Contributions to Basic Behavioral Research and Its Applications from Division 25 of APA, the Impact of Science on Application award from the Society for the Advancement of Behavior Analysis, and the Lifetime Achievement Award from the Association for Behavioral and Cognitive Therapy.

Hutchins Marion completed her undergraduate honors thesis at the University of Calgary in 2007, under the supervision of Dr. Linda Carlson. Marion's thesis examined the effects of MBSR on spirituality, post-traumatic growth, and social support in cancer patients and their partners. She co-presented her findings at the Canadian Psychological Association conference in 2007. Marion is a strong proponent of mindfulness meditation and its use in maintaining physical, emotional, and spiritual well-being.

Kaiser Greenland Susan JD, co-founder and executive director of InnerKids Foundation develops mindful awareness curriculum for and teaches programs to children as well as educators, parents, therapists and health care professionals. Susan is a member of the clinical team of the Pediatric Pain Clinic at UCLA's Mattel's Children's Hospital, Co-Investigator on MARC's MAPs in pre-k and elementary education research studies, and Collaborator on a UCSF research study looking at the impact of mindful eating on children and families. In 2006, Susan was named a 'Champion of Children' by First 5 LA. She speaks at universities, medical centers and professional programs throughout the country and consults with various organizations on teaching mindful awareness in an age-appropriate

and secular manner. Susan is currently writing a book on mindfulness and children for Free Press.

Kocovski Nancy, PhD is an Assistant Professor in the Department of Psychology at Wilfrid Laurier University where she conducts research on mindfulness and social anxiety. She also has an affiliation as a Research Scientist at the Centre for Addiction and Mental Health where she conducts research on the use of mindfulness in the treatment of Social Anxiety Disorder.

Labelle E. Laura is a doctoral student in clinical psychology, co-supervised by Dr. Linda Carlson and Dr. Tavis Campbell. Laura Labelle has been evaluating the effects of MBSR on physiological and psychological outcomes in cancer patients. She is currently conducting a waitlist-controlled trial examining the impact of MBSR on blood pressure, acute neuroendocrine and cardiovascular stress responses, and psychological functioning in women with cancer. Her doctoral dissertation will evaluate whether increased mindfulness and improved emotion regulation mediate the impact of MBSR on psychological functioning, in cancer survivors.

Lazar Sara W., PhD is a scientist in the Psychiatry Department at Massachusetts General Hospital and an Instructor in Psychology at Harvard Medical School. The focus of her research is to elucidate the neural mechanisms underlying meditation, both in clinical settings and to promote and preserve health and well-being in healthy individuals. She has been practicing yoga and mindfulness meditation since 1994, and is a Board member of the Institute for Meditation and Psychotherapy.

Lykins Emily is a doctoral student in clinical psychology at the University of Kentucky. Her research interests center on positive psychology, with a focus on mindfulness, acceptance, and psychological well-being.

McBee Lucia, LCSW, MPH, is a geriatric social worker who has worked with elders and their caregivers for 27 years. For the past 13 years she has integrated mindfulness and other complementary therapies into her practice with frail elders in the nursing home and those who are homebound; elders with cognitive and physical challenges; patients at the end of life; and their formal and informal caregivers. Her work has been published in peer reviewed journals and presented at national and international conferences. She has just completed a book on her practice with elders: *Mindfulness-Based Elder Care*, scheduled for a March 2008 release by Springer Publishers.

Olendzki Andrew, PhD, Executive Director and Resident Scholar at the Barre Center for Buddhist Studies (www.dharma.org) in Barre Massachusetts, an educational center focusing on the integration of scholarly understanding and meditative insight. A scholar of Pali literature and early Buddhist thought, he has taught at numerous New England colleges, including Harvard and Brandeis, is on the faculty of the Institute of Meditation and Psychotherapy, and is the editor of the *Insight Journal*.

Pinto Antonio, is a Medical Doctor, psychiatrist and cognitive behavioural therapist. He's been lecturer of Psychotherapy at University of L'Aquila

(Italy). He's ordinary membership and teacher of the SITCC, and one of the Italian representatives of the EABCT (European Association Behavioural and Cognitive Therapy). He leads regularly trainings and workshops in CBT of Psychosis, and has published on this topic the results of a Randomized Controlled Trial. He is a EMDR supervisor and, at the moment he is leading researches about the application of mindfulness protocol on complex psychiatric diseases. He takes part in an International research group led by Prof. A.T. Beck for the application of new psychotherapeutic findings with psychotic patients. He's membership of IEPA (International Early Psychosis Association). At the present time he works as psychiatrist in a Department of Mental Health in Naples (Italy).

Quillian Wolever Ruth, PhD is a clinical health psychologist and the Research Director of Duke Integrative Medicine at the Duke University School of Medicine in Durham, NC, USA. She specializes in behavioral change, treatment of stress-related problems and mind-body health. Her clinical practice and research focus on utilizing the mind-body connection to improve health. Her research explores 1) the application of mindfulness to improve eating patterns, lifestyle change and weight; 2) the emerging role of health coaching in mainstream medicine; and 3) the efficacy of integrative approaches to health. She and her husband Mark are active in educating the public on Rett Syndrome.

Rizvi Shireen L., Ph.D., is an assistant professor in the department of psychology at the New School for Social Research in New York City. Her research focuses on treatment development for chronic and severe mental health problems, as well as the emotion of shame and its relation to the development and maintenance of psychopathology. Dr. Rizvi has written and presented numerous theoretical and research papers on BPD, DBT, and trauma. She also maintains a small private practice in New York.

Rosillo Gonzalez Yolanda is a clinical psychologist and a cognitive-behavioural psychoterapist. She works as a private practitioner in a Medical Center for Eating Disorders connected with Villa Margherita Clinic in Vicenza, Italy. She practice mindfulness meditation for many years and has been trained by M. Williams, J. Kabat-Zinn and F. Didonna. She conducted, as a co-leader, for several years mindfulness-based groups in inpatient and outpatient setting for patients affected by severe anxiety, mood and personality disorders.

Schwartz Jeffrey M., M.D. is Research Psychiatrist at UCLA School of Medicine and a seminal thinker and researcher in the field of self-directed neuroplasticity. He has been a devoted practitioner of mindfulness meditation in the Pali Theravada Buddhist tradition for over thirty years. His primary research goal has been to develop a theoretically grounded scientific account for the finding that mindful awareness systematically affects how the brain works. He is co-author of the book *The Mind and The Brain: Neuroplasticity and the Power of Mental Force* (2002). New York: Harper Collins.

Segal Zindel, PhD, is the Morgan Firestone Chair in Psychotherapy in the Department of Psychiatry at the University of Toronto. He is Head of the Cognitive Behaviour Therapy Unit at the Centre for Addiction and Mental Health and is a Professor in the Departments of Psychiatry and Psychology at the University of Toronto. Dr. Segal is the author of *Mindfulness-based Cognitive Therapy for Depression: A new approach for preventing relapse* and *The Mindful Way Through Depression*. His research has helped to characterize psychological markers of relapse vulnerability to affective disorder and he continues to advocate for the relevance of mindfulness-based clinical care in psychiatry and mental health.

Shaw Welch Stacy, Ph.D is a clinical psychologist at the Evidence-Based Treatment Centers of Seattle, which includes a Dialectical Behavior Therapy treatment program. In addition to her work in DBT, she directs a center devoted to the treatment of anxiety. She has a longstanding interest in the use of mindfulness in DBT as well as in possible applications of mindfulness in the treatment of anxiety disorders.

Siegel Ronald D., PsyD is an Assistant Clinical Professor of Psychology at Harvard Medical School, where he has taught for over 20 years. He is a long time student of mindfulness meditation and serves on the Board of Directors and faculty of the Institute for Meditation and Psychotherapy. Dr. Siegel teaches throughout the United States about mindfulness and psychotherapy and mind/body treatment, while maintaining a private clinical practice in Lincoln, Massachusetts. He is coeditor of *Mindfulness and Psychotherapy* (Guilford Press) and coauthor of *Back Sense: A Revolutionary Approach to Halting the Cycle of Chronic Back Pain* (Broadway Books).

Smalley Susan L., Ph.D. is a Professor of Psychiatry, Founder and Director of the Mindful Awareness Research Center in the Semel Institute at UCLA, investigates the genetic basis of childhood-onset psychiatric disorders, such as ADHD, and the role of mindful awareness (and other tools of self-regulation) to influence gene/environmental interactions to enhance health and well-being. Her research includes studies of biological mechanisms, longitudinal course, intervention, and dissemination of mindful awareness practices (MAPs) across the lifespan, from Pre-K to the elderly. <http://www.adhd.ucla.edu> and <http://www.marc.ucla.edu>.

Tirch Dennis PhD is the Director of Education at the American Institute For Cognitive Therapy in Manhattan. He serves as an Adjunct Associate Professor at Albert Einstein Medical School, an Instructor to psychiatric residents in CBT at New York Medical College, and is a Fellow of The Academy of Cognitive Therapy. Dr. Tirch is a long time student and practitioner of Japanese Tendai and other Buddhist meditation methods. He has co-authored several articles and chapters regarding meditation and CBT, and is currently developing methods of integrating mindfulness and compassionate mind training into psychotherapy supervision.

Treadway Michael is a PhD student in the Clinical Science program at the Graduate School of Arts and Sciences at Vanderbilt University. Mr. Treadway's research focuses on the behavioral and neurobiological mechanisms of emotion regulation among healthy individuals and individuals with depression. He is especially interested in understanding how the utility of different emotion regulation strategies may vary according to context.

Varra Alethea A. is a Mental Illness Research, Education, and Clinical Center (MIRECC) Postdoctoral Psychology Fellow in Post Traumatic Stress Disorder (PTSD) at the VA Puget Sound Health Care System in Seattle, WA, USA. Her primary clinical and research interests involve the application of acceptance and mindfulness-based therapies to the treatment of individuals with post-traumatic sequelae including PTSD and substance abuse disorders. She is the author of several chapters and research articles concerning the application and conceptualization of Acceptance and Commitment Therapy.

Vijay Aditi is a graduate student in the Clinical Psychology doctoral program at the University of Nevada, Reno. Her research interests are in the area of interpersonal violence and the impact and prevention of sexual revictimization. Ms. Vijay's clinical interests are in the applications of mindfulness-based treatments for trauma survivors.

Walsh Erin is a doctoral student in clinical psychology at the University of Kentucky. Her current research examines how particular ways of emotional responding (acceptance vs. avoidance) influence psychological and physiological states. Other interests include investigating the psychological and physiological mechanisms of change associated with mindfulness-based practices, as well as exploring the transdiagnostic utility of such practices.

Warren Brown Kirk, PhD, completed graduate training in Psychology at McGill University and post-doctoral training at the University of Rochester. He is currently an Assistant Professor of Psychology at Virginia Commonwealth University. His research centers on the role of attention to and awareness of internal states and behavior in self-regulation and well-being. He has a particular interest in the nature of mindfulness, and the role of mindfulness and mindfulness-based interventions in affect regulation, behavior regulation, and mental health in healthy and clinical populations. He has authored numerous journal articles and chapters on these topics. His research is funded, in part, by the National Institutes of Health.

Woods Susan, M.S.W., L.I.C.S.W. is a psychotherapist who has practiced meditation and yoga for 25 years. Ms. Woods has been a long time teacher of Mindfulness-Based Stress Reduction (MBSR) and more recently Mindfulness-Based Cognitive Therapy (MBCT). She is certified as an MBSR teacher by the Center for Mindfulness in Medicine, Health Care, and Society, University of Massachusetts Medical School, Worcester, Massachusetts, USA and has taught there. Ms. Woods trains health care professionals in mindfulness-based interventions and teaches a MBCT professional training program with Zindel Segal, PhD. Ms. Woods co-designed and leads an Advanced Teaching and Study professional training program for experienced MBCT teachers.

Zylovska Lidia, M.D., adult psychiatrist, is a Co-founder of and the Assistant Clinical Professor at Mindful Awareness Research Center in the Semel Institute at UCLA. Her research investigates the use of the Mindful Awareness Practices (MAPs) for ADHD adults and teens. In her work, Dr. Zylovska promotes integration of conventional psychiatric treatment with mindfulness training and other self-regulation tools to enhance psychological well-being across the lifespan. <http://www.marc.ucla.edu> and <http://www.lidiazylowska.com>.

Foreword

Anytime a handbook such as this one appears, we know from experience that it represents a kind of pause in the head-long momentum of research, inquiry, and application within a field; a moment in which we can individually and collectively stop and reflect, take a breath so to speak, and consider where we are at. In twenty years, if it does its job, many of the details herein might be obsolete, or perhaps seen as naïve or preliminary; even as, in the broad-brush strokes of the field and its inevitable links to, if not, hopefully, embeddedness within the dharma, many aspects of these pages and findings will always be germane, perhaps even timeless and wise. In twenty years, this book might, as most handbooks do, take on a new role as an historical object in its own right, a marker of a creative moment in the history of an emerging field, still in its infancy.

But in this here and this now, this handbook is a marvelous vehicle for gathering from far and wide a range of different current views and efforts. It offers the contributors an opportunity to say to the world and to each other: “This is what we have been thinking,” “This is what we have tried,” “This is what we have seen,” “This is what we suspect is going on,” “This is what we have learned.” It is also an occasion to say with a degree of openness and candor: This is where we have not succeeded, or were surprised, or disappointed.” “This is what we feel is missing. “This is what we don’t know.” Or even, “This is what we suspect we don’t even know we don’t know.” Most of the presentations in this book do just that, and the authors are to be congratulated for their openness and courage in this regard. As a result, this handbook presents a rich treasure trove of important issues for contemplation, deep inquiry, and study, as well as a hearty invitation to come to it all with a broad and an open-minded skepticism, renewing hopefully, over and over again, our commitment to keep a beginner’s mind, in Suzuki Roshi’s immortal phrase [1].

A volume such as this one is a potentially powerful resource for actually educating ourselves to the nature of possibly new dimensions embedded within our own work and the work of others ... orthogonal ways of thinking and seeing that can reveal and open up new dimensions of clinical understanding and care as well as new dimensions of basic research into questions such as the nature of what we call *mind*, and how it relates to emotion,

thinking, consciousness, awareness, attention, perception, the brain, the body as a whole, and what we call “the self.”

As so many of the contributors point out, none of us should imagine that we fully understand mindfulness, nor its implications in regard to these or other questions. Nor should we fall into the conceit that we come even close to fully embodying it in our lives or work, whatever that would mean, even as we speak of the importance of doing so. It is very important that we neither idealize nor reify whatever we mean when we speak of mindfulness. Really, we are all beginners, and when we are truthful about it, we also cannot but be humbled by the enormity of the undertaking. This is a very healthy framework to adopt. Happily, it is palpable in the work presented here by the many different authors and groups. The editor, Dr. Didonna is to be congratulated for taking on such an ambitious and challenging project and shepherding it to completion.

It is also important to keep in mind that, as deep and broad as the author list is for this handbook, there are many more colleagues out there, literally around the world, who are doing important work under the umbrella of mindfulness and its clinical applications who have not contributed to this volume. Their contributions as individuals and groups to the overall conversation, inquiry, and forward momentum of the field are immense. No doubt many will study these presentations in some detail, perhaps agreeing with or arguing with particular formulations or findings, recommending the handbook to their students, and possibly here or there making particularly creative use of some of the nuggets lying within to stimulate their own thinking.

So while a handbook such of this cannot in the end be all-inclusive, it can nonetheless serve as a catalyst within the entire field (and, dare I say, *sangha* of clinicians and investigators and practitioners, hopefully overlapping in the majority of people?) in pausing in the way I have just suggested, reflecting on where things are now in their fullness and their incompleteness, and then participating in both the inner and the outer conversations (through, respectively, silence for the former, and speech, deep listening, and writing for the latter), asking the deep questions and trusting our deepest intuitions about what is called for now, given the scope of the conditions, challenges, and promises inherent in psychology and psychotherapy, medicine and health care, neuroscience and phenomenology, and indeed, in the world – domains in which we are all agents of creativity, wonder, and caring.

The welcome advent of this volume [2] is diagnostic of a remarkable phenomenon that has been unfolding in both medicine and psychology over the past five years or so, and promises to continue long into the future in ways that may be profoundly transformative of both disciplines and of our understanding, in both scientific and poetic terms, of what it means to be human, and of our intrinsic capacity to embody the full potential of our species – to which we have accorded the name *homo sapiens sapiens* – for wakefulness, clarity, and wisdom. This intrinsically self-reflective nomenclature and the implicit promise or potential it carries brings to mind the rejoinder of Gandhi when asked by a reporter what he thought of Western Civilization, to wit: “I think it would be a very good idea [3].” The same might be said of our species’ name.

For *homo sapiens sapiens* really means *the species that knows and knows that it knows*, from the Latin verb *sapere* (to taste or to know). To *know*

invokes awareness and meta-awareness, certainly one of the core mysterious elements, along with language, cognition, compassion, and music that together constitute the final common pathway, one might say, of what it means to be fully human. I prefer *awareness* and *meta-awareness* to *cognition* and *meta-cognition*, as the latter formulation unavoidably privileges conceptualization. Any direct first-person introspective examination of the human repertoire from the perspective of experience itself requires a much larger container, one that distinguishes between thinking and awareness, and differentiates wisdom from knowledge and information; one that includes a capacity to embody what is known in ways that round out and complete the full potential of that human repertoire. One might say that the fate of the earth and of the species itself hangs in the balance. The challenge may come down to whether or not, and to what degree we can embody and enact the qualities that this appellation is pointing to. Mindfulness may be the key to this awakening to the full potential of our nature as human beings, both individually and as a species.

If one charts the number of scientific papers over the past twenty-five years or so with the word *mindfulness* in the title, one sees the phenomenon depicted in Fig. 1 [4].

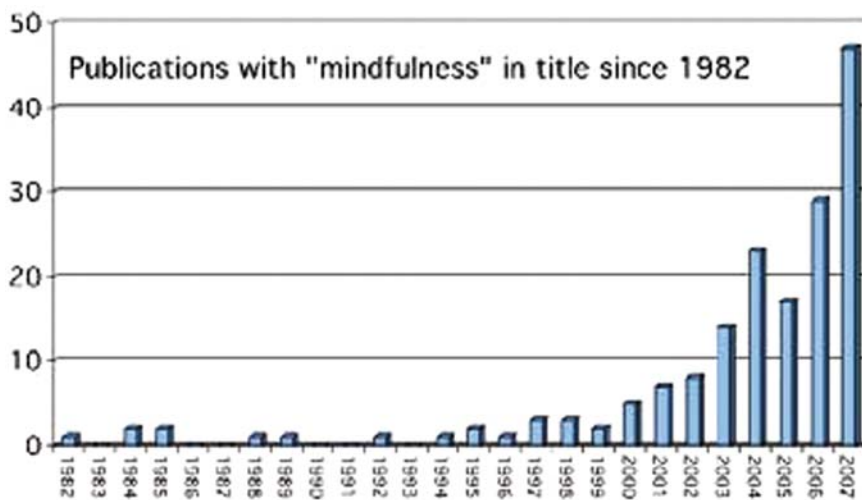


Fig. 1. Number of publications with the word “mindfulness” in the title by year since 1982.

It is immediately apparent that the field is growing exponentially. As suggested above, this volume both in number of contributors and in its sheer size represents a watershed in this process. It allows us to drink in the vast range of interest and potentially useful applications of mindfulness in the disciplines of psychology, psychiatry, and psychotherapy and the breadth and depth in the quality of the work and the thought and effort behind it.

The book itself will also very likely serve as a catalyst to amplify even further the phenomenon depicted in Figure 1, as it both legitimates academic and scholarly interest and invites students and young investigators and clinicians to consider whether this emerging exploration of mindfulness resonates in some deep way with their calling in both professional and personal

terms. My hope is that it will also germinate a whole new generation of research investigations that bring together the emerging fields of what is now being called *contemplative neuroscience* or neuro-phenomenology on both the cognitive and affective sides, with practical high-quality mindfulness-based clinical applications that may be of benefit to large numbers of people who are experiencing pain and suffering in their lives, both from outright illness and disease, and also from what could be termed “dis-ease,” the stress and intrinsic unsatisfactoriness of a life that is always seeking some other state or condition in which to feel fulfilled, complete, and happy – what the Buddha was pointing to in his articulation of the first of the four noble truths: in the Pali language, the actuality of *dukkha* [5].

Interestingly, the Four Noble Truths were articulated by the Buddha in a medical framework, beginning with a specific diagnosis, *dukkha* itself: then a clearly stated etiology, that the dis-ease or *dukkha* has a specific cause, namely craving; a salutary prognosis, namely the possibility of a cure of the dis-ease through what he called cessation; and fourth, a practical treatment plan for bringing about liberation from suffering, termed *The Noble Eightfold Path*. This is all recounted in Chapters 1 [Siegel, Germer, and Olendzky] and Chapter 2 [Olendzky], where it is made abundantly clear that right or wise mindfulness is one but only one of the eight path factors. However, as a number of authors here and elsewhere point out, the term *mindfulness* (in Pali, *sati*) has a range of different meanings that are hotly debated to this day among Buddhist scholars, and even among scholars who share specializing in a particular Buddhist tradition.

Perhaps it is important to state explicitly at this point that in my own work and that of my colleagues in the Center for Mindfulness, from the very beginning we have consciously used the term *mindfulness* in several complementary ways: one, as an operationally defined regulation of attention (see below); and two, as an umbrella term that subsumes all of the other elements of the Eightfold Noble Path, and indeed, of the dharma itself, at least in implicit form. We never limit our use of *mindfulness* to its most narrow technical sense of whether the attention is or is not fully on the chosen object of one’s attention in any given moment. As noted, there is a considerable range of definitions of *mindfulness* even among Buddhist scholars who specialize in the subject. I offered an *operational* definition for the sake of clarifying what we mean when we speak of cultivating *mindfulness* through both formal and informal meditative practices, namely, the awareness that arises through paying attention on purpose in the present moment, non-judgmentally. It was meant to be just that – an operational definition. This approach leaves the full dimensionality and impact of *mindfulness* or mindful awareness implicit and available for ongoing inquiry and investigation, and indeed, it has recently become the subject of much interest and inquiry, in the many attempts by researchers to develop with some degree of validity and precision various scales to “measure” *mindfulness* [see Chapters by Brown and Cordon; and Baer, Walsh and Lykins]. Along with these attempts come many attendant problems that are also well-recognized in these pages and elsewhere [6].

The choice to have the word *mindfulness* does double-duty as a comprehensive but tacit umbrella term that included other essential aspects of dharma, was made as a potential skillful means to facilitate introducing what

Nyanaponika Thera referred to as *the heart of Buddhist meditation* into the mainstream of medicine and more broadly, health care and the wider society in a wholly universal rather than Buddhist formulation and vocabulary. I felt that Nyanaponika Thera's inclusive and non-dual formulation offered both validation and permission to trust and act on my own direct experience of the meditation practice and the dharma teachings I had received over the course of my life, even if technically speaking, it was glossing over important elements of Buddhist psychology (as outlined in the Abhidharma, and in Zen and Vajrayana teachings) that I felt could be differentiated and clarified later, once it was recognized that *mindfulness*, based on our operational definition, however, it was construed or contextualized in detail, might contribute profoundly to clinical care and to our understanding of the nature of the mind itself in a Western mainstream medical and scientific setting. In Nyanaponika's words, mindfulness is

the unflinching master key for *knowing* the mind and is thus the starting point; the perfect tool for shaping the mind, and is the focal point; and the lofty manifestation of the achieved *freedom* of the mind, and is thus the culminating point.[7]

That means that mindfulness is the aim, the methods or practices, and the outcome or consequences all wrapped up together, wholly fitting for a non-dual orientation that emphasizes nowhere to go, nothing to do, and nothing to attain [8]. Together with the words of the Buddha in his most explicit teaching on mindfulness, found in the Mahasattipathana Sutra, or great sutra on mindfulness

this is the direct path for the purification of beings,
for the surmounting of sorrow and lamentation,
for the disappearance of pain and grief,
for the attainment of the true way,
for the realization of liberation -
namely, the four foundations of mindfulness

it seemed like an appropriate choice to feature mindfulness as the unifying factor and name under whose umbrella the work of the stress reduction clinic, later known as *mindfulness-based stress reduction*, or MBSR, could unfold. Now we have our first clinical handbook of mindfulness, which includes a broad range of perspectives on this veritable koan, the nature of mindfulness, its myriad applications, and potential impacts.

To make matters even more interesting, since in all Asian languages the word for mind and the word for heart are the same word, it feels important to remind ourselves that unless we hear "heartfulness" when we are using or hearing "mindfulness," we may be missing the mark in a fundamental way that could have unfortunate consequences both for how mindfulness-based interventions are constructed and delivered, and for how we approach relevant research issues. Many of the authors here are very strong on this point in the discussion of their work. For me, the dimension of heartfulness reinforces the core Hippocratic injunction: *primum non nocere* - first, do no harm, to which we all need to accord continual present-moment attention in relationship to those who come to us with untold vulnerabilities.

One last word on the subject of mindfulness and its definitions: a small group of meditation teachers and Buddhist scholars recently developed a collective articulation/definition of *mindfulness* that may contribute to the conversation and perhaps amplify some of these issues as explicitly addressed in this volume. In part, it states:

.... Many contemporary Buddhist teachers use the term mindfulness in a more comprehensive way than simply “remembering” or lacking confusion. According to John Dunne, Buddhist scholar at Emory University, the components of mindfulness as it is more broadly construed might include not only *sati*, but also *sampajanna* (meaning clear comprehension) and *appamada*, (meaning heedfulness). Clear comprehension includes both the ability to perceive phenomena unclouded by distorting mental states (such as moods and emotions) and the meta-cognitive capacity to monitor the quality of attention. Heedfulness in this context can be understood as bringing to bear during meditation what has been learned in the past about which thoughts, choices and actions lead to happiness and which lead to suffering.

Though the contexts and interpretations of these terms may vary, scholars and meditation teachers would probably agree on the factors of *sati*, *sampajanna* and *appamada* as foundational to the development of mind. Moreover, as both Buddhist and secular mindfulness programs proliferate in the west, this broader use of mindfulness has become a culturally meaningful and accessible “umbrella” term for the vast majority of practitioners unversed in the intricacies of translating Sanskrit or Pali.[9]

As interest in mindfulness proliferates in both clinical and research environments, it is critical to keep in mind and communicate to others that mindfulness; however, it is construed cognitively and conceptually, is a *practice*, not merely a good idea. To my mind, one of the greatest risks we face in this growing field is that mindfulness will be grasped and understood in a limited way, simply as a concept. Unless we stress the element of embodied practice and the vibrant paradox of a non-striving orientation, unless we live it in our own lives as best we can, and allow it to inform both our research designs and our clinical work, it may be that many people yet to come into the field might imagine that they already understand what mindfulness is, and insist, naively but sincerely, perhaps, that they already live in the present moment and know how to be non-judgmental - and wonder what all the fuss is about. What is the big deal? Without grounding our concepts, intuitions, and assumptions, however deep or superficial they may be, in actual practice, the true depths of the meditation practice cannot be experienced directly. Mindfulness as a living practice, as a way of being, makes available to us to the full extent of our first-person experience, itself a huge mystery worthy of scientific and philosophical inquiry and investigation [10] This has important implications for how mindfulness-based interventions are taught, and for basic teacher-readiness and competency standards (see point # 8 below) [11].

To mistake the concept of mindfulness for the actuality would be a betrayal of what the lawfulness of dharma is offering us at this moment of confluence between contemplative and scientific/medical disciplines. It would potentially collapse the hidden dimensions that lie at the heart of authentic meditative experience and eudaemonia [12,13] and thus deny both medicine and psychology the possibility of investigating on a much deeper level our under-

standing of human nature, the nature of the mind itself, and of the mind/body connection, with its potential practical implications for health and disease across the lifespan. All this and more could be lost in a denaturing of the essence of mindfulness if divorced from a non-dual perspective, wisdom, and practice. This cautionary note must be kept in mind or our inveterate habits of unawareness may ironically obviate this most precious and most rare of opportunities for true creativity and healing. To that end, it is obvious that engaging in periodic mindfulness meditation retreats led by highly developed and competent teachers is essential for all those who would bring the practice of mindfulness into their work, whether it is on the clinical side, the research side, or both. There is simply no substitute for using one's own body, mind, and life as the ultimate laboratory for investigating and refining mindfulness. This perspective is implicit or explicitly emphasized by many of the contributors.

The dharma as it is described in this volume, and in the huge literature on the subject, ancient and contemporary, emphasizes that it is a living, evolving understanding, not a fixed dogma relegated to a museum honoring a culturally constrained past. As the Dalai Lama has stated on many occasions, the framework of the dharma welcomes being put to empirical test, and would need to change if it is found to be inadequate in some fundamental way according to well-accepted criteria of scientific investigation and epistemology. Now, as the glaciers of science and contemplative practices melt into each other (due to another kind of global warming) and move ever-faster in tandem to carve out new understandings of the most fundamental questions of what makes us human, the nature of mind and consciousness, and the sources of empathy, compassion, and kindness within us, this kind of open empiricism is more important than ever. While the dharma, in its most universal articulation, cannot and should not dictate how things should be explored, it is important, if not critical, for clinicians and researchers to know what they are dealing with from first-person experience before being able to authentically test the utility, efficacy, and potential of training in mindfulness and its sisters, loving-kindness and compassion, in the secular coordinate system of healing and knowing within psychology, psychiatry, psychotherapy, and medicine.

Fruitful areas for future dialogue and investigation, all eloquently addressed or pointed to in this volume, include: (1) whether mindfulness is best characterized as a state, a trait, or a way of being in relationship to any state or trait, or put otherwise, a way of seeing/knowing/being that is continually deepening and changing; (2) differentiating between thinking and awareness; and refining the clinical utility of both without confusing them; (3) elucidating the various dimensions of the experience of "self" and its neural correlates, as per the work of Farb et al. [14] and the skillful understanding and clinical utility of the experience and embodiment of anata (not self); (4) investigation of possible biological pathways via which mindfulness might exert the various effects that are now being elucidated; (5) the need for much more creative control groups to differentiate between mindfulness-specific and general enthusiasm/attention-based outcomes; (6) how we continue to remind ourselves that the deepest insights relevant to both clinical applications and also study design and interesting research questions may come out of our own direct experience of mindfulness practice as clini-

cians and researchers; (7) on-going conversations about skillful ways to avoid reifying mindfulness into a concept or a “thing” as it becomes increasingly well known; (8) developing well-considered and appropriate standards for training and assessing mindfulness instructors, recognizing that the particular background, first-person experience with formal mindfulness meditation practice, and attendant skill sets required to teach mindfulness-based interventions are not readily amenable to the customary manualized approach to delivery of psychological interventions; (9) effective ways to train clinically based mindfulness instructors in the practice itself and in specific curricula for specific mindfulness-based interventions without losing the essence and simplicity of the practice or collapsing its multiple-dimensionality; and (10) a continual raising of the challenges involved in taking on the work of mindfulness in clinical settings, the occupational hazards associated with professional roles and callings, and the recognition of increasingly skillful ways to catch ourselves getting caught up in ambition-driven striving or mere endless doing, and losing track of the domain of being, and of awareness itself.

In this vein, I couldn’t help noticing and delighting in the fact that the words “wise” and “wisdom” were not shied away from in appropriate contexts in many of the chapters of this book. To me, this is a positive indicator that the practice itself is shifting the vocabulary we use to think and talk about effective clinical interventions and outcomes, and is elevating the ways in which we hold those who come to us who are sorely suffering and in need of being seen and met wholly and wholeheartedly (as we need to do for ourselves and each other as well). I will single out only one sentence from one chapter because it states a perspective that is often tragically missing in the clinical setting in both medicine and psychology: “In DBT, it is assumed that all people have innate access to wisdom [15].”

The heart of mindfulness-based interventions lies in a deep silence, stillness and openheartedness that is native to pure awareness and can be experienced directly both personally and interpersonally. The consequences of such cultivation (Pali: *bhavana*) may go far beyond symptom reduction and conventional coping adjustments, defining new ways of being in the body and in the world that are orthogonal to the conventional perspective on both health and well-being. Indeed, perhaps the collective efforts in this emerging field, as represented here, are defining new ways of being and knowing that express the wisdom and beauty inherent in being human - as well as new ways to measure its biological and psychological consequences. It is my hope that this volume, and the flowering of present and future research and clinical practices that it represents, be a major catalyst in our deepening understanding of the human psyche and its capacity for, and yearning for experiencing the wholeness that is its intrinsic nature.

Jon Kabat-Zinn, Ph.D.

Worcester, Massachusetts

September 15, 2008

References

1. Suzuki, S. *Zen Mind, Beginner’s Mind*, Weatherhill, NY, 1970.
2. Coupled with another Handbook on the subject which appeared in German in 2004: Heidenreich T and Michalak J. *Aksamkeit und Akzeptanz in der Psychotherapie: Ein Handbuch* dvgt-Verlag, Tübingen, 2004.

3. Ghandi, M. http://www.quotationspage.com/quotes/Mahatma_Gandhi/
4. Ludwig, D. personal communication, June, 2008.
5. Bodhi, B. *The Noble Eightfold Path: Way to the End of Suffering*, Buddhist Publication Society Pariyatti, Onalaska, WA, 1994.
6. Grossman, P. On measuring mindfulness in psychosomatic and psychological research, *Journal of Psychosomatic Research* 64:405–408, 2008.
7. Thera, N. *The Heart of Buddhist Meditation*, Samuel Weiser, NY, 1962.
8. See *The Heart of Understanding: Commentaries on the Prajnaparamita Heart Sutra* Hanh TN Parallax Press, Berkeley 1988; also Kabat-Zinn J *Coming to Our Senses*, Hyperion, NY, 2005, pp.172-183.
9. Cullen, M. Mindfulness: A Working Definition In: *Emotional Awareness: Overcoming the Obsatacles to Psychological Balance and Compassion*, The Dalai Lama and Paul Ekman, Henry Holt, New York, 2008. pp.61–63
10. See for example, Varela FJ, Thompson E, Roach E. *The Embodied Mind: Cognitive Science and Human Experience*, MIT Press, Cambridge, 1991 ; and Thompson, E. *Mind in Life: Biology, Phenomenology, and the Sciences of Mind*. Belknap Harvard University Press, Cambridge, 2007; Depraz N, Varela F, Vermersch P. The Gesture of Awareness: An Account of its Structural Dynamics. In: *Investigating Phenomenal Consciousness*. Velmans M (ed.), John Benjamins Publishing, Amsterdam, 2000.
11. Santorelli, SF CFM Guidelines for Assessing the Qualifications of MBSR Providers, 2004. In: *MBSR Professional Training Manual*, Santorelli SF and Kabat-Zinn, J (Eds), CFM UMass Medical School Worcester, MA.
12. Wallace, A. *Genuine Happiness: Meditation as the Path to Fulfillment* Wiley, Hoboken, NJ 2005.
13. Ricard, M. *Happiness: A Guide to Developing Life's Most Important Skill* Little Brown, NY 2006.
14. Farb NAS, Segal ZV, Mayberg, H et al. Attending to the present: mindfulness meditation reveals distinct neural modes of self-reference. *Social Cognitive and Affective Neuroscience Advance Access*, August 13, 2007.
15. Rizvi, SL, Welch, SS, Dimidjian S. *Mindfulness and Borderline Personality Disorder* (Chapter 13, this volume).