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"OPA: Positively 60 and Beyond"



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"OPA: Positively 60 and Beyond!"



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Mindfulness in Clinical Practice: **A Basic Overview**

By Richard Sears, PsyD, MBA

Abstract

Mindfulness has been receiving growing attention in the clinical literature. This article describes the background, applications, and mechanism of mindfulness, and talks about how mindfulness can be used by the clinician.

Much attention has been given in recent literature to the concept of mindfulness and mindfulness-based interventions (Denton & Sears, 2009). This article presents an overview of the definition, mechanisms, and applications of mindfulness, and discusses the utility of the method for clinicians.

Background and Applications

Mindfulness involves learning to pay attention to and wisely working with our thoughts, bodily sensations, and emotions. The practice is learned through simple meditation exercises, through which one eventually comes to bring a richer awareness and presence into daily life. This reduces ruminating thoughts, helps prevent stress, anxiety, and relapses of depression.

Interest in the use of mindfulness is booming in the scientific literature and in the clinical community. The applications of mindfulness in clinical work are receiving growing empirical support, particularly in the prevention and treatment of stress, anxiety, and depression. The use of mindfulness for clients dealing with stress and chronic pain was pioneered by Kabat-Zinn, in a Mindfulness-Based Stress Reduction (MBSR) program (Kabat-Zinn, 1990). Subsequently, mindfulness has been incorporated into a variety of treatments, such as Mindfulness-Based Cognitive Therapy (MBCT) for prevention of depressive relapse (Segal, Williams, & Teasdale, 2002), Dialectical Behavior Therapy (DBT) for borderline personality disorder (Linehan, 1993), Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 1999), and Mindfulness-Based Relapse Prevention (MBRP) for addictions (Witkiewitz & Marlatt, 2007). These programs are now considered evidence-based practices (Didonna, 2009; Germer, 2005).

Mindfulness-based groups (such as MBSR and MBCT) typically meet weekly for eight sessions. The meetings consist of education, discussion, practice of mindfulness, light stretching exercises, and homework assignments (Kabat-Zinn, 1990; Segal, Williams, & Teasdale, 2002). Mindfulness has been called the "third wave" in cognitive-behavioral therapy (behavioral therapy is seen as the first wave, and cognitive therapy as the second) (Hayes, 2004; Segal, Teasdale, & Williams, 2004). Though it has

historical roots in meditative disciplines, there are many studies showing evidence of changes in brain functioning in individuals who regularly practice mindfulness (Siegel, 2007, p. 221). Kabat-Zinn defines mindfulness as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment to moment" (Kabat-Zinn, 2003, p. 145). Through systematic exercises, clients learn new ways of working wisely with their own thoughts and emotions.

Mechanism

The mechanism of mindfulness is thought to be exposure, operating on the same brain mechanisms that are affected by behavioral interventions for anxiety. Worry can be seen as a cognitive strategy for reducing anxiety (Orsillo, Roemer, Lerner, & Tull, 2004). While thinking about all the possible things a person can change about a given situation, the person is attempting to avoid experiencing the anxiety in the moment, and the ruminations are maintained through negative reinforcement. In mindfulness, acceptance of whatever is present is learned. Although a person may choose to change undesirable circumstances, accepting the truth of the present situation is the first step. By allowing oneself to feel whatever physical sensations are present, whatever emotional reactions are occurring, and by observing what thoughts are in the mind, one can remove oneself from the sense of over-identification with them. This process is known as "decentering" (Segal, Teasdale, & Williams, 2004; Segal, Williams, & Teasdale, 2002, p. 38). This is similar to the shift from content to process that is frequently used in individual and group psychotherapy.

This decentering process may, in fact, be a crucial mechanism for the success of traditional cognitive-behavioral therapy. In learning to recognize thoughts, and in challenging irrational thoughts, the individual becomes less identified with the thoughts and feelings themselves. However, in mindfulness training, this process of moving back to view one's own thoughts, feelings, and sensations is explicitly developed. Rather than fighting thoughts with thoughts, one recognizes that thoughts are not necessarily facts (even the ones that say they are) (Segal, Williams, & Teasdale, 2002).

Mindfulness for the Clinician

As a prerequisite to competently using mindfulness in clinical practice, the clinician must be able to effectively use the techniques personally (Segal, Williams, & Teasdale, 2002). Daily practice conditions the clinician to be more aware of how thoughts and feelings manifest and dissolve. Using the technique before and after seeing a client can help to keep the clinician focused on being aware of the client's issues while diminishing the distraction of extraneous or irrelevant feelings of countertransference.

Mindfulness can also be important in therapist self-care. From early on in graduate school training, clinicians are given a double message: take care of oneself, but be a high achiever. Too much is squeezed into a day, while counseling others on how to reduce stress.

As a simple introduction to mindfulness, therapists can practice the "three minute breathing space" (Segal, Williams, & Teasdale, 2002). In the first minute, one becomes aware of what is present in this moment. This includes any physical sensations, such as muscular tension, any feelings present, and any thoughts one is having. During this phase, repeating to oneself, "whatever is happening right now, just let me feel it" may be helpful. In the second minute, one focuses one's attention on the breath. This allows one to stay focused on one simple thing in the present, and not get pulled off into ruminations. In the third minute, one then expands one's awareness to the body as a whole, with a sense of gently holding one's present experience in an accepting way.

Typically, clients are taught the three-minute breathing space after investing the time in doing each of the components as daily homework assignments for several weeks. The three-minute breathing space then becomes a "shortcut" for maintaining attention and presence. Using these exercises helps one to step out of the automatic pilot mode in which one too often lives, allowing old, unconscious, maladaptive patterns to be discarded.

Conclusion

In many ways, the concept of mindfulness is not new. However, the growing systematization of teaching the skills and attitudes, supported by a growing research base with diverse populations, may lead to more effective interventions that more fully bring out the best in clients and clinicians.

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Death in Psychotherapy and Eastern Wisdom Traditions

By Richard Sears, PsyD, MBA

Abstract

Death and change are frequently encountered in psychotherapy, but not often talked about in modern society. This article discusses the need to prepare for dealing with issues of death, and looks at an approach from the Eastern wisdom traditions as a model.

Death is not often systematically studied in clinical training, but often comes up in therapy. Being able to address death directly with clients is important for therapists, and can lead to a greater appreciation of life. This article briefly discusses the existential psychotherapeutic tradition in comparison with the Eastern wisdom traditions.

Death (or more symbolically, "change") is an important factor in the existential psychotherapeutic tradition (Yalom, 1980). Physical death is guaranteed to occur to every human being without exception, and hence, creates a great deal of anxiety (Mikulincer & Florian, 2004). However, modern society in general rarely speaks about death. Clients often come to psychotherapy after the loss of a loved one because friends and relatives are uncomfortable with how to relate to death, often telling the grieving person to "get over it" or "get on with their lives."

With certain notable exceptions (e.g., Becker, 1998; Freud, 1963; Kubler-Ross, 1997; Yalom, 1980), modern society has historically not prepared people very well for the inevitability of death, and most individuals try to avoid talking or thinking about it. Hence, when death does come, people are unprepared to process it. Although being educated about death does not remove the pain of being separated from a loved one, a little preparation does go a long way in helping one through the grieving process. Certain circumstances, such as the diagnosis of a family member with a terminal illness, involve a significant strain on emotional and financial resources, and Sogyal Rinpoche (2002) recommends not contemplating death when one is under emotional strain. However, preparation can help one to grieve fully (whatever that means to the individual or culture) without adding additional anxiety or worries about the grieving itself.

In the Eastern wisdom traditions, death is highlighted prominently (Kapleau, 1989; McDonald, 1984; Sogyal Rinpoche, 2002). In the Buddhist tradition, for instance, there are a set of contemplation exercises designed to help one prepare for death and thereby, to more fully appreciate

life. For modern societies, this may seem somewhat morbid, and may remind clinicians of the obsessive thoughts about death seen in those who are severely depressed. But in the East, this experience is liberating. By facing this inevitability head on, in a type of exposure therapy, it loses its artificially inflated ability to provoke anxiety.

Importantly, in the Eastern traditions, one is told not to do the meditations on death if one is feeling depressed (Sogyal Rinpoche, 2002). One needs to be in a stable, affective state to get the most benefit from these meditations. Just as one becomes a safer driver after having an automobile accident and recognizes that the dangers of driving are not merely abstract concepts, an individual may live life a little bit differently knowing how fragile it is.

In the East, death is meditated upon systematically. There are several components to this contemplation process. One is the idea of the universality of death (McDonald, 1984; Sogyal Rinpoche, 2002). One considers that all living creatures, without exception (including oneself), will one day die, including all loved ones, all pets, and everyone who has ever lived or will ever live.

Another component of the contemplation practice is to consider the inevitability of death (McDonald, 1984; Sogyal Rinpoche, 2002). In this phase, one considers that there is no escape from death. This is important, as many individuals feel that certain people will always be in their lives. Even those who are fabulously wealthy can still get sick or die of cancer; even the most brilliant person can die in a car accident. There is no one in the world who has ever permanently cheated death, no one that death has simply forgotten about.

Another consideration is that one does not know when death will occur (McDonald, 1984; Sogyal Rinpoche, 2002). Sometimes children die before parents do. Sometimes babies die in their cribs. Not knowing when death will occur keeps one more appreciative of this moment, for the time that one does have to live.

A further consideration is that one does not know the manner of one's death (McDonald, 1984; Sogyal Rinpoche, 2002). A person could die peacefully while sleeping, or die slowly and painfully of cancer.

In Western Existential psychotherapy, death is one of the "four givens" besides freedom, isolation and meaningless of human existence (Schneider, 2003; Yalom, 1980). By facing these existential truths directly, one becomes inoculated to the anxiety that grows from avoidance of these issues. One is then freed to appreciate each moment of life as it unfolds, and to create a meaningful existence.

By becoming more aware of and comfortable with death and change, clinicians may be able to be more fully present with clients as they face this inevitable given of life. The traditions of the East may inspire modern scientists into researching the effectiveness of systematically contemplating death.

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