Center for Mindfulness
in Medicine, Health Care, and Society

Mindfulness-Based Stress Reduction (MBSR) Professional Education and Training

Supporting Materials

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I. Mindfulness-Based Stress Reduction

THE CENTER FOR MINDFULNESS IN MEDICINE, HEALTH CARE, AND SOCIETY
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

MINDFULNESS-BASED STRESS REDUCTION (MBSR): STANDARDS OF PRACTICE

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Mindfulness-Based Stress Reduction (MBSR)
Standards of Practice

Background and Overview

Mindfulness-Based Stress Reduction

Jon Kabat-Zinn, PhD

Kabat-Zinn, J. Mindfulness Meditation: What It Is, What It Isn't, And It's Role In Health Care and Medicine In: Haruki, Y., Ishii, Y., and Suzuki, M. Comparative and Psychological Study on Meditation. Eburon, Netherlands, 1996. Pg. 161-169.

Mindfulness-Based Stress Reduction (MBSR) is a well-defined and systematic patient-centered educational approach which uses relatively intensive training in mindfulness meditation as the core of a program to teach people how to take better care of themselves and live healthier and more adaptive lives. The prototype program was developed at the Stress Reduction Clinic at the University of Massachusetts Medical Center. This model has been successfully utilized with appropriate modifications in a number of other medical centers, as well as in non-medical settings such as schools, prisons, athletic training programs, professional programs, and the workplace. We emphasize that there are many different ways to structure and deliver mindfulness-based stress reduction programs. The optimal form and its delivery will depend critically on local factors and on the level of experience and understanding of the people undertaking the teaching. Rather than "clone" or "franchise" one cookie-cutter approach, mindfulness ultimately requires the effective use of the present moment as the core indicator of the appropriateness of particular choices. However, there are key principles and aspects of MBSR which are universally important to consider and to embody within any context of teaching. These include:

a) making the experience a challenge rather than a chore and thus turning the observing of one's life mindfully into an adventure in living rather than one more thing one "has" to do for oneself to be healthy.

b) an emphasis on the importance of individual effort and motivation and regular disciplined practice of the meditation in its various forms, whether one "feels" like practicing on a particular day or not.

c) the immediate lifestyle change that is required to undertake formal mindfulness practice, since it requires a significant time commitment (in our clinic 45 minutes a day, six days a week minimally).

d) the importance of making each moment count by consciously bringing it into awareness during practice, thus stepping out of clock time into the present moment.

e) an educational rather than a therapeutic orientation, which makes use of relatively large "classes" of participants in a time-limited course structure to provide a *community of learning and practice*, and a "critical mass" to help in cultivating ongoing motivation, support , and feelings of acceptance and belonging. The social factors of emotional support and caring and not feeling isolated or alone in one's efforts to cope and adapt and grow are in all likelihood extremely important factors in healing as well as for providing an optimal learning environment for ongoing growth and development in addition to the factors of individual effort and initiative and coping/problem solving.

f) a medically heterogeneous environment, in which people with a broad range of medical conditions participate in classes together without segregation by diagnosis or conditions and specializations of intervention. This approach has the virtue of focusing on what people have in common rather than what is special about their particular disease (what is "right" with them rather than what is "wrong" with them), which is left to the attention of other dimensions of the health care team and to specialized support groups for specific classes of patients, where that is appropriate. It is in part from this orientation, which differs considerably from traditional medical or psychiatric models, which orient interventions as specifically as specifically as possible to particular diagnostic categories, that the generic and universal qualities of MBSR stem. Of course, stress, pain, and illness are common experiences within the medical context, but beyond that, and even more fundamentally, the participants share being alive, having a body, breathing, thinking, feeling, perceiving, and incessant flow of mental states, including anxiety, worry, frustration, irritation and anger, depression, sorrow, helplessness, despair, joy, and satisfaction, and the capacity to cultivate moment-to-moment awareness by directing attention in particular systematic ways. They also share, in our view, the capacity to access their own inner resources for learning, growing, and healing (as distinguished from curing) within the context of mindfulness practice.

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In addition to these factors, which encourage flexibility and appropriate modification for non-hospital-based and non-medically-based MBSR programs, there are minimal standards of form and content for medically-oriented, HMO and hospital-based programs to appropriately call themselves MBSR. These are outlined in detail in the following section.

While individual pre and post program interviews have not been used in all HMO-delivered programs, (see Appendix C) they are highly recommended as an integral and important part of the MBSR intervention. If omitted, an appropriate and thoughtful substitute must be included to ensure an effective “launch” of the MBSR experience for individual participants and the class as a whole.

MINDFULNESS-BASED STRESS REDUCTION (MBSR)

STRUCTURE, METHODS, AND KEY PROGRAM CHARACTERISTICS

Structure and Methods

a) Group Pre-program Orientation Sessions (2.5 hours) followed by a brief individual interview (5-10 minutes)
b) Eight-weekly classes 2.5-3.5 hours in duration
c) An all-day silent retreat during the sixth week of the program (7.5 hrs)
d) "Formal" Mindfulness Meditation Methods:
   Body Scan Meditation - a supine meditation
   Gentle Hatha Yoga - practiced with mindful awareness of the body
   Sitting Meditation - mindfulness of breath, body, feelings, thoughts, emotions, *and* choiceless awareness
   Walking Meditation
e) "Informal" Mindfulness Meditation Practices (mindfulness in everyday life):
   Awareness of pleasant and unpleasant events
   Awareness of breathing
   Deliberate awareness of routine activities and events such as: eating, weather, driving walking, awareness of interpersonal communications
f) Daily home assignments including a minimum of 45 minutes per day of *formal* mindfulness practice and 5-15 minutes of *informal* practice, 6 days per week for the entire duration of the course
g) Individual and group dialogue and inquiry oriented around weekly home assignments including an exploration of hindrances to mindfulness and development and integration of mindfulness-based self-regulatory skills and capacities
h) Incorporation of exit assessment instruments and participant self-evaluation in Class 8
   - Total in-class contact: 30+ hours
   - Total home assignments: minimum of 42-48 hours
   - Total group Orientation Session time: 2.5 hours

Key Characteristics

- A fundamental component of good medical care
- Participants are referred by their physicians or other health care professionals or via self-referral
- Intensive training in mindfulness meditation
- Educational orientation
- Group format - 15-40 participants per class
- Individually tailored instruction
- Experiential, highly participatory format
- Highly challenging and strongly supportive
- Self-responsibility emphasized within the context of a collaborative relationship between participant, MBSR provider, and referring physician or other health care professional
- Array of mindfulness methods to meet individual participant needs and learning styles
- Interactive instructor and patient-initiated dialogue and inquiry intended to explore perceptions, mental and behavioral habits and patterns that maybe inhibiting learning, growth, and healing.
- short-term intervention: MBSR is relatively brief in duration (8 weeks). The structure is intended to foster participant self-regulation and self-reliance
- Life-long learning: MBSR is both an immediate and deliberate shift in health orientation and a method for enhancing health and well being across the life span

Program Standards

1. MBSR Teacher Readiness and Competency

All prospective instructors should meet the *Qualifications and Recommended Guidelines for MBSR Teachers* as the developed and implemented by *Oasis Institute for Mindfulness-Based Professional Education and Training* at the UMMS Center for Mindfulness in Medicine, Health Care, and Society (CFM). Additional information about teacher readiness can be found on the CFM website (**www.umassmed.edu/cfm/oasis**) and printed materials describing *Mindfulness-Based Professional Education and Training Programs*, and *Teacher Certification in Mindfulness-Based Stress Reduction.*

2. Pre-Program Group Orientation Sessions

In March 2001, the UMMS Stress Reduction Clinic replaced individual pre-program interviews with a group *Orientation Sessions*. Likewise, we no longer conduct individual post-program interviews. All pre-program assessment data is collected at the required *Orientation Session*. All post-program assessment data is collected during an extended Class 8 (last session) of the Stress Reduction Program. *Orientation Sessions* are conducted on an ongoing basis for three weeks prior to the start of each teaching cycle of the Stress Reduction Program (SRP). Attendance is required of all candidates seeking enrollment in the course. *Orientation Sessions* are approximately 150 minutes in length.

Prior to attendance at an *Orientation Session* all program candidates receive an individual telephone call intended to help us understand their interest in the program, explain the nature, focus and structure of the program and the commitment required, and answer any questions prospective participants might have about the program. If the candidate remains interested, they are then enrolled in an *Orientation Session*. In addition to telephone contact, each program candidate receives via mail a packet of background information about the SRP.

During the *Orientation Session*, all program candidates fill out pre-program assessment data, learn more about the Stress Reduction Program, experience, first hand, mindfulness meditation practice, have an opportunity to ask questions about the SRP, and make a decision about enrollment in the Stress Reduction Program. If a candidate makes the decision to enroll in the SRP they are then asked to determine and write down three goals they intend to address during the SRP.

Importantly, prior to the conclusion of the *Orientation Session,* SRP instructors meet briefly with each candidate to review the assessment forms, answer individual questions, and make screening decisions and determinations about candidate appropriateness for the SRP. If deemed necessary, additional follow up appointments are arranged between the instructor and program candidate to further screen, determine appropriateness, and, if required, negotiate specific requirements for participation (for a detailed schedule of *Orientation Sessions* see Appendix B).

In the final class (Class 8 - which is 3.5 hours), three distinct yet interdependent elements are included: *Practice, Assessment, and Closure*. Various aspects of Practice and Closure are discussed at length in the Curriculum Outlines included in this manual. In the context of this section on Practice Standards, *Assessment* refers to the distribution and collection of final assessment measures and the use of both pre and post-program assessment forms as a self-awareness/self-education methodology for each individual SRP participant.

Pre-Program Group Orientation Sessions (continued):
Toward the beginning of the second hour of Class 8, post-program assessment measures are distributed to each participant. All participants are given adequate time to fill out the forms and all forms are reviewed by the instructor for completion. Following this review, a collated set of each participant's pre and post-program assessment forms are given to participants as another form of self-education, comparison and as a review of their targeted pre-program goals. Following this review, all forms (pre and post) are returned to the instructor and deposited in a data collection station.

3) Screening Criteria for Exclusion from the SRP

MBSR is a practical educational approach rather than a conventional group therapy intervention. As such, it utilizes large "classes" (15-40 participants), is time-limited (8-weeks), and relies on the creation of a highly participatory community of learners intent on cultivating and integrating into their everyday lives the various practices, approaches, and attitudes characteristic of MBSR (see Kabat-Zinn excerpt "Mindfulness-Based Stress Reduction"). Its primary focus of attention is directed toward the development of a person's first hand understanding of the body, mind, and body-mind interactions leading to the incremental development of greater somato-psychic awareness that can be fluidly integrated into the life of program participants as a means of 1) mitigating the negative consequences of patterned, habitual conditioning, 2) becoming more capable of self-regulation, 3) coping more effectively with the challenges and demands of everyday life and 4) discovering and becoming increasingly familiar with one's hidden yet innate resources for learning, growing, healing, and thriving.

Keeping in mind the structure, methods, and key characteristics of MBSR as previously described, the following screening criteria for exclusion were informally established with the founding of the Stress Reduction Program in 1979. These criteria were formalized in 1993 and continually updated and refined (most recently in February 2014).

Lifestyle Issues*:*

- Active substance dependence - legal or illicit
- People with substance dependence new to recovery (less than one year)
- Inadequate comprehension of language in which the course is taught

Exceptions: In terms of dependence and/or addiction:

1. If someone is in recovery less than one year and seems highly motivated or is in a highly supportive treatment environment that is congruent with the approach used in the Stress Reduction Program, they may be considered for program participation.

2. If a program candidate is dependent to pain medication for a chronic pain condition and is capable of mounting the requisite mental concentration and energy required to learn and practice the meditation and mindfulness practices utilized in the SRP, they may be considered for program participation.

If there is a problem with language comprehension, provisions can be made for interpretation services. The same holds true for hearing impairment. While we attempt to arrange for these services, we cannot guarantee that these services will be available to Stress Reduction Program (SRP) candidates.

Screening Criteria for Exclusion from the SRP (continued):

Psychological issues:

- Suicidality
- Psychosis (not treatable with medication)
- PTSD
- Depression (clinical) or other major psychiatric diagnosis (if it interferes with participation in the SRP).
- Social anxiety (difficulty with being in a classroom situation)

Exceptions: Anyone who is highly motivated and receiving therapy and/or medication for the above mentioned diagnoses may be considered for enrollment in the Stress Reduction Program.

However, in these cases, it is essential that prior to the start of classes we establish the following agreements:

1. Receive permission from the SRP candidate to speak with their primary mental health provider as deemed appropriate,

2. Negotiate an agreement with the SRP instructor, program candidate and the primary mental health provider that the mental health provider is first responder in the case of mental health emergency rather than the SRP instructor.

3. Establish that the SRP teacher will maintain on-going collaboration with the program candidate's current mental healthcare provider and primary care physician as necessary for the duration of the program.

Attitudinal Issues:

- Inability to comprehend the nature and limitations of program (wanting a "quick fix" without the necessary and required investment of time and energy)

- Inability to commit to attending classes (if someone is going to miss three or more classes they are referred to a future program cycle)

Physical Issues*:*

- Inability to physically attend weekly program classes. This does not refer to physical impairment, which is not an exclusion criterion. Rather, this refers to the inability of program candidates to actually get to class because of being bedridden or homebound or without transportation.

Note: In rare instances, home visits for individual instruction may be arranged. The use of this service is based on SRP instructor availability. Fees for this service differ significantly from usual program costs.

In all cases, final decisions regarding these exclusion criteria are subject to the judgment of the SRP instructor conducting pre-program Orientation Sessions or individual class sessions.

4) Participant/Provider Informal Learning Contract

Each MBSR candidate who enrolls in the program is encouraged to intentionally and actively commit themselves to an oral learning contract that includes:

- attending all weekly classes
- engaging in daily home assignments
- participating in the all-day silent retreat
- making-up weekly classes they have missed when possible and
- participating in the post-program interview (when this model is followed).

5) Hours of Instruction

Approximately 30-31 hours of in-class instruction will be provided. The first class is 3.0 hours; the last class is 3.5 hours. Classes two through seven are 2.5 hours. The day of silent retreat is 7.5 hours. In addition, when deemed important by the participant and instructor, personalized individual instruction is sometimes required and recommended. (typically, the SRP does not charge for this time)

6) Classroom Instruction: Curriculum Guidelines

a) Introduction, Sequencing, and Systematic Development of Mindfulness Meditation Practice

There is an array of instructional material detailing the teaching of MBSR. Great care should be exercised to introduce and discuss both the formal and informal aspects of mindfulness meditation practice free of the language, belief systems, dogma, and cultural contexts in which they originated. Primary attention should be given to the cultivation of non-judgmental, non-striving, moment-to-moment attention framed within the context of a gentle yet persistent commitment to on-going, daily practice. Across weekly classes, careful attention should taken to the introduction, sequencing, and systematic development of the "formal" mindfulness practices. The MBSR Curriculum Guide created by Dr. Jon Kabat-Zinn) and the weekly *Session Guide* developed by Dr. Saki Santorelli (see Two Curriculum Outlines) detail the systematic presentation of mindfulness practice within the context of MBSR as an approach to health, self-care, and self-regulation.

b) Formal and Informal Mindfulness Practice

Each MBSR class includes the introduction and cultivation of both formal and informal dimensions mindfulness meditation practice.

- Formal mindfulness practices include: the Body Scan Meditation, Sitting Meditation, *Hatha* Yoga, and Walking Meditation

- Informal mindfulness practices include: awareness of pleasant and unpleasant events, routine events, interpersonal communications, repetitive cognitions and emotions and their relationship to bodily sensations and habitual actions and behaviors in everyday life.

c) Didactic Presentations

A first-hand, on-going, experiential engagement in mindfulness practice on the part of both the instructor and the patients (participants) is the primary feature of MBSR. However, whether MBSR is used in a medical or non-medical setting, it is critically important for the instructor to provide a contextual framework whereby participants can begin to understand the relationship between mindfulness practice and their ability to learn to cope more effectively with stress. Therefore, instructors should provide information on such topics as: stress physiology, stress reactivity and the learned ability to respond, the effects of perception, appraisal, and attitude on health habits and behavior, patterns of intra- and interpersonal communication. Importantly, rather than

Didactic Presentations (continued):

"lecturing" to program participants, the attention and skill of the instructor should be directed towards listening to the rich, information-laden insights and examples provided by program participants and then, in turn, to use as much as possible these participant-generated experiences as a starting point for "weaving" the more didactic material into the structure and fabric of each class. Rather than simply offering a “lecture” on stress physiology, the goal is to make the didactic elements of the curriculum come alive via elicitation of and dialogue oriented around the direct experience of program participants. In essence, such an approach provides an opportunity for the science to emerge spontaneously out of the direct experience of participants. Done skillfully, the understanding of the physiology of stress is called forth out of direct experience. The result: personal identification leading to excitement, interest, and a commitment on the part of participants to pay close attention to the felt and perceived somato-psychic signs of stress reactivity and response in everyday life.

c) Class Dialogue and Inquiry

It is essential that a significant amount of time in each class be dedicated to an exploration of the participants' first hand experience of the formal and informal mindfulness practices and other weekly home assignments. This requires the instructor to sharpen her/his ability to listen closely, allow space, refrain from the impulse to give advice, and instead, to inquire directly into the actually of the participant's experience. To do so requires the instructor to create a safe space and to encourage program participants to assist in the co-creation of a sensitive, safe environment. Creating such safety requires willingness on the part of the instructor to suspend judgment, to attempt to understand as much as possible the experience of the participants, to refrain from using formulaic responses when confronted with difficult or uncomfortable classroom experiences, and to listen keenly as well as redirect participants as required within the class discourse. If classroom dialogue is to be authentic and alive, it is essential that it arise out of the freshness of the present moment. The instructor must be constantly attentive to the needs and variety of verbal and non-verbal expressiveness of individual participants as they exist within the context the larger classroom population. Beginning in Class 1 "ground rules" for classroom participation should be made explicit, emphasizing a combination of individual responsibility, confidentiality among class members, and an atmosphere of respect and mutual discovery.

d) Attitudinal Qualities Associated with Mindfulness Practice

There are a host of attitudinal qualities that lend themselves to the cultivation of mindfulness. These foundational attitudes are central to the pedagogical approach of MBSR. The gradual process of embodying such qualities relies on the intention of the instructor and on his/her commitment to life-long learning. In turn, such a personal commitment on the part of the instructor becomes the basis for the awakening of these attitudes in the minds and hearts of the class participants. Rather than being conceived of as a set of ideas or concepts that one "must" or "should" have in order to be an MBSR teacher or class participant, they are attitudes to be consciously cultivated via mindfulness practice. These foundational attitudes are inextricably linked to one another and include: non-judging, patience, a beginner's mind, trust, non-striving, acceptance or acknowledgement, and letting go or letting be. A detailed explanation of these attitudes can be found in Appendix A.

e) Home Assignments

The cultivation of knowledge and the development of any skill require deliberate, consistent attention on the part of the learner. Therefore, the transformational backbone of MBSR is daily home assignments. Although there are 30+ hours of direct classroom contact during a typical 8-week program, this is not enough time for participants to begin to learn, deepen, and apply mindfulness in their everyday lives. What is required is ongoing homework. Home assignments consistent of formal and informal mindfulness practices, a variety of awareness exercises systematically sequenced and assigned throughout the course of the program. (see Appendix A and References for more detail).

f) Program Enrollment

While highly therapeutic, MBSR is an educational orientation primarily offered in a classroom format. In the SRC, classes range from 20-40 participants. Median class size is thirty. The group format is a salient feature of MBSR that must be clearly explained to the MBSR program candidate by the instructor prior to enrollment. Care should be taken to ascertain the participants' level of comfort with this approach and consideration must be given to the candidates' capacity to comfortably and effectively function within a large class format.

g) Suggested Resources for Continuity of Practice after Program Completion

- Instructors should be familiar with and able to recommend a host of community resources available to participants following the completion of MBSR. It is helpful for the instructor to develop and provide program graduates with a list of reading materials, retreat centers, and other suggestions for fostering the continuity of mindfulness practice.

- To enhance adherence to the methods learned during the program, past participants of the program are offered the opportunity to enroll in advanced or "graduate" stress reduction programs several times per year in which they can enrich their practice of the methods acquired during the basic MBSR program, sustain their commitment to the new lifestyle and attitudinal changes adopted during the program, and continue to move towards greater levels of health and well being.

At the Center for Mindfulness, these programs are taught by senior MBSR instructors. A variety of formats are utilized in different graduate programs. These include weekly, bi-weekly, weekend, and monthly formats usually totaling 15-25 hours of direct instruction.

APPENDIX A

The Foundation of Mindfulness Practice: Attitudes & Commitment

Jon Kabat-Zinn, Ph.D.

From:

FULL CATASTROPHE LIVING: USING THE WISDOM OF YOUR BODY AND MIND TO FACE STRESS, PAIN, AND ILLNESS

The Foundations of Mindfulness Practice: Attitudes and Commitment

To cultivate the healing power of mindfulness requires much more than mechanically following a recipe or a set of instructions. No real process of learning is like that. It is only when the mind is open and receptive that learning and seeing and change can occur. In practicing mindfulness you will have to bring your whole being to the process. You can't just assume a meditative posture and think something will happen or play a tape and think that the tape is going to "do something" for you.

The attitude with which you undertake the practice of paying attention and being in the present is crucial. It is the soil in which you will be cultivating your ability to calm your mind and to relax your body, to concentrate and to see more clearly. If the attitudinal soil is depleted, that is, if your energy and commitment to practice are low, it will be hard to develop calmness and relaxation with any consistency. If the soil is really polluted, that is, if you are trying to force yourself to feel relaxed and demand of yourself that "something happen," nothing will grow at all and you will quickly conclude that "meditation doesn't work."

To cultivate meditative awareness requires an entirely new way of looking at the process of learning. Since thinking that we know what we need and where we want to get are so ingrained in our minds, we can easily get caught up in trying to control things to make them turn out "our way," the way we want them to. But this attitude is antithetical to the work of awareness and healing. Awareness requires only that we pay attention and see things as they are. It doesn't require only that we pay attention and see things as they are. It doesn't require that we change anything. And healing requires receptivity and acceptance, a tuning to connectedness and wholeness. None of this can be forced, just as you cannot force yourself to go to sleep. You have to create the right conditions for falling asleep and then you have to let go. The same is true for relaxation. It cannot be achieved through force of will. That kind of effort will only produce tension and frustration.

If you come to the meditation practice thinking to yourself, "This won't work but I'll do it anyway," the chances are it will not be very helpful. The first time you feel any pain or discomfort, you will be able to say to yourself, "See, I knew my pain wouldn't go away," or "I knew I wouldn't be able to concentrate," and that will confirm your suspicion that it wasn't going to work and you will drop it.

If you come as a "true believer," certain that this is the right path for you, that meditation is "the answer," the chances are you will soon become disappointed too. As soon as you find that you are the same person you always were and that this work requires effort and consistency and not just a romantic belief in the value of meditation or relaxation, you may find yourself with considerably less enthusiasm than before.

In the stress clinic, we find that those people who come with a skeptical but open attitude do the best. Their attitude is "I don't know whether this will work or not, I have my doubts, but I am going to give it my best shot and see what happens."

So the attitude that we bring to the practice of mindfulness will to a large extent determine its long-term value to us. This is why consciously cultivating certain attitudes can be very helpful in getting the most out of the process of meditation. Your intentions set the stage for what is possible. They remind you from moment to moment of why you are practicing in the first place. Keeping particular attitudes in mind is actually part of the training itself, a way of directing and channeling your energies so that they can be most effectively brought to bear in the work of growing and healing.

Seven attitudinal factors constitute the major pillars of mindfulness practice as we teach it in the stress clinic. They are non-judging, patience, a beginner's mind, trust, non-striving, acceptance, and letting go. These attitudes are to be cultivated consciously when you practice. They are not independent of each other. Each one relies on and influences the degree to which you are able to cultivate the others. Working on any one will rapidly lead you to the others. Since together they constitute the foundation upon which you will be able to build a strong meditation

practice of your own, we are introducing them before you encounter the techniques themselves so that you can become familiar with these attitudes from the very beginning. Once you are engaged in the ways you might continue to fertilize this attitudinal soil so that your mindfulness practice will flourish.

THE ATTITUDINAL FOUNDATION OF MINDFULNESS PRACTICE

1. **Non-judging**

Mindfulness is cultivated by assuming the stance of an impartial witness to your own experience. To do this requires that you become aware of the constant stream of judging and reacting to inner and outer experiences that we are all normally caught up in, and learn to step back from it. When we begin practicing paying attention to the activity of our own mind, it is common to discover and to be surprised by the fact that we are constantly generating judgments about out experience. Almost everything we see is labeled and categorized by the mind. We react to everything we experience in terms of what we think its value is to us. Some things, people, and events are judged as "good" because they make us feel good for some reason. Others are equally quickly condemned as "bad" because they make us feel bad. The rest is categorized as "neutral" because we don't think it has much relevance. Neutral things, people, and events are almost completely turned out of our consciousness. We usually find them the most boring to give attention to.

This habit of categorizing and judging our experience locks us into mechanical reactions that we are not even aware of and that often have no objective basis at all. These judgments tend to dominate our minds, making it difficult for us ever to find any peace within ourselves. It's as if the mind were a yo-yo, going up and down on the string of our own judging thoughts all day long. If you doubt this description of your mind, just observe how much you are preoccupied with liking and disliking, say during a ten-minute period as you go about your business.

If we are to find a more effective way of handling the stress in our lives, the first thing we will need to do is to be aware of the automatic judgments so that we can see through out own prejudices and fears and liberate ourselves from their tyranny.

When practicing mindfulness, it is important to recognize this judging quality of mind when it appears and to intentionally assume the stance of an impartial witness by reminding yourself to just observe it. When you find the mind judging, you don't have to stop it from doing that. All that is required is to be aware of it happening. No need to judge the judging and make matters even more complicated for yourself.

As an example, let's say you are practicing watching your breathing, as you did in the last chapter and as we will do a lot more in the next. At a certain point you may find your mind saying something like, "This is boring," or "This isn't working," or "I can't do this." These are judgments. When they come up in your mind, it is very important to recognize them as judgmental thinking and remind yourself that the practice involves suspending judgment and just watching whatever comes up, including your own judging thoughts, without pursuing them or acting on them in any way. Then proceed with watching your breathing.

2. **Patience**

Patience is a form of wisdom. It demonstrates that we understand and accept the fact that sometimes things must unfold in their own time. A child may try to help a butterfly to emerge by breaking open its chrysalis. Usually the butterfly doesn't benefit from this. Any adult knows that the butterfly can only emerge in its own time, that the process cannot be hurried.

In the same way we cultivate patience toward our own minds and bodies when practicing mindfulness. We intentionally remind ourselves that there is no need to be impatient with ourselves because we find the mind judging all the time, or because we are tense or agitated or frightened, or because we have been practicing for some time and nothing positive seems to have

happened. We give ourselves room to have these experiences. Why? Because we are having them anyway! When they come up, they are our reality, they are part of our life unfolding in this moment. So we treat ourselves as well as we would treat the butterfly. Why rush through some moments to get to other, "better" ones? After all, each one is your life in that moment.

When you practice being with yourself in this way, you are bound to find that your mind has "a mind of its own." We have already seen in Chapter 1 that one of its favorite activities is to wander into the past and into the future and lose itself in thinking. Some of its thoughts are pleasant. Others are painful and anxiety producing. In either case thinking itself exerts a strong pull on our awareness. Much of the time our thoughts overwhelm our perception of the present moment. They cause us to lose our connection to the present.

Patience can be a particularly helpful quality to invoke when the mind is agitated. It can help us to accept this wandering tendency of the mind while reminding us that we don't have to get caught up in its travels. Practicing patience reminds us that we don't have to fill up our moments with activity and with more thinking in order for them to be rich. In fact it helps us to remember that quite the opposite is true. To be patient is simply to be completely open to each moment, accepting it in its fullness, knowing that, like the butterfly, things can only unfold in their own time.

3. **Beginner's Mind**

The richness of present-moment experience is the richness of life itself. To often we let our thinking and out beliefs about what we "know" prevent us from seeing things as they really are. We tend to take the ordinary for granted and fail to grasp the extraordinariness of the ordinary. To see the richness of the present moment, we need to cultivate what had bee called "beginner's mind," a mind that is willing to see everything as if for the first time.

This attitude will be particularly important when we practice the formal meditation techniques described in the following chapters. Whatever particular technique we might be using, whether it is the body scan or the sitting meditation or the yoga, we should bring our beginner's mind with us each time we practice so that we can be free of our expectations based on our past experiences. An open, "beginner's" mind allows us to be receptive to new possibilities and prevents us from getting stuck in the rut of our own expertise, which often thinks it knows more than it does. No moment is the same as any other. Each is unique and contains unique possibilities. Beginner's mind reminds us of the simple truth.

You might try to cultivate your own beginner's mind in you daily life as an experiment. The next time you see somebody who is familiar to you, ask yourself if you are seeing this person with fresh eyes, as he or she really is, or if you are only seeing the reflection of your own thoughts about this person. Try it with your children, your spouse, your friends and co-workers, with your dog or cat if you have one. Try it with problems when they arise. Try it when you are outdoors in nature. Are you able to see the sky, the stars, the trees and the water and the stones, and really see them as they are right now with a clear and uncluttered mind? Or are you actually only seeing them through the veil of your own thoughts and opinions?

4. **Trust**

Developing a basic trust in yourself and your feelings is an integral part of meditation training. It is far better to trust in your intuition and you own authority, even if you make some "mistakes" along the way, than always to look outside of yourself for guidance. If at any time something doesn't feel right to you, why not honor your feelings? Why should you discount them or write them off as invalid because some authority or some group of people thing or say differently? This attitude of trusting yourself and your own basic wisdom and goodness is very important in all aspects of the meditation practice. It will be particularly useful in the yoga. When practicing yoga, you will have to honor your own feelings when your body tells you to stop or to back off in a particular stretch. If you don't listen, you might injure yourself.

Some people who get involved in meditation get so caught up in the reputation and authority of their teachers that they don't honor their own feelings and intuition. They believe that

their teacher must be a much wiser and more advanced person, so they think they should imitate him and do what he says without question and venerate him as a model of perfect wisdom. This attitude is completely contrary to the spirit of meditation, which emphasizes being your own person and understating what it means to be yourself. Anybody who is imitating somebody else, no matter who it is, is heading in the wrong direction.

It is impossible to become like somebody else. Your only hope is to become more fully yourself. That is the reason for practicing meditation in the first place. Teachers and books and tapes can only be guides, signposts. It is important to be open and receptive what you can learn from other sources, but ultimately you still have to live your own life, every moment of it. In practicing mindfulness, you are practicing taking responsibility for being yourself and learning to listen and trust your own being. The more you cultivate this trust in your own being, the easier you will find it will be to trust other people more and to see their basic goodness as well.

5. **Non-striving**

Almost everything we do we do for a purpose, to get something or somewhere. But in meditation this attitude can be a real obstacle. That is because meditation is different from all other human activities. Although it takes a lot of work and energy of a certain kind, ultimately meditation is non-doing. It has no goal other than for you to be yourself. The irony is that you already are. This sounds paradoxical and a little crazy. Yet this paradox and craziness may be pointing you toward a new way of seeing yourself, one in which you are trying less and being more. This comes from intentionally cultivating the attitude of non-striving.

For example, if you sit down and meditate and you think, “I am going to get relaxed, or get enlightened, or control my pain, or become a better person,” then you have introduced an idea into your mind of where you should be, and along with it comes the notion that you are not okay right now. “If I were only more calm, or more intelligent, or a harder worker, or more this or more that, if only my heart were healthier or my knee were better, then I would be okay. But right now, I am not okay.”

This attitude undermines the cultivation of mindfulness, which involves simply paying attention to whatever is happening. If you are tense, then just pay attention to the tension. If you are in pain, then be with the pain as best you can. If you are criticizing yourself, then observe the activity of the judging mind. Just watch. Remember, we are simply allowing anything and everything that we experience from moment to moment to be here, because it already is.

People are sent to the stress clinic by their doctors because something is the matter. The first time they come, we ask them to identify three goals that they want to work toward in the program. But then, often to their surprise, we encourage them not to try to make any progress toward their goals over the eight weeks. In particular, if one of their goals is to lower their blood pressure or to reduce their pain or their anxiety, they are instructed not to try to lower their blood pressure nor to try to make their pain or their anxiety go away, but simply to stay in the present and carefully follow the meditation instructions.

As you will see shortly, in the meditative domain, the best way to achieve your own goals is to back off from striving for results and instead to start focusing carefully on seeing and accepting things as they are, moment by moment. With patience and regular practice, movement toward your goals will take place by itself. This movement becomes an unfolding that you are inviting to happen within you.

6. **Acceptance**

Acceptance means seeing things as they actually are in the present. If you have a headache, accept that you have a headache. If you are overweight, why not accept it as a description of your body at this time? Sooner or later we have to come to terms with things as they are and accept them, whether it is a diagnosis of cancer or learning of someone’s death. Often acceptance is only reached after we have gone through very emotion-filled periods of denial and then anger. These stages are a natural progression in the process of coming to terms with what is.

They are all part of the healing process.

However, putting aside for the moment the major calamities that usually take a great deal of time to heal from, in the course of our daily lives we often waste a lot of energy denying and resisting what is already fact. When we do that, we are basically trying to force situations to be the way we would like them to be, which only makes for more tension. This actually prevents positive change from occurring. We may be so busy denying and forcing and struggling that we have little energy left for healing and growing, and what little we have may be dissipated by our lack of awareness and intentionality.

If you are overweight and feel bad about your body, it's no good to wait until you are the weight you think you should be before you start liking you body and yourself. At a certain point, if you don't want to remain stuck in a frustrating vicious cycle, you might realize that it is all right to love yourself at the weight that you are now because this is the only time you can love yourself. Remember, now is the only time you have for anything. You have to accept yourself as you are before you can really change.

When you start thinking this way, losing weight becomes less important. It also becomes a lot easier. By intentionally cultivating acceptance, you are creating the preconditions for healing.

Acceptance does not mean that you have to like everything or that you have to take a passive attitude toward everything and abandon your principles and values. It does not mean that you are satisfied with things as they are or that you are resigned to tolerating things as they "have to be." It does not mean that you should stop trying to break free of your own self-destructive habits or to give up on your desire to change and grow, or that you should tolerate injustice, for instance, or avoid getting involved in changing the world around you because it is the way it is and therefore hopeless. Acceptance as we are speaking of it simply means that you have come around to a willingness to see things as they are. This attitude sets the stage for acting appropriately in you life, no matter what is happening. You are much more likely to know what to do and have the inner conviction to act when you have a clear picture of what is actually happening than when your vision is clouded by your mind's self-serving judgments and desires or its fears and prejudices.

In the meditation practice, we cultivate acceptance by taking each moment as it comes and being with it fully, as it is. We try not to impose our ideas about what we should be feeling or thinking or seeing on our experience but just remind ourselves to be receptive and open to whatever we are feeling, thinking, or seeing, and to accept it because it is here right now. If we keep our attention focused on the present, we can be sure of one thing, namely that whatever we are attending to in this moment will change, giving us the opportunity to practice accepting whatever it is that will emerge in the next moment. Clearly there is wisdom in cultivating acceptance.

7. **Letting Go**

They say that in India there is a particularly clever way of catching monkeys. As the story goes, hunters will cut a hole in a coconut that is just big enough for a monkey to put its hand through. Then they will drill two smaller holes in the other end, pass a wire through, and secure the coconut to the base of a tree. Then they put a banana inside the coconut and hide. The monkey comes down, puts his hand in and takes hold of the banana. The hole is crafted so that the open hand can go in but the fist cannot get out. All the monkey has to do to be free is to let go of the banana. But it seems most monkeys don't let go.

Often our minds get us caught in very much the same way in spite of all our intelligence. For this reason, cultivating the attitude of letting go, or non-attachment, is fundamental to the practice of mindfulness. When we start paying attention to our inner experiences, we rapidly discover that there are certain thoughts and feeling and situations that the mind seems to want to hold on to. If they are pleasant, we try to prolong these thoughts or feelings or situations, stretch them out, and conjure them up again and again.

Similarly there are many thoughts and feelings and experiences that we try to get rid or to prevent and protect ourselves from having because they are unpleasant and painful and frightening in one way or another.

In the meditation practice we intentionally put aside the tendency to elevate some aspects of our experience and to reject others. Instead we just let our experience be what it is and practice observing it from moment to moment. Letting go is a way of letting things be, of accepting things as they are. When we observe our own mind grasping and pushing away, we remind ourselves to let go of those impulses on purpose, just to see what will happen if we do. When we find ourselves judging our own experience, we let go of those judging thoughts. We recognize them and we just don't pursue them any further. We let them be, and in doing so we let them go. Similarly when thoughts of the past or of the future come up, we let go of them. We just watch.

If we find it particularly difficult to let go of something because it has such a strong hold over our mind, we can direct our attention to what "holding on" feels like. Holding on is the opposite of letting go. We can become an expert on our own attachments, whatever they may be and their consequences in our lives, as well as how it feels in those moments when we finally do let go and what the consequences of that are. Being willing to look at the ways we hold on ultimately shows us a lot about the experience of its opposite. So whether we are "successful" at letting go or not, mindfulness continues to teach us if we are willing look.

Letting go is not such a foreign experience. We do it every night when we go to sleep. We lie down on a padded surface, with the lights out, in a quiet place, and we let go of our mind and body. If you can't let go, you can't go to sleep.

Most of us have experienced times when the mind would just not shut down when we got into bed. This is one of the first signs of elevated stress. At these times we may be unable to free ourselves from certain thoughts because our involvement in them is just too powerful. If we try to force ourselves to sleep, it just makes things worse. So if you can go to sleep, you are already an expert in letting go. Now you just need to practice applying this skill in waking situations as well.

COMMITMENT, SELF-DISCIPLINE, AND INTENTIONALITY

Purposefully cultivating the attitudes of non-judging, patience, trust, beginner's mind, non-striving, acceptance, and letting go will greatly support and deepen your practice of the meditation techniques you will be encountering in the following chapters.

In addition to these attitudes, you will also need to bring a particular energy or motivation to your practice. Mindfulness doesn't just come about by itself because you have decided that it is a good idea to be more aware of things. A strong commitment to working on yourself and enough self-discipline to persevere in the process are essential to developing a strong meditation practice and a high degree of mindfulness. We have already seen in Chapter 1 how important self-discipline and regular practice are to the work undertaken by the patients in the stress clinic. Self-discipline and regular practice are vital to developing the power of mindfulness.

In the stress clinic the basic ground rule is that everybody practices. Nobody goes along for the ride. We don't let in any observers or spouses unless they are willing to practice the meditation just as the patients are doing, that is, forty-five minutes per day, six days per week. Doctors, medical students, therapists, nurses, and other health professionals who go though the stress clinic as part of an internship training program all have to agree to practice the meditation on the same schedule as the patients. Without this personal experience, it would not be possible for them really to understand what the patients are going though and how much of an effort it takes to work with the energies of one's own mind and body.

The spirit of engaged commitment we ask of our patients during their eight weeks in the stress clinic is similar to that required in athletic training. The athlete who is training for a particular event doesn't only practice when he or she feels like it, for instance, only when the weather is nice or there are other people to keep him or her company or there is enough time to fit it in. The

athlete trains regularly, every day, rain or shine, whether she feels good or not, whether the goal seems worth it or not on any particular day.

We encourage our patients to develop the same attitude. We tell them from the very start, "You don't have to like it; you just have to do it. When the eight weeks are over, then you can tell us whether it was of any use or not. For now just keep practicing."

Their own suffering and the possibility of being able to do something themselves to improve their health are usually motivation enough for the patients in the stress clinic to invest this degree of personal commitment, at least for the eight weeks we require it of them. For most it is a new experience to be in intensive training, to say nothing of working systematically in the domain of being. The discipline requires that they rearrange their lives to a certain extent around the training program. Taking the stress reduction program involves a major life-style change just to make the time every day to practice the formal meditation techniques for forty-five minutes at a stretch. This time does not appear magically in anyone's life. You have to rearrange you schedule and your priorities and plan how you will free it up for practice. This is one of the ways in which taking the stress reduction program can increase the stress in a person's life in the short run.

Those of us who teach in the clinic see meditation practice as an integral part of our own lives and of our own growth as people. So we are not asking our patients to do something that we don't do on a regular basis ourselves. We know what we are asking of them because we do it too. We know the effort that it takes to make space in one's life for meditation practice, and we know the value of living in this way. No one is ever considered for a staff position in the clinic unless he or she has had years of meditation training and has a strong daily meditation practice. The people referred to the stress clinic sense that what they are being asked to do is not something "remedial" but rather "advanced training" in mobilizing their deep inner resources for coping and for healing. Our own commitment to the practice conveys our belief that the journey we are inviting our patients to undertake is a true life adventure, one that we can pursue together. This feeling of being engaged in a common pursuit makes it a lot easier for everyone to keep up the discipline of the daily practice. Ultimately, however, we are asking even more than daily practice of our patients and of ourselves, for it is only by making the meditation a "way of being" that its power can be put to practical use.

To tap this power in your own life, we recommend that you set aside a particular block of time every day, or at least six days per week, for at least eight consecutive weeks to practice. Just making this amount of time every day for yourself will be a very positive life-style change. Our lives are so complex and our minds so busy and agitated most of the time that it is necessary, especially at the beginning, to protect and support your meditation practice by making a special time for it and, if possible, by making a special place in your home where you will feel particularly comfortable and "at home" while practicing.

This needs to be protected from interruptions and from other commitments so that you can just be yourself without having to do or respond to anything. This is not always possible, but it is helpful if you can manage to set things up in this way. One measure of your commitment is whether you can bring yourself to shut off your telephone for the time you will be practicing or to let someone else answer it and take messages. It is a great letting go in and of itself only to be home for yourself at those times, and great peace can follow from this alone.

Once you make the commitment to yourself to practice in this way, the self-discipline comes in carrying it out. Committing yourself to goals that are in your own self-interest is easy. But keeping to the path you have chosen when you run into obstacles and may not see "results" right away is the real measure of your commitment. This is where conscious intentionally comes in, the intention to practice whether you feel like it or not on a particular day, whether it is convenient or not, with the determination of an athlete.

Regular practice is not as hard as you might think once you make up your mind to do it and pick an appropriate time. Most people are inwardly disciplined already to an extent. Getting dinner on the table every night requires discipline. Getting up in the morning and going to work requires discipline. And taking time for yourself certainly does too. You are not going to be paid for it, and

chances are you will not be enrolled in a stress clinic in which you would know that everybody else is doing it and so feel some social pressure to keep up your end of things. You will have to do it for better reasons than those. Perhaps the ability to function more effectively under pressure or to be healthier and to feel better, or to be more relaxed and self-confident and happy will suffice. Ultimately you have to decide for yourself why you are making such a commitment.

Some people have resistance to the whole idea of taking time for themselves. The Puritan ethic has left a legacy of guilt when we do something for ourselves. Some people discover that they have a little voice inside that tells them that it is selfish or that they are undeserving of this kind of time and energy. Usually they recognize it as a message they were given very early on in their lives, "Live for others, not for yourself." "Help others; don't dwell on yourself."

If you do feel undeserving of taking time for yourself, why no look at that as part of your mindfulness practice? Where do such feelings come from? What are the thoughts behind them? Can you observe them with acceptance? Are they accurate?

Even the degree to which you can really be of help to others, if that is what you believe is most important, depends directly on how balanced you are yourself. Taking time to "tune" your own instrument and restore your energy reserves can hardly be considered selfish. Intelligent would be a more apt description.

Happily once people start practicing mindfulness, most quickly get over the idea that it is "selfish" and "narcissistic" to take time for themselves as they see the difference that making some time to just be has on the quality of their lives and their self-esteem, as well as on their relationships.

We suggest that everyone find there own best time to practice. Mine is early in the morning. I like to get up an hour or so before I would otherwise and meditate and do yoga. I like the quiet of this time. It feels very good to be up and have nothing to do except to dwell in the present, being with things as they are, my mind open and aware. I know the phone won't ring. I know the rest of my family is asleep, so the meditation is not taking time away from them. Most of the time my children stay asleep now, although for years the littlest one in the family always seemed to sense when there was awake energy in the house, no matter what time it was. There were periods when I had to push my meditation back as far as 4:00 A.M. to be sure to get some interrupted time. Sometimes now, the children meditate or do yoga with me. I don't push it. It's just something Daddy does, so it's natural for them to know about it and to do it with me from time to time.

Practicing meditation and yoga in the early morning has a positive influence on the rest of the day for me. When I start off the day dwelling in stillness, being mindful, nourishing the domain of being, and cultivating calmness and concentration, I seem to be more mindful and relaxed the rest of the day and better able to recognize stress and handle it effectively. When I tune into my body and work it gently to stretch my joints and feel my muscles, my body feels more alive and vibrant that on the days I don't do it. I also know what state my body is in that day and what I might want to watch out for, such as my low back or my neck if they are particularly stiff or painful that morning.

Some of our patients like to practice early in the morning, but a lot don't or can't. We leave it to each individual to experiment with times to practice and to choose the best one for his or her schedule. Practicing late at night is not recommended in the beginning, however, because it is very hard to keep up the alert attention required when you are tired.

In the first weeks of the stress reduction program, many people have trouble staying awake when they do the body scan (see Chapter 5), even when they do it in the daytime, because they get so relaxed. If I feel groggy when I wake up in the morning, I might splash cold water on my face until I know I am really away. I don't want to meditate in a daze. I want to be alert. This may seem somewhat extreme, but really it is just knowing the value of being awake before trying to practice. It helps to remember that mindfulness is about being fully awake before trying to practice. It is not cultivated by relaxing to the point where unawareness and sleep take over. So we advocate doing anything necessary to wake up, even taking a cold showing that is what it takes.

Your meditation practice will only be as powerful as your motivation to dispel the fog of your own lack of awareness. When you are in this fog, it is hard to remember the importance of practicing mindfulness, and it is hard to locate your attitudinal bearings. Confusion, fatigue, depression, and anxiety are powerful mental states that can undermine your best intentions to practice regularly. You can easily get caught up and then stuck in them and not even know it.

That is when your commitment to practice is of greatest value. It keeps you engaged in the process. The momentum of regular practice helps to maintain a certain mental stability and resilience even as you go through states of turmoil, confusion, lack of clarity, and procrastination. These are some of the most fruitful times to practice, not to get right of your confusion or your feelings bust just to be conscious and accepting of them.

♦

Most people who come to the stress clinic, no matter what their medical problem is, tell us that they are really coming to attain peace of mind. This is an understandable goal, given their mental and physical pain. But to achieve peace of mind, people have to kindle a vision of what they really want for themselves and keep that vision alive in the face of inner and outer hardship, obstacles, and setbacks.

I used to think that meditation practice was so powerful in itself and so healing that as long as you did it at all, you would see growth and change. But time has taught me that some kind of personal vision is also necessary. Perhaps it could be a vision of what or who you might be if you were to let go of the fetters of your own mind and the limitations of your own body. This image or ideal will help carry you through the inevitable periods of low motivation and give continuity to your practice.

For some that vision might be one of vibrancy and health, for others it might be one of relaxations or kindness or peacefulness or harmony or wisdom. Your vision should be what is most important to you, what you believe is most fundamental to your ability to be your best self, to be at peace with yourself, to be whole.

The price of wholeness is nothing less than a total commitment to being whole and an unswerving belief in you capacity to embody it in any moment. C. G. Jung put it this way: “The attainment of wholeness requires one to stake one’s whole being. Nothing less will do; there can be no easier conditions, no substitutes, no compromises.”

With this background to help you to understand the spirit and the attitudes that are more helpful to cultivate in your meditation practice, we are now ready to explore the practice itself.

APPENDIX B

The Pre-Program Group Orientation Session

Saki F. Santorelli, EdD, MA

The Pre-Program Group Orientation Session

Orientation sessions begin four weeks prior to the beginning of each teaching cycle (winter, spring, summer, and fall). Typically, we conduct two Orientation Sessions per week held at convenient times for prospective program participants (day and evening). Attendance at an *Orientation Session* is required for all incoming participants. These sessions are 2.5 hours in duration. During this time the Stress Reduction Program is described in detail and people are given the opportunity to speak about their lives and their reasons for considering participation in the program. Discussions are usually quite lively and informative. Instructors conducting these sessions have the opportunity to have individual exchanges with participants who either ask for or require more individual attention.

To better prepare participants for the Stress Reduction Program, prior to attendance at an *Orientation Session* all participants receive an informational packet describing the structure and key characteristics of the program of the program, financial costs and payment plans, and a brochure that describes the program and commitment required of participants.

Schedule of a Typical Orientation Session

Time: 9:00-11:30 AM or 6:30 – 9:00 PM

6:30 p.m. Participants begin arriving and staff members of the SRC greet people and direct them to our meeting room. All participants are asked to complete a battery of pre-program assessment instruments.

7:00 p.m. Instructor outlines the session format and creates a context by discussing the history and central work of the Clinic, i.e. mindfulness, meditation, mind-body and integrative medicine, learning to take good care of yourself, developing your own internal resources, integrating mindfulness into everyday life, the critical role and value of clinical research.

This is usually followed by lots of questions and discussion and participants have an opportunity to speak about their intentions and reasons for considering taking the course.

After completing these phases of the *Orientation Session,* those attendees who decide to enroll in the Stress reduction program are asked to target and write down three self-set program goals.

8:00 p.m. SRC instructors met with each enrollee individually; they review all pre-program assessment forms and speak with each person about their interest and, if necessary, their appropriateness for the program. If follow-up calls are required, they are scheduled at this time.

8:15-9:00 p.m. Following these individual meetings, CFM administrative staff enroll people into the program, confirm class assignments, receive payment and arrange payment plans.

APPENDIX C

Individual Pre and Post-Program Interviews 1979-2000

From 1979-2000 orienting all program candidates to MBSR at the Stress Reduction Clinic occurred via individual pre-program intake/assessment interviews. Likewise, as a means of discussing, in-depth and individually, the participants' experience of the program a post-program interview were utilized and recommended.

- **Pre-program interviews**

  Pre-program interviews are conducted in order to: 1) begin to understand the uniqueness and life-context of the program candidate, 2) explain the nature of MBSR to the candidate and the relevance in their life at present and, 3) ascertain the readiness and appropriateness of the candidate. (45-60 minutes)

- **Post-program interviews**

  Post-program interviews are conducted to: 1) give the participant the opportunity to review individually his/her experience of the program with their instructor, 2) fine tune the MBSR methods while developing short and long-range health goals, 3) make appropriate referrals to other health care professionals when necessary. (45-60 minutes)

CENTER FOR MINDFULNESS IN MEDICINE, HEALTH CARE, AND SOCIETY
University of Massachusetts Medical School

Stress Reduction Clinic
Mindfulness-Based Stress Reduction (MBSR)
Curriculum Guide©
2009

Melissa Blacker, MA, Florence Meleo-Meyer, MS, MA,
Jon Kabat-Zinn, PhD, Saki Santorelli, Ed.D, MA

Overview

This 8-week, 9-session MBSR curriculum is based on systematic and intensive training in mindfulness meditation and mindful hatha yoga and their applications in everyday life and the range of challenges arising from medical and psychological conditions and life stresses.

Embedded within the context of Mind/Body and Integrative Medicine, the MBSR curriculum focuses on the experiential cultivation of both "formal" and "informal" mindfulness practices as a foundation for the cultivation of positive health behaviors and psychological and emotional resilience that can be effectively utilized across the adult life span. The approach supports the learning, strengthening and integration of a range of mindfulness-based self-regulatory skills through the development and refinement of inherent internal resources. A primary aim is to cultivate ways of learning and being that can be utilized far beyond the completion of the program.

Class One

Overview: This 3 hour session includes a review of the intervention and the establishment of a learning contract with the patient/participant. The theoretical underpinnings of Mind-Body Medicine and the application of self-regulatory skills as related to the patient's individual referring diagnosis are also established. The patient is experientially introduced to mindful eating, mindfulness of breathing and the body scan home practice is assigned using the first guided recording (body scan meditation) as a means of beginning to learn to become familiar with mindful awareness of the body.

Theme: From our point of view, there is more right with you than wrong with you, no matter what challenges you are facing. Challenges and difficulties are workable. Mindful awareness, defined as paying attention, on purpose, in the present moment, non-judgmentally, is fundamental to this work since the present moment is the only time anyone ever has to perceive, learn, grow or change.

Typical Class Sequence:
Welcome and brief introduction of program by the instructor.

Opening meditation: becoming attentive to and aware of thoughts, emotions, and sensations in the present moment.

Class responses to opening meditation.

Review of guidelines for participation: confidentiality, self-care, communication with instructor, no advice-giving, etc.

Guided individual internal reflection: What has brought you here? What is your intention? What do you really want? (Option: small group or dyad sharing about guided reflection.)

Group go around: Go around the room and give people the opportunity to introduce themselves, what they are here for, and their expectations for the program. The instructor may make instructive comments, observations, and welcoming remarks from time to time in response to individuals.

Yoga: introduction to standing Mountain Pose and other standing poses.

Raisin-eating exercise: introduction to mindfulness meditation. Discussion of the experience. Focus on direct sensory observation – what can be seen, felt, smelled, tasted, heard. Instructor is attentive to observations that become deductions, opinions and theories removed from immediate experience. Observing and then slowly eating one raisin, with

guidance from instructor, stopping for observations from participants. Then, eating a second raisin in silence.

Abdominal breathing: tie the moment-to-moment awareness of eating exercise to experiencing the breath in the same way. Introduce various comfortable postures for lying down: corpse pose, astronaut pose, comfortable sitting in chairs if necessary. Focus on the feeling of the abdomen rising and falling with the inbreath and the outbreath, mindfully "tasting" the breath in the same way that the group tasted the raisin. Non-judgmentally observing one's own breathing from moment to moment; and bringing one's attention back to the breath and the present moment when it wanders.

From mindfulness of breathing, move into guided body scan with people continuing to lie on floor or sitting in comfortable position.

Finish with discussion of people's experiences with the body scan and assign daily home practice. Give instructions for use of the 45 minute Body Scan recording for home practice during week 1. Take attendance. (Note: attendance can be used as another form of mindfulness practice throughout the 9 sessions.)

Home Practice Assignment:

- Body Scan recording ≥ 6 days this week
- Home Practice Manual: 9 dots exercise
- Eat one meal this week mindfully
- (Optional assignment – read "Upstream/Downstream" by Donald Ardell)

Class Two

Overview: This 2.5 hour session includes one hour of experiential mindfulness training and skill development, one hour of focused dialogue and reflection concerning the role of perception and conditioning in the appraisal and assessment of stress. The pivotal role of self-responsibility in the positive development of short and long-term changes in health and health-enhancing behaviors is introduced. Home practice is assigned with an emphasis on the regular daily practice of the body scan for a second week, plus introduction of short periods of sitting meditation, and the application and integration of mindfulness in the everyday life of the participant.

Theme: Perception and creative responding: how you see things (or don't see them) will determine in large measure how you will respond to them. This ties in with how people see their participation in the program; how they see their pain, their illness; the stress and pressures in their lives; the level of commitment they will bring to the program and to the personal discipline it requires. Make the connection to stress reactivity and recovery from acute stressors, and the principle that "It's not the stressors per se, but how you handle them" which influences the short and long-term health effects they may have on your mind and your body.

Typical Class Sequence:

Guided body scan

Standing yoga

Take attendance.

Large Group Discussion: Discuss the body scan experience of this session as well as the home practice, with particular attention to how successful they were at making the time for it; problems and obstacles they encountered, sleepiness, boredom; how they worked with them or not; experiences and what participants are learning (seeing) about themselves from it, if anything.

(Option: dyad or small groups to discuss body scan experiences.)

Establish the universality of the wandering mind and the notion of working with it with acceptance and repeated re-focusing of attention; the coming back is as much a part of the meditation as the staying on the object of attention; noting where the mind goes and what is on one's mind; emphasize the importance of desisting from repressing and suppressing thoughts or feelings or forcing things to be a certain way. Best way to get

somewhere is to not try to get anywhere…letting go. A new way of learning. The body has its own language and its own intelligence. Non-conceptual.

Discuss eating one mindful meal and/or the experience of their relationship with food this week.

Examine the experience of working with the 9 dots and the theme of expanding the field of awareness in problem solving and recognizing behavioral, cognitive and emotional patterns that arise when working with difficulties and challenges. The breakthrough "aha!" experience. (Connect this theme to practicing the body scan.)

(Option: use the old woman/young woman or other "trompe L'oeil" or visual aids to investigate different ways of seeing or not seeing. If "Upstream/Downstream" article was assigned, reflection on the theme of early intervention and self-care.)

Introduce sitting meditation with awareness of breathing (AOB) as primary object of attention. Do a short guided meditation.

Discussion re: AOB meditation.

Go over home practice. End with short AOB meditation.

Home Practice Assignment:

- Body Scan recording ≥ 6 times per week
- AOB sitting meditation: 10-15 minutes per day.
- Home Practice Manual: fill out Pleasant Events Calendar for the week – one entry per day.
- Mindfulness of routine activities: brushing teeth, washing dishes, taking a shower, taking out garbage, shopping, reading to kids, eating.

Class Three

Overview: In this 2.5 hour session, participants practice several distinct yet interrelated formal mindfulness practices -- mindful hatha yoga (ending with a brief body scan), sitting meditation and optional walking meditation -- for a minimum of 90 minutes. This extended formal practice period is followed by inquiry into and exploration of participants' experiences with in-class and assigned home practices. Typical topics include challenges and insights encountered in formal practice and in integrating mindfulness into everyday life.

Theme: There is pleasure and power in being present. Attending to and investigating the way things are in the body and mind in the present moment through the practices of yoga and meditation.

Yoga as a practice of mindfulness. Emphasis on gentleness and non-judgment, curiosity, respect for current physical limits, and non-striving, especially in the teaching of yoga.

Noticing the tendency of the mind to label events as pleasant or unpleasant, the way we push away what is unpleasant and grasp what we perceive to be pleasant, and the role of conditioning. Questioning of our relationship to self-narratives and fixed ideas and opinions about the nature of reality as personally experienced.

Recognition that we can have pleasant moments in spite of being in a crisis or in pain, and unpleasant moments in situations that would normally be perceived as pleasurable. (Note: this theme continues into Class 4.)

Typical Class Sequence:

Sitting meditation with awareness of breathing. Specific guidance related to establishing a stable, upright and balanced sitting posture.

Attendance.

Group discussion re: sitting, body scan, and mindfulness in routine activities. Discuss the importance of being embodied through the sharing of participants' direct experience of feeling embodied or ungrounded.

Optional : introduce walking meditation.

Mindful yoga, slowly going through the sequence of postures on the Lying-down Yoga recording, with comments interspersed as required. Emphasis is on mindfulness and approaching one's current limits with gentleness. Participants are encouraged to avoid any postures they feel would cause injury or a setback, or to experiment with caution and care

when in doubt. Particular attention is paid to people with chronic problems with the lower back, neck, and chronic pain in general. Verbal guidance is explicit and accurate (i.e. if lying on the floor: "…as you breathe out, drawing the right knee up to the chest and wrapping your arms around the shin…") so that people know what to do without having to look at the teacher -- who is engaged in the postures while giving instructions. The teacher may move around the room and instruct people individually as needed. Ask permission of students to make adjustments to postures through physical contact.

Group discussion about the experience of practicing the yoga postures.

Optional: before a formal group discussion with the participants about the Pleasant Events Calendar consider leading a short guided reflection that asks participants to select one pleasant event, focusing on physical sensations, emotions, and thoughts as they arise as memory, and then as they arise in the present moment.

Go over Pleasant Events Calendar, being particularly attentive to exploring the ordinariness of experiencing a moment as pleasant. Particular emphasis on mind/body connections, patterns, what people observed/learned about themselves. Wondering together if there were any pleasant moments experienced during the body scan in the past week. Investigating what qualities in all of these pleasant moments or events caused them to be labeled as pleasant? What qualities do these distinct pleasant moments or events have in common?

Assign homework, alternating yoga with the body scan. Emphasize the importance of getting down on the floor and working mindfully with your body every day, if only for a few minutes.

Finish class with a short sitting meditation, AOB, expanding attention to the whole body.

Home Practice Assignment:

- Alternate Body Scan recording with Lying-down Yoga recording, every other day ≥ 6 days per week
- Sitting meditation with AOB - 10 - 15 min per day
- Home Practice Manual: Unpleasant Events Calendar for the week, one entry per day.

Class Four

Overview: During this 2.5 hour session, participants engage in a combination of the three major formal mindfulness practices that have also been practiced at home during the preceding three weeks – the body scan, mindful hatha yoga and sitting meditation. Instruction emphasizes the development of concentration and the systematic expansion of the field of awareness.

Theme: How conditioning and perception shape our experience. By practicing mindfulness, we cultivate curiosity and openness to the full range of experience and through this process cultivate a more flexible attentional capacity. We learn new ways to relate to stressful moments and events, whether external or internal. Exploration of mindfulness as a means of reducing the negative effects of stress reactivity as well as the development of more effective ways of responding positively and pro-actively to stressful situations and experiences. The physiological and psychological bases of stress reactivity are reviewed and in-depth discussion is directed toward the use of mindfulness as a way of working with, reducing, and recovering more quickly from stressful situations and experiences. Daily practice aimed at recognizing and experientially inquiring into reactive patterns is assigned for home practice.

Typical Class Sequence:

Standing Yoga postures

Sitting meditation with focus on breath, body sensations, and the whole body. Particular emphasis on working with painful physical sensations.

Attendance.

Group discussion exploring the opening sitting meditation in this session. Inquire into the experience of working with physical sensations, the daily sitting practice, and yoga. Fine-tune yoga instructions as required. Invite exploration about the relationship between practicing yoga and the body scan. Connect to daily life experience.

Optional: before a group discussion with the participants about the Unpleasant Events Calendar, consider leading a short guided reflection that asks participants to select one unpleasant event, focusing on physical sensations, emotions, and thoughts as they arise as memory, and then as they arise in the present moment.

Review Unpleasant Events Calendar, being particularly attentive to exploring the familiarity of unpleasant moments. Particular emphasis on mind/body connections, patterns, what people observed/learned about themselves. Wondering together if there were any unpleasant

moments experienced during any of the formal or informal home practices in the past week. Investigating any common attributes in all of these unpleasant moments or events that caused them to be labeled as unpleasant. What qualities do these distinct unpleasant moments or events have in common?
(note: if pleasant events were not investigated in class three, both pleasant and unpleasant events may be explored in this session.)

Group discussion: continue exploring physical sensations, emotions, thoughts associated with unpleasant events. Connect to experience of stress -- How do we actually experience it physically, cognitively and affectively? Ask participants to name stressors --what is particularly stressful for you and what are you discovering about it through the practice of mindfulness? Explore with the class: What is stress? How does it influence mind, body, health, and patterns of behavior? Association with expectations, not getting one's own way (what is my way, anyway…and would I know it if I got it, and how long would it last?) Definitions of stress and stressors (see, for example, evolving theories and studies about stress from Cannon, Selye, Holmes and Rahe, Lazarus, McEwen.)

Assign home practice.

Conclude class with sitting meditation.

Home Practice Assignment:

- Alternate Body Scan recording with Lying-down Yoga recording, every other day ≥ 6 days per week
- Sitting Meditation 20 minutes per day with attention to breathing, other physical sensations, and awareness of the whole body.
- Be aware of stress reactions and behaviors during the week, without trying to change them.
- Awareness of feeling stuck, blocking, numbing, and shutting off to the moment when it happens this week.
- Review information about stress in practice manual or handout

Class Five

Overview: This 2.5 hour session marks the halfway point in the course. It emphasizes the capacity of participants to adapt more rapidly and effectively to everyday challenges and stressors. Experiential practice of mindfulness continues with an emphasis on developing problem, emotion, and meaning-focused coping strategies. (See Lazarus and Folkman, and Folkman.) A central element of the session is oriented around the patient's capacity to recover more rapidly from stressful encounters when they occur. Strategies continue to be developed with emphasis on the growing capacity to attend more precisely to a variety of physical and mental perceptions and to use this awareness as a way of deliberately interrupting and intervening in previously conditioned, habitual behaviors and choosing more effective responses. Daily mindfulness practice is assigned, with an emphasis on the observation and application of mindful awareness in daily life.

Theme One: Awareness of being stuck in one's life, highlighting the conditioned patterns of escape from difficulty (i.e. fight and flight – stress reactivity/automaticity/mindlessness.) Investigation of the ways people often cope by escape or denial – naming the shadow side of our conditioned coping patterns: substance dependency, numbing and suppression of feelings, suicide. Honoring that these coping methods may have been protective and supported survival, and are now counter-evolutionary and limiting, if not destructive.

Theme Two: Connect mindfulness with perception/appraisal in the critical moment (the moment of conscious contact), and with the arising of reactive physical sensations, emotions, cognitions and behaviors. Emphasis on attentiveness to the capacity to respond rather than to react to stressful situations. Explore the effect of emotional reactivity in health and illness. Learning to honor the full range of emotions and when called for, to express them with clarity and respect for self and other.

Typical Class Sequence:

Standing yoga

Sitting meditation with breath, body, sounds, emotions, thoughts, as "events" in consciousness, distinguishing the event from the content, and then choiceless awareness/open presence. Stillness is emphasized.

From meditation move into guided reflection: The program is half-over today. How has it been going so far? Pause and take stock: What am I learning? How does it show up in my life? How am I engaging with this program in terms of commitment to weekly classes and daily practice? Am I willing to recommit for the second half of the course? Note that growth is non-linear. Letting go of expectations for the second half based on experience of

the first half of course. Invitation to practice and take each moment as a new beginning; a fresh opportunity to be fully engaged, fully alive.

Midway assessments, completers moving into dyads to discuss their experience of the program so far.

Attendance

Inquire into experiences practicing the meditation and yoga home practice, as well as the new meditation introduced at the beginning of class.

Explore observations of reacting to stressful events during the week. Note habitual behavioral patterns, thoughts and emotions associated with the feeling of being stuck in these conditioned reactions. Include patterns that arise during meditation practice.

Introduce the possibility of responding with awareness in these moments, rather than reacting automatically. In making the distinction between reacting and responding, emphasize that in many situations, reacting is skillful. It's not the stress but how you handle it which dictates its effects on the mind and the body (within limits).

Option: Review reacting vs. responding diagrams from Full Catastrophe Living. Mention evolving theories and studies about stress hardiness, coping, resilience (see, for example Kobasa, Antonovsky, Schwartz and Shapiro.) Best to explore this through dialogue and reflection rather presenting didactically as a lecture.

Go over home practice assignment -- Emphasize that the new Sitting Meditation recording has more silence on it to allow participants to practice more deeply on their own in between the guided instructions.

Sitting meditation

<u>Home Practice Assignment</u>:

- New Sitting Meditation recording. Alternate with either Body Scan or Lying down Yoga recordings.
- Fill out Difficult Communications Calendar.
- Bring awareness to moments of reacting and explore options for responding with greater mindfulness, spaciousness and creativity, in formal meditation practice and in everyday life. Remember that the breath is an anchor, a way to heighten awareness of reactive tendencies, to slow down and make more conscious choices.

Class Six

Overview: In this 2.5 hour session, experiential training in MBSR continues, with an emphasis on the growing capacity to cope more effectively with stress. Discussion is oriented around the continued development of "transformational coping strategies," attitudes and behaviors that enhance the psychological characteristic known as "stress hardiness" or resilience. Theory is linked directly to the MBSR methods and skills being practiced, grounded in the actual life experiences of the participants. The emphasis continues to be on the broadening of participants' inner resources for developing health-enhancing attitudes and behaviors and the practical application of such competencies given each person's particular life situation and health status. Daily mindfulness practices are assigned again for homework with an emphasis on the observation and application of these skills in daily life. Participants engage in an in-depth exploration of stress as it presents within the domain of communications. The focus of this strategy-building session revolves around the application of previously learned MBSR skills and methods in the area of communications. A variety of communication styles are examined both didactically and experientially, and strategies for more effective and creative interpersonal communication are developed.

Theme: Stressful communications; knowing your feelings; expressing your feelings accurately; developing a greater awareness of interpersonal communication patterns; and barriers to doing so. Interpersonal mindfulness: staying aware and balanced in relationships, especially under conditions of acute or chronic stress, the strong expectations of others, past habits of emotional expression/suppression and the presentation of self in everyday life. Based on the skills that we have been developing through the entire program, emphasize cultivating the capacity to be more flexible and to recover more rapidly during challenging interpersonal situations.

Typical Class Sequence:

Standing yoga

Sitting meditation with less instruction: breath, body, sounds, thoughts and emotions, choiceless awareness/open presence.

Attendance

Optional: return midway evaluations with comments. Possibility of using anonymous quotes from participants' evaluations to identify and share the experiences and learnings of this particular group.

Discuss the home practice, especially experiences with the sitting meditation recording. What did you notice about responding more creatively in life and in meditation? Were there new responses? What surprised you?

Discuss the upcoming all day session. Explain the intentions underlying this session and describe in detail the structure and format of the day, including options for self-care and teacher availability. Discuss how to work with extended periods of silence and practice. Provide suggestions for preparing for the day, including what to bring: Lunch, loose fitting clothes (layers), mat or blanket.

Optional: guided reflection – recall a situation from the Difficult Communications Calendar. Examine habitual relational patterns and how they are experienced in the mind and body and how they manifest as behavior.

Optional: Discuss in small groups or dyads

Group discussion about difficult communications.

There are a number of exercises that can be used to explore this topic. Embodying a relational pattern tends to make it more available to awareness. The dialogue and inquiry during these exercises allows a heightened awareness of habitual patterns and behaviors, not only in the realm of interpersonal communication, but also in one's inner life. It is essential to pause and reflect together on these experiences and to notice how relational patterns are externalizations of internal mind and body states. Participants make connections between their present-moment experience of witnessing and/or participating in these exercises and the personal cognitive, emotional and behavioral patterns with which they have become familiar during the course. These exercises also provide an opportunity for participants to experiment with new behaviors and ways of engaging interpersonally.

Note: the intention behind engaging in any of the following (or any other) communication exercises is the cultivation of awareness. The form of the exercise is less important than the essence of this intention.

Some of the options for communications exercises may include, but are not limited to:

- Aikido-based "pushing exercises", role-playing the initial contact (taking the hit); avoiding conflict/stepping aside/passive-aggressive; being submissive; aggressive, engaged in an equal struggle; and assertive/blending/ "entering", staying engaged and with eye and wrist contact, but stepping out of the path of the aggression. Demonstrate with a volunteer (choose carefully, trusting your intuition). Importance of centering in the moment, taking a firm stand, not running away but not having to be in total control; the importance of stepping out of the way, of making contact (hand to

wrist), of turning, of acknowledging the other person's point of view; showing one's own point of view; staying in the process without knowing where it is going or being fully in control; maintaining mindfulness, openness, staying grounded and centered.

- Verbal aikido role play – similar to above, but done with dialogue with volunteer.

- Experiencing and exploring patterns of communication by physically enacting and expressing different patterns and options (i.e. passive, aggressive, assertive, etc.), then having class take postures, possibly interacting in pairs, small groups or the entire class.

- Exploration of assumptions: Guided by instructor, participants face each other in silence, and are led into noticing differences between observation and assuming or interpreting/mind reading. This may be followed by structured dialogue between participants.

- Speaking and listening exercise: in dyads, participants are given a topic based on class discussions and content. One speaks, one listens, then reverse roles.

Assign homework.

Sitting meditation.

Home Practice Assignment:

- Alternate Sitting Meditation recording with Body Scan and/or Standing or Lying down Yoga recordings.

All Day Class

Overview: The intensive nature of this 7.5 hour session is intended to assist participants in firmly and effectively establishing the use of MBSR skills across multiple situations in their lives, while simultaneously preparing them to utilize these methods far beyond the conclusion of the program.

Theme: Cultivating a sense of presence from moment to moment, and being open to any experience, whether evaluated as pleasant, unpleasant or neutral, as an opportunity to practice mindful attention.

Typical Class Sequence:

Morning session options:

Brief sitting meditation in silence.

Welcome, introduction of teacher(s), and guidelines for the day, which include being silent, no eye contact, self-care, availability of teachers, etc.

Sitting meditation: focus on awareness of breathing.

Guided Yoga, with the option of ending with short body scan.

Slow walking meditation: with introductory guidance.

Sitting meditation: less guidance, more silence.

Slow walking meditation: less guidance

Mountain or Lake meditation -- These images are used to help people understand the practice on a deeper level, not to take them out of the present moment to some other place or time. They are metaphors used to connect to aspects of the practice connected to stability, flexibility and strength.

Talk – an opportunity to give encouragement or inspiration, with the option of telling a teaching story or reciting a poem and drawing out one or more of the core teaching elements of the curriculum.

Attendance

Lunch instructions

Silent lunch

Afternoon session options:

Fast/slow walking exercise, with specific, well-paced verbal guidance by teacher. Include repeated instructions for noticing, in movement and stillness, various mind-body experiences. Emphasize options for meeting needs as they arise, and the possibility for moving in and out of the exercise. (Note: if people choose to sit out for part or all of the exercise, the teacher's guidance includes suggestions for active participation by noting mind-body experiences while sitting.)

Begin with slow walking, gradually move to each person's usual walking pace, pause…invite people to be attentive in the pause to body, thoughts and emotions…begin walking at a comfortable pace, incrementally increasing speed, with instructions to increase body tension (i.e. clenched fists and jaw) and moving towards deliberate (imaginary) objectives…continue increasing pace, changing directions, then stopping…attentive to entire experience…begin walking again at a regular pace with instructions for staying present and open…increasing the pace, unclenching hands and jaws, while continuing to walk faster, changing directions, stopping… teacher asks participants to reflect on current mind-body experience and note if there are any differences between the previous rounds of walking. Teacher gives instructions for very slowly walking backwards with eyes closed, keeping arms and hands at sides, gently leaning into contact before moving in another direction, then stopping… teacher asks participants to reflect on their mind-body experience…teacher gives instructions to orient to center of room, and continues the invitation to walk slowly backwards, making contact with others and remaining in physical contact while moving towards the center of the room. (Note: in the interest of inclusion, provide options for stepping into contact or out of contact.)

Lovingkindness meditation: guidance using minimal talking, emphasis on spaciousness, ending in silence. (This meditation is used to help people recognize qualities of lovingkindness, friendliness, warmth and compassion, towards self and others, that are already present and capable of being cultivated, but may not yet be available to awareness. Care is taken to recognize and affirm any resistance to the possibility of these qualities existing within oneself or wished for others.)

Optional ending exercises: Short sittings alternated with short walkings, sitting anywhere one can when change occurs.

Or, Visual meditation followed by mindful walking, possibly outdoors, stopping and noticing one thing. Teacher rings bells to bring participants back to room and guides a contemplation on

the memory of what was seen, followed by an open awareness meditation.

Dissolving the silence by whispering in pairs, then in groups of 4, discussing what was learned and experienced during the day and how the participants worked with challenges.

Group discussion and dialogue -- Emphasize that the day was not meant to be pleasant or unpleasant. Question of how one works with whatever appears. Invite participants who had difficulties to speak about them and feel supported.

Sitting meditation

Optional: closing ceremony, which may include: holding hands, standing in circle, looking around, making eye contact, tuning into feeling whole and embedded in the context of the larger group, finding one word to describe the experience of the day or the moment.

Good-byes

Class Seven

Overview: In this 2.5 hour session, experiential training in MBSR skills continues. The all day class is reviewed and discussed. There may be a continuation of the discussion of communication that began in class 6. Participants are asked to exercise greater personal latitude in the choice of formal mindfulness practices done as home practice during the week between this session and the final one. Emphasis is on maintaining 45 minutes of daily practice, without recorded instructions. Participants are encouraged to create their own blend of the various practices. (For example, 20 minutes of sitting, 15 minutes of yoga, 10 minutes of body scan.) The intention is to further maintain the discipline and flexibility of a personal daily mindfulness practice by encouraging people to become attuned to the changing conditions in their lives.

Theme: Integrating mindfulness practice more fully and personally into daily life. Participants are asked to purposefully reflect on life-style choices that are adaptive and self-nourishing as well as those that are maladaptive and self-limiting.

Typical Class Sequence:

Options include one or both of the following exercises:

1) Changing seats exercise: After participants take their seats in the room, invite them to close their eyes and notice how it feels to be sitting where they're sitting. Ask them to:

- Pay attention to what's familiar, if this is a seat they choose often, or what's different if it's a new seat.
- Notice physical sensations, thoughts, and/or emotions that may be present as they sit in this familiar or new place.

Then invite them to open their eyes, and get a sense of what the room looks like from this perspective. Is it the same room? Why did they choose to sit where they did when they came in? Scan the room for a seat in which they've never sat or where they think they won't like to sit. Ask participants to move to that seat, in silence, and to close their eyes and notice how it feels to be in the new place, with a new perspective, perhaps sitting near new people. Ask them to consider whether they tend to stay in the same places or to explore new places, making sure to emphasize that these are simply patterns, and that one pattern isn't better than the other. Can we be at home wherever we are? Mention awareness of choices of positioning oneself in a room, the idea of taking one's seat in the meditation (taking a stand sitting, no matter where you are.) Invite awareness of attachment to place. Where am I in my life – in this moment? Where am I going? Don't know…

This changing of seats may be repeated again or even a few times. Finally, invite participants to find a seat and establish themselves in a posture for sitting meditation, consciously choosing to return to "their" familiar seat or to explore being in a different place.

2) Yoga choices exercise: each participant does a standing body scan and identifies an area that needs attention. Individually and with the group, explore yoga poses that address that area of the body, or favorite yoga postures learned in the program. Each participant, with help from the teacher if necessary, teaches their chosen pose. Emphasis is on using yoga in ordinary daily experience, not as a special, rarified activity.

Sitting meditation: choiceless awareness, using the breath for an anchor if lost.

Attendance

Discuss the home practice and the all day retreat: reactions and responses to it, likes and dislikes. What you saw, what you learned about yourself. Invite responses to different aspects of the day, and how it felt afterwards. Connect the discussion to the experience of doing the meditation practice this week, both formal and informal (daily life). Emphasis on importance of making the practice one's own. This week, no recordings for home practice. Encourage people to take the same 45 minutes, and practice on their own. They decide what, how much, etc.

Option: questions and observations about communication stemming from last week's session. If necessary, there is the option of continuing to explore communication through the exercises that are related to this week's class discussion.

Discuss theme of what we take in, as food or as any kind of sensory experience, and patterns that are self-destructive and self-nourishing.

Assign home practice.

Optional: mountain, lake or lovingkindness meditation

<u>Home practice assignment</u>:

- No recordings this week. Practice formal sitting, yoga, walking and/or the body scan on your own, every day for 45 minutes. (Note: if this is too difficult, suggest alternating between the recordings and self-guidance every other day.)

- Practice informally when you are not doing the above formal practices by being as aware and awake as possible throughout the day.

Class Eight

Overview: In this 3.5 hour session, experiential mindfulness practice continues and participants are given ample opportunity to inquire into and clarify any lingering questions about the various practices and their applications in everyday life. A review of the program is included with an emphasis on daily strategies for maintaining and deepening the skills developed during the course of the program. Creating a satisfying closure by honoring both the end of this program and the beginning of the rest of your life.

Theme: Keeping up the momentum and discipline developed over the past 7 weeks in the meditation practice, both formal and informal. Review of supports to help in the process of integrating the learning from this program over time: books, recordings, graduate programs, free all day sessions for all graduates 4 times per year; mention retreat centers.

Hand out Hints and Reminders booklet with reading list and resources list.

Typical Class Sequence:

Body scan (coming full circle, since this is how class one begins.)

Yoga stretching, either guided or self-guided.

Sitting Meditation, mostly silent.

Optional: one or both of the following:

1) Guided reflection – what do you want to be sure to remember – something you've touched or learned about yourself. Option of setting three short-term (3 months) and three long-term (3 years or more) goals which come out of your direct experience in the program and with the meditation practice. Include potential obstacles to reaching these goals and your strategies for working with them. Participants write letters that include these themes and then seal them in envelopes which they self-address. Instructor collects envelopes and will mail them "sometime in the future."

Or, 2) Complete post-program paperwork. (This may also be preceded by a guided reflection that incorporates some or all of the questions below.)
As each participant completes their letter or paperwork they are placed in pairs by the instructor to discuss how the course has been for them. Examples of questions: (1) think back to why you came originally – expectations – and why you stayed; (2) What did you want/hope for? (3) What did you get out of the program, if anything? What did you learn? (4) What sacrifices did you make? What were the costs to you? What obstacles did you

encounter and what did you learn about yourself in working with these obstacles? (5) How will you continue to practice when this program is over?

Group dialogue and discussion: Discuss the experience of practicing without recordings this week. Review the entire course and focus briefly on salient features.

Group go around – each participant shares their experience of the course with the whole group, how they feel about the course ending, what they have learned, how they will keep the momentum of their practice moving and growing.

Attendance, home practice, Hints and Reminders booklet, resources handout, address exchanges.

Final meditation and acknowledgement of the ending of this particular group.

Home Practice Assignment:

- Go back to the recordings if you wish. Keep up the practice and make it your own.

Stress Reduction Clinic/MBSR Program
Currently Used Pre and Post Program Assessment Instruments (12/17/13)

The MSCL (Medical Symptom Checklist) – a 109-item questionnaire that assesses the number and types of symptoms patients have experienced in the last month.

(This scale has been utilized for the entire 34 years of the Stress Reduction Clinic)

The **BSI** (53 items) is a shorter and equivalent version of the SCL-90 that Jon used in his early studies. It assesses nine dimensions of psychological distress (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism). More importantly, it gives an overall psychological distress score (General Severity Index) that has been widely used in studies of MBSR and typically goes down by around 30% over the eight weeks.

(This scale has been utilized for the entire 34 years of the Stress Reduction Clinic. From 1979-2000 we used the long form (SCL-90R – 90 items); since 2001 we have used the BSI – short form).

The PSS (10 items) is the ten-item form of the perceived stress scale, a widely-used scale that assessing the degree to which people feel their coping resources are adequate to meet the demands of their life demands, or the extent to which they feel overwhelmed. Scores on this scale improve greatly over the course of the eight weeks. It has been related to changes in immune function.

The 5-Factor Questionnaire (39 items) was developed by Ruth Baer from items in the previously mindfulness scales. It assesses five facets of mindfulness: capacity to observe experience; name components of experience; act with awareness; not judge experience; non-reactivity to experience. We found that scores on the scale improve with more out-of-class practice (especially the yoga), and that those improvements in mindfulness mediate the reductions people report in their stress/distress. This suggested that formal mindfulness practice leads to increases in mindfulness, which in turn leads to symptom reduction and improved well-being.

The SCS (26 items) this Self-Compassion Scale was developed by Kristin Neff and explores three dimensions of self-compassion: being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them.

WINTER C119/141

DATE_____

CLASS CHOSEN_____

Pre-Program Assessment

CENTER FOR MINDFULNESS IN MEDICINE, HEALTH CARE, & SOCIETY

STRESS REDUCTION PROGRAM

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
Division of Preventive & Behavioral Medicine

Thank you, for filling out these forms.
We realize the personal nature of these questions. Please be assured that the completed forms are kept in strict confidence.

Name: _____

Address: _____

_____

E-Mail:_____

Telephone# **Home ( ) _____**

Work ( ) _____

Cell ( ) _____

☐
Office use only

The information from your responses to the following questionnaires may be useful to you and to us in following your progress through the Stress Reduction Program. It might also be useful in helping us to improve the program for others. For this reason, the information might be used for statistical research purposes on the kinds of changes people experience as a result of participating in our Mindfulness Based Stress Reduction Program.

<u>You will not be identified as an individual in any of the analyses, nor in any publications that result from it.</u>

☐ **Yes, I agree that my information can be used.**

☐ **No, I do not want my information to be used.**

1. WHAT IS YOUR MAIN REASON FOR PARTICIPATING IN THE STRESS REDUCTION PROGRAM?

_____

_____

2. Occupation: _____

3. DATE OF BIRTH: (MM/DD/YEAR) ___/___/_____

4. GENDER: (please circle) MALE FEMALE

5. FAMILY INFORMATION: (please circle)
Single Married Not Married Living with Partner Separated Divorced Widowed

6. DO YOU HAVE ANY CHILDREN? (Yes/No) _____

6a. IF SO, HOW MANY?_____ 6b.Ages?_____

7. DO YOU HAVE CLOSE FRIENDS? (Yes/No) _____

8. SLEEP QUALITY: _____

9. WEIGHT: _____ **HEIGHT:** _____

10. DO YOU SMOKE? _____ **11. CAFFEINATED DRINKS PER DAY:** _____

12. DO YOU EAT A BALANCED DIET? _____

13. DO YOU EXERCISE? _____
14. DO YOU USE DRUGS OR ALCOHOL? ____
14 a. HOW MUCH? _____

15. HISTORY OF SUBSTANCE ABUSE (IF RELEVANT): _____

16. DO YOU TAKE PRESCRIPTION MEDICATIONS? (Please list):_____
_____
_____

17. PREVIOUS OVERNIGHT HOSPITALIZATIONS? (Year) _____

Medical/Surgical _____

Psychological _____

18. WHAT DO YOU CARE ABOUT MOST? _____

19. WHAT GIVES YOU MOST PLEASURE IN YOUR LIFE? _____

20. WHAT ARE YOUR GREATEST WORRIES? _____

MEDICAL SYMPTOM CHECKLIST (MSCL) Name:_____Date:_____

Please check YES if you have recently (i.e. in the past MONTH)been bothered the listed problem.
Check NO if the particular problem has not been bothersome.

YES	NO	PROBLEM
[ ]	[ ]	frequent or severe headaches
[ ]	[ ]	neck pains
[ ]	[ ]	neck lumps or swelling
[ ]	[ ]	loss of balance
[ ]	[ ]	dizzy spells
[ ]	[ ]	blackouts/fainting
[ ]	[ ]	blurry vision
[ ]	[ ]	eyesight worsening
[ ]	[ ]	see double
[ ]	[ ]	see halos or lights
[ ]	[ ]	eye pain or itching
[ ]	[ ]	watering eyes
[ ]	[ ]	hearing difficulties
[ ]	[ ]	earaches
[ ]	[ ]	discharge from ears
[ ]	[ ]	noises in ears
[ ]	[ ]	dental problems
[ ]	[ ]	sore or bleeding gums
[ ]	[ ]	sore tongue
[ ]	[ ]	wheezing or gasping
[ ]	[ ]	frequent coughing
[ ]	[ ]	cough up phlegm
[ ]	[ ]	cough up blood
[ ]	[ ]	chest colds
[ ]	[ ]	rapid or skipped heartbeats
[ ]	[ ]	chest pains
[ ]	[ ]	shortness of breath with normal activity
[ ]	[ ]	swollen feet or ankles
[ ]	[ ]	recurring indigestion
[ ]	[ ]	frequent belching
[ ]	[ ]	nausea
[ ]	[ ]	vomiting
[ ]	[ ]	pain in abdomen
[ ]	[ ]	bloated abdomen
[ ]	[ ]	constipation
[ ]	[ ]	loose bowels
[ ]	[ ]	black stools
[ ]	[ ]	grey or whitish stools
[ ]	[ ]	pain in rectum
[ ]	[ ]	itching rectum
[ ]	[ ]	blood with stools

YES	NO	PROBLEM
[ ]	[ ]	frequent urination
[ ]	[ ]	involuntary escape of urine
[ ]	[ ]	burning on urination
[ ]	[ ]	brown, black or bloody urine
[ ]	[ ]	weak urine stream
[ ]	[ ]	difficulty starting urine
[ ]	[ ]	constant urge to urinate
[ ]	[ ]	aching muscles or joints
[ ]	[ ]	swollen joints
[ ]	[ ]	back or shoulder pains
[ ]	[ ]	weakness in arms or legs
[ ]	[ ]	painful feet
[ ]	[ ]	trembling
[ ]	[ ]	numbness
[ ]	[ ]	leg cramps
[ ]	[ ]	skin problems
[ ]	[ ]	scalp problems
[ ]	[ ]	itching or burning skin
[ ]	[ ]	bruise easily
[ ]	[ ]	nervousness or anxiety
[ ]	[ ]	nervous with strangers
[ ]	[ ]	nail biting
[ ]	[ ]	difficulty making decisions
[ ]	[ ]	lack of concentration
[ ]	[ ]	absentminded/loss of memory
[ ]	[ ]	lonely or depressed
[ ]	[ ]	frequent crying
[ ]	[ ]	hopeless outlook
[ ]	[ ]	difficulty relaxing
[ ]	[ ]	worrying a lot
[ ]	[ ]	frightening dreams or thoughts
[ ]	[ ]	feeling of desperation
[ ]	[ ]	shy or sensitive
[ ]	[ ]	dislike criticism
[ ]	[ ]	angered easily
[ ]	[ ]	annoyed by little things
[ ]	[ ]	family problems
[ ]	[ ]	problems at work
[ ]	[ ]	sexual difficulties
[ ]	[ ]	change of sexual energy
[ ]	[ ]	considered suicide
[ ]	[ ]	sought psychiatric help

YES	NO	PROBLEM
[ ]	[ ]	loss or gain in weight
[ ]	[ ]	frequently feel warmer or colder than others
[ ]	[ ]	loss of appetite
[ ]	[ ]	always hungry
[ ]	[ ]	swelling in armpits or groin
[ ]	[ ]	unusual fatigue or weaknes
[ ]	[ ]	difficulty sleeping
[ ]	[ ]	fever or chills
[ ]	[ ]	motion sickness
[ ]	[ ]	excessive sweating
[ ]	[ ]	night sweats
[ ]	[ ]	hot flashes
		(MEN ONLY)
[ ]	[ ]	burning or discharge
[ ]	[ ]	lumps or swelling on testicles
[ ]	[ ]	painful testicles
		(WOMEN ONLY)
[ ]	[ ]	a missed period
[ ]	[ ]	menstrual problems
[ ]	[ ]	bleeding between periods
[ ]	[ ]	tension or pain before periods
[ ]	[ ]	heavy bleeding
[ ]	[ ]	bearing down feeling
[ ]	[ ]	vaginal discharge
[ ]	[ ]	genital irritation
[ ]	[ ]	pain on intercourse
[ ]	[ ]	swelling or lumps in breasts
[ ]	[ ]	painful breasts

Comments or special problems:

_____

_____

_____

Name _____ **Date** _____

BSI

Here is a list of problems people sometimes have. Read each one carefully and write the number in the blank that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

0	1	2	3	4
not at all	a little bit	moderately	quite a bit	extremely

_____1. nervousness or shakiness inside
_____2. faintness or dizziness
_____3. the idea that someone can control your thoughts
_____4. feeling others are to blame for most of your troubles
_____5. trouble remembering things
_____6. feeling easily annoyed or irritated
_____7. pains in heart or chest
_____8. feeling afraid in open spaces or on the streets
_____9. thoughts of ending your life
_____10. feeling that most people cannot be trusted
_____11. poor appetite
_____12. suddenly scared for no reason
_____13. temper outbursts you could not control
_____14. feeling lonely even when you are with people
_____15. feeling blocked in getting things done
_____16. feeling lonely
_____17. feeling blue
_____18. feeling no interest in things
_____19. feeling fearful
_____20. your feelings being easily hurt
_____21. feeling that people are unfriendly or dislike you
_____22. feeling inferior to others
_____23. nausea or upset stomach
_____24. feeling that you are watched or talked about by others

Continues on the reverse side of this page……

0	1	2	3	4
not at all	**a little bit**	**moderately**	**quite a bit**	**extremely**

_____25. trouble falling asleep
_____26. having to check and double-check what you do
_____27. difficulty making decisions
_____28. feeling afraid to travel on buses, subways, or trains
_____29. trouble getting your breath
_____30. hot or cold spells
_____31. having to avoid certain things, places, or activities because they frighten you
_____32. your mind going blank
_____33. numbness or tingling in parts of your body
_____34. the idea that you should be punished for your sins
_____35. feeling hopeless about the future
_____36. trouble concentrating
_____37. feeling weak in parts of your body
_____38. feeling tense or keyed up
_____39. thoughts of death or dying
_____40. having urges to beat, injure, or harm someone
_____41. having urges to break or smash things
_____42. feeling very self-conscious with others
_____43. feeling uneasy in crowds, such as shopping or at a movie
_____44. never feeling close to another person.
_____45. spells of terror or panic
_____46. getting into frequent arguments
_____47. feeling nervous when you are left alone
_____48. others not giving you proper credit for your achievement
_____49. feeling so restless you couldn't sit still
_____50. feelings of worthlessness
_____51. feeling that people will take advantage of you if you let them
_____52. feelings of guilt
_____53. the idea that something is wrong with your mind

Name :_____

Date :_____

5-FACTOR M QUESTIONNAIRE

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes <u>your own opinion</u> of what is <u>generally true for you</u>.

1	2	3	4	5
never or very rarely true	**rarely true**	**sometimes true**	**often true**	**very often or always true**

_____ 1. When I'm walking, I deliberately notice the sensations of my body moving.

_____ 2. I'm good at finding words to describe my feelings.

_____ 3. I criticize myself for having irrational or inappropriate emotions.

_____ 4. I perceive my feelings and emotions without having to react to them.

_____ 5. When I do things, my mind wanders off and I'm easily distracted.

_____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.

_____ 7. I can easily put my beliefs, opinions, and expectations into words.

_____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.

_____ 9. I watch my feelings without getting lost in them.

_____ 10. I tell myself I shouldn't be feeling the way I'm feeling.

_____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.

_____ 12. It's hard for me to find the words to describe what I'm thinking.

_____ 13. I am easily distracted.

_____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

_____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.

_____ 16. I have trouble thinking of the right words to express how I feel about things

_____ 17. I make judgments about whether my thoughts are good or bad.

_____ 18. I find it difficult to stay focused on what's happening in the present.

_____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.

_____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.

_____ 21. In difficult situations, I can pause without immediately reacting.

_____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.

Continues on the reverse side of this page…..

1	2	3	4	5
never or very rarely true	**rarely true**	**sometimes true**	**often true**	**very often or always true**

_____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.

_____24. When I have distressing thoughts or images, I feel calm soon after.

_____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.

_____ 26. I notice the smells and aromas of things.

_____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.

_____ 28. I rush through activities without being really attentive to them.

_____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.

_____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.

_____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.

_____ 32. My natural tendency is to put my experiences into words.

_____ 33. When I have distressing thoughts or images, I just notice them and let them go.

_____ 34. I do jobs or tasks automatically without being aware of what I'm doing.

_____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.

_____ 36. I pay attention to how my emotions affect my thoughts and behavior.

_____ 37. I can usually describe how I feel at the moment in considerable detail.

_____ 38. I find myself doing things without paying attention.

_____ 39. I disapprove of myself when I have irrational ideas.

Name_____ SCS Date:_____

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

1	2	3	4	5
almost never				**almost always**

_____1. I'm disapproving and judgmental about my own flaws and inadequacies.

_____2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____5. I try to be loving towards myself when I'm feeling emotional pain.

_____6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.

_____8. When times are really difficult, I tend to be tough on myself.

_____9. When something upsets me I try to keep my emotions in balance.

_____10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____11. I'm intolerant and impatient towards those aspects of my personality I don't like.

_____12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____14. When something painful happens I try to take a balanced view of the situation.

_____15. I try to see my failings as part of the human condition.

_____16. When I see aspects of myself that I don't like, I get down on myself.

_____17. When I fail at something important to me I try to keep things in perspective.

_____18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

_____19. I'm kind to myself when I'm experiencing suffering.

_____20. When something upsets me I get carried away with my feelings.

_____21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____23. I'm tolerant of my own flaws and inadequacies.

_____24. When something painful happens I tend to blow the incident out of proportion.

_____25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____26. I try to be understanding and patient towards those aspects of my personality I don't like.

Name: _____ Date: _____

PSS10

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never	Almost Never	Some-times	Fairly Often	Very Often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and stressed?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that happened that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

How did you learn about this program?

Date: _____

We are interested in knowing how you learned about our program. Would you help us by checking off any and all of the ways you first learned about the Stress Reduction Program?

_____ Primary Care Physician
Physician's first and Last Name_____

_____ Other Health Care Provider
_____ Specialty Physician

_____ Psychologist/Social worker/Psychotherapist

_____ Primary Care Nurse Practitioner
Other Health Care Provider's First and Last Name _____

_____ Harvard Pilgrim Health Care

____ Tufts Health Plan

_____ I received an appointment reminder with information regarding the Stress Reduction Program

_____ Jon Kabat-Zinn's Book

_____ Saki Santorelli's Book

_____ Friend/Relative that took the class

_____ Television

_____ Article from _____

_____ Google Ad

_____ Other (please describe):_____

_____

This is a good time to

Stop…

and await further instruction from your
Orientation Session Instructor.

PLEASE LIST THREE PERSONAL GOALS YOU HAVE FOR TAKING THE STRESS REDUCTION PROGRAM:

1)

_____
_____
_____

2)

_____
_____
_____

3)

_____
_____
_____

STRESS REDUCTION PROGRAM
UMASS MEDICAL SCHOOL
INFORMED CONSENT AGREEMENT

The risks, benefits and possible side effects of the Stress Reduction Program were explained to me. This includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises. I understand that if for any reason I am unable to, or think it unwise to engage in these techniques and exercises either during the weekly sessions at UMMS or at home, I am under no obligation to engage in these techniques nor will I hold the above named facility liable for any injury incurred from these exercises.

Furthermore, I understand that I am expected to attend each of the eight (8) weekly sessions, the day-long session and to practice the home assignments for 40-60 minutes per day during the duration of the training program.

_____ _____

Date **Please Print Name**

_____

Participant's Signature

_____

Parent or Legal Guardian
(If a Minor)

EMAIL COMMUNICATION CONSENT

As a participant in the Stress Reduction Program, you may wish to communicate with your instructor via email on occasion. In order to ensure your privacy, we request that you give written permission for this form of correspondence.

Please complete the form below and check one of the following options:

___I give my permission to communicate via email with my program instructor about any aspect of my Stress Reduction Program experience.

___I DO NOT give permission to communicate via email.

Signature: _____ Date: _____

STRESS REDUCTION PROGRAM/CENTER FOR MINDFULNESS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

Post-Program Assessment

CYCLE 119/141 Winter **DATE**_____

Thank you for filling out these forms. We realize the personal nature of these questions. Please be assured that the completed forms are kept in strict confidence.

PLEASE PRINT CLEARLY:

Name_____

Class_____ **Instructor**_____

IF THERE HAS BEEN A CHANGE OF ADDRESS OR PHONE PLEASE PRINT BELOW:

Address: _____

_____

Phone: **H ( )** _____

W ( ) _____

Email: _____

MEDICAL SYMPTOM CHECKLIST (MSCL) Name:_____Date:_____

Please check YES if you have recently (i.e. in the past MONTH)been bothered the listed problem.
Check NO if the particular problem has not been bothersome.

YES	NO	PROBLEM
[ ]	[ ]	frequent or severe headaches
[ ]	[ ]	neck pains
[ ]	[ ]	neck lumps or swelling
[ ]	[ ]	loss of balance
[ ]	[ ]	dizzy spells
[ ]	[ ]	blackouts/fainting
[ ]	[ ]	blurry vision
[ ]	[ ]	eyesight worsening
[ ]	[ ]	see double
[ ]	[ ]	see halos or lights
[ ]	[ ]	eye pain or itching
[ ]	[ ]	watering eyes
[ ]	[ ]	hearing difficulties
[ ]	[ ]	earaches
[ ]	[ ]	discharge from ears
[ ]	[ ]	noises in ears
[ ]	[ ]	dental problems
[ ]	[ ]	sore or bleeding gums
[ ]	[ ]	sore tongue
[ ]	[ ]	wheezing or gasping
[ ]	[ ]	frequent coughing
[ ]	[ ]	cough up phlegm
[ ]	[ ]	cough up blood
[ ]	[ ]	chest colds
[ ]	[ ]	rapid or skipped heartbeats
[ ]	[ ]	chest pains
[ ]	[ ]	shortness of breath with normal activity
[ ]	[ ]	swollen feet or ankles
[ ]	[ ]	recurring indigestion
[ ]	[ ]	frequent belching
[ ]	[ ]	nausea
[ ]	[ ]	vomiting
[ ]	[ ]	pain in abdomen
[ ]	[ ]	bloated abdomen
[ ]	[ ]	constipation
[ ]	[ ]	loose bowels
[ ]	[ ]	black stools
[ ]	[ ]	grey or whitish stools
[ ]	[ ]	pain in rectum
[ ]	[ ]	itching rectum
[ ]	[ ]	blood with stools

YES	NO	PROBLEM
[ ]	[ ]	frequent urination
[ ]	[ ]	involuntary escape of urine
[ ]	[ ]	burning on urination
[ ]	[ ]	brown, black or bloody urine
[ ]	[ ]	weak urine stream
[ ]	[ ]	difficulty starting urine
[ ]	[ ]	constant urge to urinate
[ ]	[ ]	aching muscles or joints
[ ]	[ ]	swollen joints
[ ]	[ ]	back or shoulder pains
[ ]	[ ]	weakness in arms or legs
[ ]	[ ]	painful feet
[ ]	[ ]	trembling
[ ]	[ ]	numbness
[ ]	[ ]	leg cramps
[ ]	[ ]	skin problems
[ ]	[ ]	scalp problems
[ ]	[ ]	itching or burning skin
[ ]	[ ]	bruise easily
[ ]	[ ]	nervousness or anxiety
[ ]	[ ]	nervous with strangers
[ ]	[ ]	nail biting
[ ]	[ ]	difficulty making decisions
[ ]	[ ]	lack of concentration
[ ]	[ ]	absentminded/loss of memory
[ ]	[ ]	lonely or depressed
[ ]	[ ]	frequent crying
[ ]	[ ]	hopeless outlook
[ ]	[ ]	difficulty relaxing
[ ]	[ ]	worrying a lot
[ ]	[ ]	frightening dreams or thoughts
[ ]	[ ]	feeling of desperation
[ ]	[ ]	shy or sensitive
[ ]	[ ]	dislike criticism
[ ]	[ ]	angered easily
[ ]	[ ]	annoyed by little things
[ ]	[ ]	family problems
[ ]	[ ]	problems at work
[ ]	[ ]	sexual difficulties
[ ]	[ ]	change of sexual energy
[ ]	[ ]	considered suicide
[ ]	[ ]	sought psychiatric help

YES	NO	PROBLEM
[ ]	[ ]	loss or gain in weight
[ ]	[ ]	frequently feel warmer or colder than others
[ ]	[ ]	loss of appetite
[ ]	[ ]	always hungry
[ ]	[ ]	swelling in armpits or groin
[ ]	[ ]	unusual fatigue or weaknes
[ ]	[ ]	difficulty sleeping
[ ]	[ ]	fever or chills
[ ]	[ ]	motion sickness
[ ]	[ ]	excessive sweating
[ ]	[ ]	night sweats
[ ]	[ ]	hot flashes
		(MEN ONLY)
[ ]	[ ]	burning or discharge
[ ]	[ ]	lumps or swelling on testicles
[ ]	[ ]	painful testicles
		(WOMEN ONLY)
[ ]	[ ]	a missed period
[ ]	[ ]	menstrual problems
[ ]	[ ]	bleeding between periods
[ ]	[ ]	tension or pain before periods
[ ]	[ ]	heavy bleeding
[ ]	[ ]	bearing down feeling
[ ]	[ ]	vaginal discharge
[ ]	[ ]	genital irritation
[ ]	[ ]	pain on intercourse
[ ]	[ ]	swelling or lumps in breasts
[ ]	[ ]	painful breasts

Comments or special problems:

_____

_____

_____

Name _____ **Date** _____

BSI

Here is a list of problems people sometimes have. Read each one carefully and write the number in the blank that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

0	1	2	3	4
not at all	a little bit	moderately	quite a bit	extremely

_____1. nervousness or shakiness inside
_____2. faintness or dizziness
_____3. the idea that someone can control your thoughts
_____4. feeling others are to blame for most of your troubles
_____5. trouble remembering things
_____6. feeling easily annoyed or irritated
_____7. pains in heart or chest
_____8. feeling afraid in open spaces or on the streets
_____9. thoughts of ending your life
_____10. feeling that most people cannot be trusted
_____11. poor appetite
_____12. suddenly scared for no reason
_____13. temper outbursts you could not control
_____14. feeling lonely even when you are with people
_____15. feeling blocked in getting things done
_____16. feeling lonely
_____17. feeling blue
_____18. feeling no interest in things
_____19. feeling fearful
_____20. your feelings being easily hurt
_____21. feeling that people are unfriendly or dislike you
_____22. feeling inferior to others
_____23. nausea or upset stomach
_____24. feeling that you are watched or talked about by others

Continues on the reverse side of this page……

0	1	2	3	4
not at all	**a little bit**	**moderately**	**quite a bit**	**extremely**

_____25. trouble falling asleep
_____26. having to check and double-check what you do
_____27. difficulty making decisions
_____28. feeling afraid to travel on buses, subways, or trains
_____29. trouble getting your breath
_____30. hot or cold spells
_____31. having to avoid certain things, places, or activities because they frighten you
_____32. your mind going blank
_____33. numbness or tingling in parts of your body
_____34. the idea that you should be punished for your sins
_____35. feeling hopeless about the future
_____36. trouble concentrating
_____37. feeling weak in parts of your body
_____38. feeling tense or keyed up
_____39. thoughts of death or dying
_____40. having urges to beat, injure, or harm someone
_____41. having urges to break or smash things
_____42. feeling very self-conscious with others
_____43. feeling uneasy in crowds, such as shopping or at a movie
_____44. never feeling close to another person.
_____45. spells of terror or panic
_____46. getting into frequent arguments
_____47. feeling nervous when you are left alone
_____48. others not giving you proper credit for your achievement
_____49. feeling so restless you couldn't sit still
_____50. feelings of worthlessness
_____51. feeling that people will take advantage of you if you let them
_____52. feelings of guilt
_____53. the idea that something is wrong with your mind

Name :_____ **Date :**_____

5-FACTOR M QUESTIONNAIRE

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
never or very rarely true	**rarely true**	**sometimes true**	**often true**	**very often or always true**

_____ 1. When I'm walking, I deliberately notice the sensations of my body moving.
_____ 2. I'm good at finding words to describe my feelings.
_____ 3. I criticize myself for having irrational or inappropriate emotions.
_____ 4. I perceive my feelings and emotions without having to react to them.
_____ 5. When I do things, my mind wanders off and I'm easily distracted.
_____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.
_____ 7. I can easily put my beliefs, opinions, and expectations into words.
_____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
_____ 9. I watch my feelings without getting lost in them.
_____ 10. I tell myself I shouldn't be feeling the way I'm feeling.
_____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
_____ 12. It's hard for me to find the words to describe what I'm thinking.
_____ 13. I am easily distracted.
_____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
_____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.
_____ 16. I have trouble thinking of the right words to express how I feel about things
_____ 17. I make judgments about whether my thoughts are good or bad.
_____ 18. I find it difficult to stay focused on what's happening in the present.
_____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.
_____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
_____ 21. In difficult situations, I can pause without immediately reacting.
_____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.

Continues on the reverse side of this page…..

1	2	3	4	5
never or very rarely true	**rarely true**	**sometimes true**	**often true**	**very often or always true**

_____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.

_____24. When I have distressing thoughts or images, I feel calm soon after.

_____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.

_____ 26. I notice the smells and aromas of things.

_____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.

_____ 28. I rush through activities without being really attentive to them.

_____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.

_____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.

_____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.

_____ 32. My natural tendency is to put my experiences into words.

_____ 33. When I have distressing thoughts or images, I just notice them and let them go.

_____ 34. I do jobs or tasks automatically without being aware of what I'm doing.

_____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.

_____ 36. I pay attention to how my emotions affect my thoughts and behavior.

_____ 37. I can usually describe how I feel at the moment in considerable detail.

_____ 38. I find myself doing things without paying attention.

_____ 39. I disapprove of myself when I have irrational ideas.

Name_____ SCS Date:_____

Please read each statement carefully before answering. To the left of each item, indicate <u>how often</u> you behave in the stated manner, using the following scale:

1	2	3	4	5
almost never				**almost always**

_____1. I'm disapproving and judgmental about my own flaws and inadequacies.

_____2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____5. I try to be loving towards myself when I'm feeling emotional pain.

_____6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.

_____8. When times are really difficult, I tend to be tough on myself.

_____9. When something upsets me I try to keep my emotions in balance.

_____10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____11. I'm intolerant and impatient towards those aspects of my personality I don't like.

_____12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____14. When something painful happens I try to take a balanced view of the situation.

_____15. I try to see my failings as part of the human condition.

_____16. When I see aspects of myself that I don't like, I get down on myself.

_____17. When I fail at something important to me I try to keep things in perspective.

_____18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

_____19. I'm kind to myself when I'm experiencing suffering.

_____20. When something upsets me I get carried away with my feelings.

_____21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____23. I'm tolerant of my own flaws and inadequacies.

_____24. When something painful happens I tend to blow the incident out of proportion.

_____25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____26. I try to be understanding and patient towards those aspects of my personality I don't like.

Name: _____ Date: _____

PSS10

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never	Almost Never	Some-times	Fairly Often	Very Often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and stressed?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that happened that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

UMASS Medical School
STRESS REDUCTION PROGRAM

FOLLOW-UP QUESTIONNAIRE

1) Do you feel you got something of lasting value or importance as a result of taking the SRP?

_____ yes _____no _____ not sure

If yes, please state what you feel you got from the SRP:

2) On the scale below please rate how important the SRP has been for you.

1 2 3 4 5 6 7 8 9 10
(not important) (very important)

3) Please rate how much change, if any, has occurred for you in the following attitudes and behaviors as a direct result of your participation in the SRP. Put a number from 1 to 4 beside each item based on the following rating scale:

1 - great positive change
2 - some positive change
3 - no change
4 - negative change

a. knowing how to take better care of myself. ..... _____

b. actually taking better care of myself ..... _____

c. believing that I can improve my own health ..... _____

d. feeling self-confident .... _____

e. feeling hopeful ..... _____

f. feeling assertive and able to express my needs and feelings directly in my relationships…… _____

g. awareness of what is stressful in my life…….. _____

h. awareness of stressful situations at the time they are happening ..... _____

i. ability to handle stressful situations appropriately ..... _____

j. correcting negative health habits and self-destructive behaviors ..... _____

SOME REFLECTIONS ON THE ORIGINS OF MBSR, SKILLFUL MEANS, AND THE TROUBLE WITH MAPS

Jon Kabat-Zinn

The author recounts some of the early history of what is now known as MBSR, and its relationship to mainstream medicine and the science of the mind/body connection and health. He stresses the importance that MBSR and other mindfulness-based interventions be grounded in a universal dharma understanding that is congruent with Buddhadharma but not constrained by its historical, cultural and religious manifestations associated with its counties of origin and their unique traditions. He locates these developments within an historic confluence of two very different epistemologies encountering each other for the first time, that of science and that of the meditative traditions. The author addresses the ethical ground of MBSR, as well as questions of lineage and of skillful 'languaging' and other means for maximizing the possibility that the value of cultivating mindfulness in the largest sense can be heard and embraced and cultivated in commonsensical and universal ways in secular settings. He directly addresses mindfulness-based instructors on the subject of embodying and drawing forth the essence of the dharma without depending on the vocabulary, texts, and teaching forms of traditional Buddhist environments, even though they are important to know to one degree or another as part of one's own development. The author's perspective is grounded in what the Zen tradition refers to as the one thousand year view. Although it is not stated explicitly in this text, he sees the current interest in mindfulness and its applications as signaling a multi-dimensional emergence of great transformative and liberative promise, one which, if cared for and tended, may give rise to a flourishing on this planet akin to a second, and this time global, Renaissance, for the benefit of all sentient beings and our world.

As I will recount a bit further along, mindfulness-based stress reduction (MBSR) was developed as one of a possibly infinite number of skillful means for bringing the dharma into mainstream settings.[1] It has never been about MBSR for its own sake. It has always been about the M. And the M is a very big M, as I attempt to describe in this paper.

That said, the quality of MBSR as an intervention is only as good as the MBSR instructor and his or her understanding of what is required to deliver a truly

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mindfulness-based programme. Much of what is said here, both in this paper, and in the entire issue of the journal is meant to reinforce our collective inquiry into what is involved in maintaining the highest standards of understanding and practice in delivering such programmes in the years ahead, given the exponential rise in interest and activity in this burgeoning field and its attendant risks and opportunities. By necessity, the perspective offered here is inevitably personal, shaped by my own experience over the past four decades. I offer it in the hope that it will prove useful to others and also to further dialogue concerning the meanings and essence of mindfulness, its value and promise in the wider world, the pitfalls attendant with such aspirations, and the challenges we face individually and collectively in the future in developing novel and hopefully skillful avenues and vehicles for moving the bell curve of our society toward greater sanity and wellbeing. In this sense, MBSR was conceived of and functions as a public health intervention, a vehicle for both individual and societal transformation.

When I wrote *Full Catastrophe Living*, nine years after starting the Stress Reduction Clinic, it was very important to me that it capture the essence and spirit of the MBSR curriculum as it unfolds for our patients. At the same time, I wanted it to articulate the dharma that underlies the curriculum, but without ever using the word 'Dharma' or invoking Buddhist thought or authority, since for obvious reasons, we do not teach MBSR in that way. My intention and hope was that the book might embody to whatever degree possible the dharma essence of the Buddha's teachings put into action and made accessible to mainstream Americans facing stress, pain, and illness. This is plainly stated in the Introduction, where I did not shy away from explicitly stating its Buddhist origins. However, from the beginning of MBSR, I bent over backward to structure it and find ways to speak about it that avoided as much as possible the risk of it being seen as Buddhist, 'New Age,' 'Eastern Mysticism' or just plain 'flakey.' To my mind this was a constant and serious risk that would have undermined our attempts to present it as commonsensical, evidence-based, and ordinary, and ultimately a legitimate element of mainstream medical care. This was something of an ongoing challenge, given that the entire curriculum is based on relatively (for novices) intensive training and practice of meditation and yoga, and meditation and yoga pretty much defined one element of the 'New Age.'

Before the book was published, I asked a number of colleagues that I respected to endorse it. Among those I asked was Thich Nhat Hanh, whom I didn't know at the time except through his writings, and in particular, his little book, *The Miracle of Mindfulness* (Hanh 1975), which had a certain plainness and simplicity to it that I admired. In this case, more than hoping for any kind of endorsement, I thought I would simply share with him the direction we were taking and get his sense of it. I didn't actually expect a response. However, he did respond, and offered a statement that I felt showed that he had grasped the essence of the book and the line it was trying to walk. What's more, he expressed it in such an elegant and affirming way that I felt it was a gift, and that it would be disrespectful, having asked for it, not to use it. However, I did think twice about it. It precipitated

something of a crisis in me for a time, because not only was Thich Nhat Hanh definitely a Buddhist authority, his brief endorsement used the very foreign word *dharma* not once, but four times. Yet what he said spoke deeply and directly to the essence of the original vision and intention of MBSR. I wondered: 'Is this the right time for this? Would it be skillful to stretch the envelope at this point? Or would it in the end cause more harm than good?' In retrospect, these concerns now sound a bit silly to me. But at the time, they felt significant.

At the same time, I found myself pondering whether such concerns might not have become a bit outmoded by then. Perhaps by 1990 there was no longer such a strong distinction between the so-called New Age and the mainstream world. So many different so-called counter-cultural strands had penetrated the dominant culture by then that it was hard to make any binary distinctions about what was mainstream and what was fringe. Advertising alone was materializing and commercializing everything, exploiting even yoga and meditation for its own ends. In the process, it was breaking down conventional stereotypes while simultaneously creating new ones. The world was shifting rapidly, even before the impending global emergence of the internet with its constantly accelerating onslaught of information and its effects on our minds and our pace of life. Perhaps there was no longer as big a risk of our work being identified with a 'lunatic fringe.' Perhaps there was already enough evidence in support of the efficacy of MBSR to open the door at least a bit to expanding the ways in which I could articulate its origins and its essence—not so much to the patients, but to the growing number of health professionals becoming interested in mindfulness and its clinical applications. Perhaps it was important to be more explicit about why it might be valuable to bring a universal dharma perspective and means of cultivating it into the mainstream world.[2]

And so, in the end, I decided to use Thich Nhat Hanh's words and to put them up front, with his permission, as the preface to the book. It was a simple extension of something I had already been doing for many years when giving lectures (at medical and psychiatry grand rounds) at medical centres around the country, as well as in public talks. In the mid 1980s I had begun using a series of slides that included a photograph of the great Buddha statue in Kamakura, Japan, and finding simple and matter-of-fact ways to articulate for professional and lay audiences the origins and essence of those teachings—how the Buddha himself was not a Buddhist, how the word '*Buddha*' means one who has awakened, and how mindfulness, often spoken of as 'the heart of Buddhist meditation,' has little or nothing to do with Buddhism per se, and everything to do with wakefulness, compassion, and wisdom. These are universal qualities of being human, precisely what the word *dharma*, is pointing to. The word has many meanings, but can be understood primarily as signifying both the teachings of the Buddha and the lawfulness of things in relationship to suffering and the nature of the mind.

Now, more than 30 years after the founding of the Stress Reduction Clinic, the very existence of this special issue, as well as so many other interfaces at which such conversations and studies are taking place (see Kabat-Zinn and Davidson 2011), is evidence that a deeper conversation, coupled with increasingly robust

scientific investigations, is ensuing. We can observe an accelerating confluence of dharma with mainstream medicine, healthcare, cognitive science, affective neuroscience, neuroeconomics, business, leadership, primary and secondary education, higher education, the law, indeed, in society as a whole, in this now very rapidly changing world. Such developments have major implications, of course, for the kinds of training required to skillfully deliver mindfulness-based interventions in a range of different environments without omitting or denaturing their dharma essence. We shall return to this question in the final section of this paper.

By now, everybody is familiar with the graphs that show the exponential rise in the number of scientific papers each year on the subject of mindfulness (see Introduction, Figure 1). It is profoundly gratifying that a whole family of what are now called mindfulness-based interventions, such as MBCT, MBRP, MBCP, MB-EAT, MBEC[3] and many more have developed for specific purposes and are making profound and continually expanding contributions to the alleviation of suffering and to our deepening understanding of the nature of the human mind and heart.

For our work to be most skillful, it is important for us to inquire deeply into the inevitable limitations of our individual perspectives and to articulate the tension, mystery, and potential for continually deepening our understanding and furthering the evolution of our collective interests and activities on the basis of the kinds of perspectives expressed by the contributors to this special issue.

It is my hope that people attracted to this field will come to appreciate the profound transformative potential of the dharma in its most universal and skillful articulations through their own meditation training and practice. Mindfulness can only be understood from the inside out. It is not one more cognitive-behavioural technique to be deployed in a behaviour change paradigm, but a way of being and a way of seeing that has profound implications for understanding the nature of our own minds and bodies, and for living life as if it really mattered (Kabat-Zinn 2003). It is primarily what Francisco Varela termed a first-person experience. Without that living foundation, none of what really matters is available to us in ways that are maximally healing, transformative, compassionate, and wise. Of course, ultimately there is no inside and no outside, only one seamless whole, awake and aware.

> A human being is a part of the whole, called by us 'universe', a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest—a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole nature in its beauty. Nobody is able to achieve this completely, but the striving for such attainment is in itself a part of the liberation, and a foundation for inner security.
>
> Albert Einstein
> New York Times, March 29, 1972

Motivation

As I reflect on it now, from the very beginning there was for me one primary and compelling reason for attempting to bring mindfulness into the mainstream of society. That was to relieve suffering and catalyse greater compassion and wisdom in our lives and culture. In my view, it is still the primary benefit that will accrue to us if the momentum continues, and the investigation and adaptation of mindfulness writ large (see below for what I mean by this) succeeds in maintaining its full depth, integrity, and potential. However, the mystery of how this came about, or how anything comes about, is in some sense opaque. Even having played a role in its unfolding, I find the indeterminacy and impersonal yet very personal nature of it mysterious. What is more, I am not sure it can be told entirely accurately as one fixed and definitive story or pathway—it strikes me as requiring a set of Feynman diagrams of various recollected trajectories. One would need to sum over all the stories, memories, records, and artefacts from that time to even approximate the actual truth of things. I love that.

It certainly wouldn't be summing over just my life, and just my memories either, but over the lives and memories and relationships and yearnings of my colleagues and friends who came to be involved in the early years of the Stress Reduction Clinic, as well as the stories and pathways of all the people far and wide who are now engaged in one way or another in working at the various interfaces that this special issue of the journal represents. As I see it, we are all participants in this mysterious unfolding process that may actually have no precise beginning, and no end either. The various involvements, participation, and caring on the part of the contributors to this issue and of our colleagues near and far, and on the part of the readers of this issue imply that we all carry some degree of responsibility for the integrity of the dharma as it is reflected in our lives and work. That, it seems to me, is the best way to keep it alive and to guard its integrity and vitality, by carrying it in our own individual hearts in our own individual ways, which we share as colleagues and as a distributive global sangha of overlapping, if not entirely commonly shared perspectives, concerns, and purpose. I sometimes describe this interconnectedness as Indra's Net at work (Kabat-Zinn 1999). It may be an apt metaphor for the interconnectedness of the universe, but its essence remains deliciously mysterious.

In what follows, I offer a few of the narrative threads that have been important to me in pondering the unfolding of MBSR and which reflect the distributive and multiplicative elements that give it value—for myself and for many others, priceless value. It will be a non-linear, impressionistic, somewhat reflective recounting of these various threads. Perhaps, taken together in the spirit in which they are offered, they may come into focus and illuminate some of the larger themes and challenges we are facing in the rapidly growing field of mindfulness-based interventions and their roles in medicine, psychology, science, and the wider society.

In addition to the primary motivation discussed above, there were a number of secondary motivations that drew me to pursue this path. These included its

potential for elucidating and deepening our understanding of the mind/body connection via new dimensions of scientific investigation, and also, the possibility of developing a form of right livelihood for myself at a particular juncture in my life, as well as, if successful, right livelihood for possibly large numbers of others who would be drawn to work of this kind because of its potential depth and authenticity. And there was also the fact of being in love with the beauty, simplicity, and universality of the dharma, and coming to see it as a worthy and meaningful pathway for a life well lived, a life of devotion to the potential for awakening and the alleviation of suffering, and thus, full circle to the original motivation.

Envisioning the possible

I started what was originally called the Stress Reduction and Relaxation Program in September 1979. It didn't come out of a vacuum . . . there were many years of pondering and meditating and inward and outward wandering before it arose as a possibility in my mind. Once established in the hospital, within a few years, it got renamed the Stress Reduction Clinic to normalize it by emphasizing that it was a clinical service, like any other, in the Department of Medicine. We were proud of the brand new hospital signs that pointed the way to our clinic, one small indicator of having blended into the mainstream of healthcare. Later, as more and more programmes started forming based on our work, we came to speak of our work in a more generic form as MBSR, or *mindfulness-based stress reduction*. From the start, it was motivated by a strong impulse on my part, as recounted below, to bring my dharma practice together with my work life into one unified whole, as an expression of right livelihood and in the service of something useful that felt very much needed in the world.

Even as a graduate student at MIT (1964–1971), I had been pondering for years 'what is my job with a capital J,' my 'karmic assignment' on the planet, so to speak, without coming up with much of anything. It was a personal koan for me and became more and more a continuous thread in my life day and night as those years unfolded. 'What am I supposed to be doing with my life?' I kept asking myself. 'What do I love so much I would pay to do it?' I knew it wasn't to continue in a career in molecular biology, much as I loved science and knew I would be disappointing my Nobel Laureate thesis advisor at MIT, Salvador Luria, and my father, himself an accomplished scientist. I was first exposed to the dharma at MIT, of all improbable places, in 1966, and started a daily meditation practice from that point on (Kabat-Zinn 2005a, 2005b). Meanwhile, I did what I could to find work, especially after I was married and, with my wife, Myla, had started a family. That included two years as a faculty member in the Biology Department at Brandeis University teaching molecular genetics and a science for non-science majors course (which was an opportunity for teaching meditation and yoga as pathways into a first-person experience of biology), and then a stint as Director of the Cambridge Zen Center under the Korean Zen Master, Seung Sahn, where I was

also his student and a Dharma teacher in training. I was also teaching large mindful yoga classes weekly in a church in Harvard Square, and exploring other things, such as offering occasional meditation training and yoga/stretching workshops for athletes, especially runners.

In 1976, I went to work at the almost brand-new University of Massachusetts Medical School.[4] All the while, my koan about what I was really supposed to be doing with my life in terms of right livelihood was unfolding in the background.

On a two-week *vipassanā* retreat at the Insight Meditation Society (IMS) in Barre, Massachusetts, in the Spring of 1979, while sitting in my room one afternoon about Day 10 of the retreat, I had a 'vision' that lasted maybe 10 seconds. I don't really know what to call it, so I call it a vision. It was rich in detail and more like an instantaneous seeing of vivid, almost inevitable connections and their implications. It did not come as a reverie or a thought stream, but rather something quite different, which to this day I cannot fully explain and don't feel the need to.

I saw in a flash not only a model that could be put in place, but also the long-term implications of what might happen if the basic idea was sound and could be implemented in one test environment—namely that it would spark new fields of scientific and clinical investigation, and would spread to hospitals and medical centres and clinics across the country and around the world, and provide right livelihood for thousands of practitioners. Because it was so weird, I hardly ever mentioned this experience to others. But after that retreat, I did have a better sense of what my karmic assignment might be. It was so compelling that I decided to take it on wholeheartedly as best I could.

Pretty much everything I saw in that 10 seconds has come to pass, in large measure because of the work and the love of all the people who found their way to the Stress Reduction Clinic once it was born, wanting to contribute their own unique karmic trajectories and loves to the nascent and then continually unfolding enterprise of MBSR, the wellbeing and longevity of which were always in some sense tentative and uncertain, because of the vagaries of medical school and hospital politics (one foot on a roller skate, the other on a banana peel, I used to say).

It struck me in that fleeting moment that afternoon at the Insight Meditation Society that it would be a worthy work to simply share the essence of meditation and yoga practices as I had been learning and practicing them at that point for 13 years, with those who would never come to a place like IMS or a Zen Center, and who would never be able to hear it through the words and forms that were being used at meditation centres, or even, back in those days, at yoga centres, which were few and far-between, and very foreign as well.

A flood of thoughts following the extended moment filled in the picture. Why not try to make meditation so commonsensical that anyone would be drawn to it? Why not develop an American[5] vocabulary that spoke to the heart of the matter, and didn't focus on the cultural aspects of the traditions out of which the dharma emerged, however beautiful they might be, or on centuries-old scholarly

debates concerning fine distinctions in the Abhidharma. This was not because they weren't ultimately important, but because they would likely cause unnecessary impediments for people who were basically dealing with suffering and seeking some kind of release from it. And, why not do it in the hospital of the medical centre where I happened to be working at the time? After all, hospitals do function as 'dukkha magnets' in our society,[6] pulling for stress, pain of all kinds, disease and illness, especially when they have reached levels where it is impossible to ignore them (Kabat-Zinn 2005c). What better place than a hospital to make the dharma available to people in ways that they might possibly understand it and be inspired by a heartfelt and practical invitation to explore whether it might not be possible to do something *for themselves* as a complement to their more traditional medical treatments, since the entire raison d'être of the dharma is to elucidate the nature of suffering and its root causes, as well as provide a practical path to liberation from suffering? All this to be undertaken, of course, without ever mentioning the word 'dharma.'

The early years

With the aim of bridging these two epistemologies of science and dharma, I felt impelled to point out in the early years of MBSR the obvious etymological linkage of the words *medicine* and *meditation* and articulate for medical audiences their root meanings (Bohm 1980; Kabat-Zinn 1990). In that context, it felt useful to adopt the already established terminology of self-regulation (Shapiro 1980) and describe meditation operationally, in terms of the self-regulation of attention (Goleman and Schwartz 1976). From there, it was commonsensical, if not axiomatic, to point out that much of the time we are barely present in our own bodies and lives as they are unfolding, and so have not cultivated interior resources available to us that might be of profound benefit . . . such as the wise, discerning, embodied, and selfless aspects of awareness itself. The intention and approach behind MBSR were never meant to exploit, fragment, or decontextualize the dharma, but rather to *recontextualize* it within the frameworks of science, medicine (including psychiatry and psychology), and healthcare so that it would be maximally useful to people who could not hear it or enter into it through the more traditional dharma gates, whether they were doctors or medical patients, hospital administrators, or insurance companies.

And because naming is very important in how things are understood and either accepted or not, I felt that the entire undertaking needed to be held by an umbrella term broad enough to contain the multiplicity of key elements that seemed essential to field a successful clinical programme in the cultural climate of 1979. *Stress reduction* seemed ideal, since pretty much everybody can relate to that instinctively, even though 'reduction' is a something of a misnomer. The term *stress* also has the element of dukkha embedded within it. In fact, some Buddhist scholars translate the term 'dukkha' in Buddhist texts as 'stress' (see, for example, Thanissaro Bhikkhu 2010). Moreover, there was already a growing literature

related to the psychophysiology of stress reactivity and pain regulation (Goleman and Schwartz 1976; Melzack and Perry 1975; Schwartz, Davidson and Goleman 1978). But as more than one participant in MBSR has exclaimed on occasion after a few weeks in the programme: 'This isn't stress reduction. This is my whole life!' New evidence in fact demonstrates that chronic stress exerts potentially deleterious health effects on the brain, on one's behaviour, and on cognitive abilities across the entire lifespan, with particular windows of heightened vulnerability (Lupien et al. 2009). Chronic stress has also been shown by Nobel Laureate Elizabeth Blackburn to increase the rate of degradation of the telomers at the ends of all of our chromosomes, and thus accelerate biological aging at the cellular and sub-cellular level, leading to a significant shortening of the lifespan (Epel et al. 2004).

As things developed, it increasingly felt that something more was needed to differentiate our approach from many programmes that also used the term stress reduction or stress management but that had no dharma foundation whatsoever. So at a certain point in the early 1990s, it seemed sensible to formally begin calling what we were doing mindfulness-based stress reduction (MBSR) although, in point of fact, we had been referring to what we did as training in 'mindfulness meditation' from the very beginning in the scientific papers coming out of the Stress Reduction Clinic (Kabat-Zinn 1982; Kabat-Zinn and Chapman-Waldrop 1988; Kabat-Zinn, Lipworth, and Burney 1985; Kabat-Zinn et al. 1986). The term mindfulness meditation had already been used several times in the psychological literature (Brown and Engler 1980; Deatherage 1975).

The early papers on MBSR cited not just its Theravada roots (Kornfield 1977; Nyanaponika 1962), but also its Mahayana roots within both the Soto (Suzuki 1970) and Rinzai (Kapleau 1965) Zen traditions (and by lineage, the earlier Chinese and Korean streams), as well as certain currents from the yogic traditions (Thakar 1977) including Vedanta (Nisargadatta 1973), and the teachings of J Krishnamurti (Krishnamurti 1969, 1979) and Ramana Maharshi (Maharshi 1959). My own primary Zen teacher, Seung Sahn, was Korean, and taught both Soto and Rinzai approaches, including the broad use and value of koans and koan-based 'Dharma combat' exchanges between teacher and student (Seung Sahn 1976). This form contributed in part to the element of interactive moment-by-moment exchanges in the classroom between teacher and participant in which they explore together in great and sometimes challenging detail direct first-person experience of the practice and its manifestations in everyday life. This salient feature of MBSR and other mindfulness-based interventions has come to be called 'inquiry' or dialogue[7] (Kabat-Zinn 2005d; Ocok 2007; Williams et al. 2007).

Some works not cited in the early papers but that made a significant impression on my appreciation of the dharma at that time and how it could be articulated in a simple and colloquial vocabulary included *Meditation in Action* (Trungpa 1969), *The Miracle of Mindfulness* (Hanh 1976), and *The Experience of Insight* (Goldstein 1976). Early studies that helped contextualize the work of MBSR within the nascent framework of scientific research into meditation and its

potential clinical applications included the early papers of Dan Goleman and Richard Davidson (Davidson and Schwartz 1976; Goleman and Schwartz 1976); the work of Benson (Benson 1976), and the work of Roger Walsh, including his seminal 1980 paper (Walsh 1977, 1978, 1980).

Naming what we were doing in the clinic *mindfulness-based* stress reduction raises a number of questions. One is the wisdom of using the word *mindfulness* intentionally as an umbrella term to describe our work and to link it explicitly with what I have always considered to be a universal dharma that is co-extensive, if not identical, with the teachings of the Buddha, the Buddhadharma. By 'umbrella term' I mean that it is used in certain contexts as a place-holder for the entire dharma, that it is meant to carry multiple meanings and traditions simultaneously, not in the service of finessing and confounding real differences, but as a potentially skillful means for bringing the streams of alive, embodied dharma understanding and of clinical medicine together. The intention was for it to be commonsensically relevant and accessible enough to benefit potentially anybody who might be overwhelmed by suffering and sufficiently motivated to undertake a certain degree of hard work in the form of a daily mindfulness practice in the '*laboratories*' of the MBSR programme and of life itself. The challenge for the participants was to just do the work from week to week, in other words, to practice the curriculum as it was being unfolded, and see what would happen. The emphasis was always on awareness of the present moment and acceptance of things as they are, however they are in actuality, rather than a preoccupation with attaining a particular desired outcome at some future time, no matter how desirable it might be (see Cullen 2006, 2008). One major principle that we committed to was, and still is, never asking more of our patients in terms of daily practice than we as instructors were prepared to commit to in our own lives on a daily basis.

It always felt that the details concerning the use of the word *mindfulness* in the various contexts in which we were deploying it could be worked out later by scholars and researchers who were knowledgeable in this area, and interested in making such distinctions and resolving important issues that may have been confounded and compounded by the early but intentional ignoring or glossing over of potentially important historical, philosophical, and cultural nuances—issues that may yet be shown to be critical to a deeper understanding of the mind and its relationship to the brain and body, as is implied in many of the papers in this volume, as well as a deeper understanding of the dharma itself, as the subject is excavated so elegantly and eloquently in the scholarly papers in this issue from various classical Buddhist perspectives. This special issue is perhaps only a first step to just the kind of dialogue necessary to remind us all of the need for both fidelity and imagination in furthering the work of the dharma in the world in an ever-widening circle of settings and circumstances, including business, leadership, education, etc.

In the early years, I did find great support for the direction I was taking in the writings of Nyanaponika Thera (1962) and in particular, what I thought of at the

time, and still do, as an extremely elegant encapsulation of the centrality of mindfulness. In his words, Mindfulness, then, is

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

Seen in this way, mindfulness is the view, the path, and the fruit all in one.

I also felt that it was more important to describe mindfulness in considerable detail in the early scientific papers on MBSR and cite its various origins in various contemplative traditions, rather than to offer a definitive and concise definition. And when I did offer definitions of mindfulness, as I did repeatedly in professional talks, and later, in books, they were *operational* definitions, not meant to be definitive statements in absolute accord with the Abhidharma or any other classical teaching that tended to limit it to the mind state that knows and remembers whether or not the attention is on the selected object of attention, or any other aspects of remembering, as described in this volume by a number of contributors (Dreyfus, Gethin, Olendzki). My training in Zen consistently emphasized non-dual awareness transcending subject and object, akin to what John Dunne refers to in this issue as an innatist perspective, and what I believe Nyanaponika meant by the 'lofty manifestation of the achieved freedom of the mind.' What seemed called for, practically speaking, was an instrumental and operational emphasis on what is actually *involved* in the gesture of awareness, to use Francisco Varela's elegant phrase (Depraz, Varela and Vermesch 1999; Varela, Thompson and Rosch 1991). Thus, several variants of oft-quoted working definitions were expressed at different times: (a) paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Kabat-Zinn 1994); (b) the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally (Kabat-Zinn 2005e). No single definition of mindfulness was given in *Full Catastrophe Living*. Instead, I chose to describe it operationally from many different angles depending on context. In some sense, the entire book is a definition of mindfulness.

On the issue of 'memory' as an intrinsic element of *sati*, I have always felt that one natural function of present moment awareness is to remember the immediate past. Thus, the element of *retention* that Georges Dreyfus emphasizes in his paper did not seem either necessary or useful to feature in a working definition of mindfulness in the West, given how cognitive we tend to be already, and how little we experience the domain of being (in the present moment) without any agenda other than to be awake and without the lenses of our likes and dislikes and opinions, which are usually colouring and filtering direct experience. Thus, the strong emphasis on *non-judgmental awareness* in the operational definitions. Non-judgmental does not mean to imply to the novice practitioner that there is some ideal state in which judgments no longer arise.

Rather, it points out that there will be many many judgments and opinions arising from moment to moment, but that we do not have to judge or evaluate or react to any of what arises, other than perhaps recognizing it in the moment of arising as pleasant, unpleasant, or neutral (the second foundation or establishment of mindfulness). This can lead naturally to the directly experienced discovery that the liberative choice in any moment either to cling and self-identify or not is always available, always an option, and perhaps to a further discovery that non-clinging sometimes happens spontaneously through the intrinsic liberative quality of pure awareness, with no effort whatsoever.

For this reason, and a personal affinity with the various streams of Chan and Zen, there was from the very beginning of MBSR an emphasis on non-duality and the non-instrumental dimension of practice, and thus, on non-doing, non-striving, not-knowing, non-attachment to outcomes, even to positive health outcomes, and on investigating beneath name and form and the world of appearances, as per the teachings of the *Heart Sutra*, which highlight the intrinsically empty nature of even the Four Noble Truths and the Eightfold Path, and liberation itself and yet are neither nihilistic nor positivistic, but a middle way (see Kabat-Zinn 2003, 2005f; Wallace and Hodel 2008). The emphasis in Chan on direct transmission outside the sutras or orthodox teachings (Luk 1974) also reinforced the sense that what is involved in mindfulness practice is ultimately not merely a matter of the intellect or cognition or scholarship, but of direct authentic full-spectrum first-person experience, nurtured, catalysed, reinforced and guided by the second-person perspective of a well-trained and highly experienced and empathic teacher. Therefore, MBSR was grounded in a non-authoritarian, non-hierarchical perspective that allowed for clarity, understanding, and wisdom, what we might call essential dharma, to emerge in the interchanges between instructor and participants, and within the meditation practice of the participant as guided by the instructor. And indeed, quite intentionally, we give a great deal of guidance in the meditation practices of MBSR in the early weeks of the programme, in class and on the guided meditation CDs.

A concrete example of the middle way orientation in MBSR can be felt in the way the instructor relates to the participants and to the entire enterprise. Although our patients all come with various problems, diagnoses, and ailments, we make every effort to apprehend their intrinsic wholeness. We often say that from our perspective, as long as you are breathing, there is more 'right' with you than 'wrong' with you, no matter what is wrong. In this process, we make every effort to treat each participant as a whole human being rather than as a patient, or a diagnosis, or someone having a problem that needs fixing. MBSR is grounded altogether in a non-fixing orientation and approach. It is less about *curing* and more about *healing*, which I define as *a coming to terms with things as they are* in full awareness. We often see that healing takes place on its own over time as we align ourselves with what is deepest and best in ourselves and rest in awareness moment by moment without an attachment to outcome. Or, alternatively and in all probability, seeing and not judging, to whatever degree possible, how strongly

we *are* attached to a particular outcome, and then bringing that quality of awareness into all aspects of our lives, work, and relationships as best we can.

The fact that attending in this way with consistency and stability is actually the hardest work in the world for human beings doesn't make it any less attractive or important. We might say that if mindfulness does not in some sense become our *default mode*, then its opposite, mindlessness or unawareness, will certainly retain that role. The inevitable result is to be caught up in a great many of our moments in a reactive, robotic, automatic pilot mode that has the potential to easily consume and colour our entire life and virtually all our relationships. One of the major discoveries of MBSR is that our patients realize this in dramatic ways and become motivated to live a life of greater awareness that extends far beyond the eight weeks they are in the programme. That greater awareness includes, of course, our intrinsic interconnectedness as beings, and so the possibility of greater spontaneous compassion toward others and toward oneself. For many, it also includes formal meditation becoming an ongoing feature of one's daily life, often for years and decades after the initial experience of MBSR.

MBSR and other mindfulness-based interventions modeled on it are intrinsically a participatory engagement . . . we invite the patient to *participate* in his or her own movement toward greater levels of health and wellbeing, starting from the actuality of the present circumstance, whatever it might be. It is invitational, and depends on the patient's willingness to tap into those profound innate resources we all have by virtue of being human, the capacities for learning, growing, healing, and transformation inherent in the systematic cultivation of awareness itself and its sequelae. We think of this as *participatory medicine* at its best: the healthcare team brings its resources to the table, and the patient/participant brings his or hers as well (Kabat-Zinn 2000). We pour energy, in the form of attention, into what is 'right with us' in the present moment (which requires *recognition* that there may indeed be something 'right' with us) and let the rest of the hospital and the healthcare team take care of what is 'wrong.' It is a worthy division of labour, and a good place to start the process of reclaiming the full dimensionality of one's being and embodying it in everyday life, whatever else one might have to come to terms with, all of which is an intimate part of 'the curriculum' of the practice in any event.

In the Spring of 1979, after the vision I experienced on the retreat at IMS, I met individually with three physicians in the hospital, the directors of the primary care, pain, and orthopedic clinics, to try to find out how they viewed their work, what their clinics' successes were with their patients, and what might be missing in the hospital experience, both for their patients and for themselves. When I asked what percentage of their patients they felt they were able to help, the response was typically 10–20%. I was astonished, and asked what happened to the others. I was told that they either got better on their own, or never got better. So I asked whether they would be open to referring their patients, when appropriate, to a programme that would teach them to take better care of themselves as a complement to whatever the healthcare system was or was not

able to do for them. It would be based on relatively intensive training in Buddhist meditation without the Buddhism (as I liked to put it), and yoga. Their responses were very positive. On the basis of those meetings, I proposed that a programme be set up under the auspices of ambulatory care in the hospital, which would take the form of an eight-week course to which physicians would refer patients they were seeing who they felt were not responding to their treatments, and were in some sense, falling through the cracks of the healthcare system (really in large measure a disease-care system) and not getting any or full satisfaction from their healthcare. And so, MBSR came into being in the Fall of 1979, and those first three very forward thinking clinic directors, Tom Winters, Bob Burney and John J. Monahan exclusively referred the first few cycles of patients until word spread further into the medical community within the hospital and then out into the larger medical community as well. Within the year, the Chief of Medicine, James E. Dalen, suggested it become part of the Department of Medicine. We were invited wholeheartedly into the mainstream. This was before the new signs went up in the hospital, of course.[8]

Ethics

The question is sometimes raised about the ethical foundation of MBSR. Are we ignoring that fundamental aspect of the Dharma in favour of just a few highly selected meditation techniques, again, decontextualizing elements of a coherent whole? My view is that we are not. First, it is inevitably the personal responsibility of each person engaging in this work to attend with care and intentionality to how we are actually living our lives, both personally and professionally, in terms of ethical behaviour. An awareness of one's conduct and the quality of one's relationships, inwardly and outwardly, in terms of their potential to cause harm, are intrinsic elements of the cultivation of mindfulness as I am describing it here.

At the same time, it seems to me that an ethical foundation is naturally built into the structure and setting of MBSR in a number of different ways. For instance, within the context of medicine and healthcare, we already have in place a profound framework and professional code of conduct in the Hippocratic tradition, founded on the principle of *primum non nocere*, to first do no harm, and to put the needs of the patient above one's own. Such principles are axiomatic and foundational within the context of MBSR, whether it is offered in a hospital setting, or elsewhere. Of course, a degree of mindfulness is required even to sense that one might actually be doing harm, either by commission or, more subtly, by omission.

We also encourage a work environment in the clinic and the Center for Mindfulness in which we depend not only on our own awareness but also on each other's awareness, candour, and willingness to communicate about challenging circumstances to keep us individually and collectively honest. It is built into the fabric of how we see our work and commitment to our patients, our colleagues,

and ourselves. Moreover, as noted earlier (see note 6), the Hippocratic Oath in some sense is mirrored in the Bodhisattva Vow to attend completely to the suffering and liberation of an infinite number of beings before attending to one's own. From the non-dual perspective, the infinite number of beings and oneself are not separate, and never were. This perspective can and needs to be taken seriously, and gently supported by explicit intentions regarding how we conduct ourselves both inwardly and outwardly.

In this way, and also for cultural reasons having to do with how common it is in our society to profess a moral stance outwardly that one does not adhere to inwardly, it feels appropriate in our environment that the ethical foundation of the practice be more implicit than explicit, and that it may be best expressed, supported, and furthered by how we, the MBSR instructor and the entire staff of the clinic, embody it in our own lives and in how we relate to the patients, the doctors, the hospital staff, everybody, and of course, how we relate to our own interior experience. Ultimately, the responsibility to live an ethical life lies on the shoulders and in the hearts of each one of us who chooses to engage in the work of mindfulness-based interventions. It too is a distributive Dharma responsibility. And the first line of defence in terms of potential transgression or betrayal is always awareness of one's own motivations and emotions, and the universal tendencies of grasping, aversion, delusion, and 'selfing' which can so easily colour our moments and blind us to root causes of suffering that we might be participating in unwittingly.

It has always felt to me that MBSR is at its healthiest and best when the responsibility to ensure its integrity, quality, and standards of practice is being carried by each MBSR instructor him or herself. That is not to turn it into an ideal or a burden, but rather to keep it very real and close to our everyday experience held in awareness with kindness and discernment. In my experience, which is certainly limited and circumscribed, the shouldering and embodiment of this responsibility has been the case with MBSR teachers around the world to an extraordinary degree. To my mind, when each of us who cares about this work, who loves this work, takes care of the dharma through our practice and our love, then the dharma that is at the heart of the work flourishes and takes care of itself. Tended by each member of the Sangha of instructors, practitioners, researchers, everybody . . . it defines a distributive responsibility that turns out to be a great joy and a continued invitation to have there be no separation between one's practice and one's life. Some mindfulness teachers who are also physicians have characterized this stance as the foundation of *professionalism* in medicine, and boldly point out its potential for developing a more compassionate and less stressed and error-prone healthcare system (Epstein 1999; Krasner et al. 2009; Sibinga and Wu 2010).

Lineages and training for teachers of mindfulness-based interventions

The early years of MBSR and the development of other mindfulness-based clinical interventions were the province of a small group of people who gave

themselves over to practicing and teaching mindfulness basically out of love, out of passion for the practice, knowingly and happily putting their careers and economic wellbeing at risk because of that love, usually stemming from deep first-person encounters with the dharma and its meditative practices, usually through studying with Buddhist teachers from well-defined traditions and lineages, and/or Asian teachers in other traditions that value the wisdom of mindfulness, such as Sufism, the yogas, Vedanta, and Taoism. Fortunately, there are even more options in this era, for those who wish to pursue them, to study and practice with such respected teachers in the root traditions of Asia, as well as with seasoned Western Buddhist Dharma teachers, and, of course, to sit long retreats at wonderful Dharma centres both in Asia and in the West.[9] I personally consider the periodic sitting of relatively long (at least 7–10 days and occasionally much longer) teacher-led retreats to be an absolute necessity in the developing of one's own meditation practice, understanding, and effectiveness as a teacher. In terms of the 'curriculum' of mindfulness training, to become an MBSR teacher, it is a laboratory requirement. But while participating in periodic long retreats may be necessary and extremely important for one's own development and understanding, by itself it is not sufficient. Mindfulness in everyday life is the ultimate challenge and practice. Of course, the two are complementary and mutually reinforcing and deepening. And once again, we can remind ourselves that ultimately there is no separation between them, because life itself is one seamless whole.

The practice of mindfulness is a lifetime's engagement. Growth, development, and maturation as a mindfulness practitioner and teacher of mindfulness are a critical part of the process. It is not always painless. As we know from direct experience, self-awareness can be exceedingly humbling. Thus, the motivation to persevere and face what needs facing and work with it wisely and compassionately must mature as well in the process. This brings us to some critical concerns regarding the teaching of mindfulness in non-Buddhist settings and the mental models or maps that instructors of mindfulness-based interventions might use to navigate by in those settings.

The trouble with maps–a note to mindfulness-based instructors

First, I want to say that there is nothing wrong with maps. I love maps, and can pore over them for hours. They are incredibly useful, absolutely essential at times, and wonderfully pleasurable for some people to contemplate endlessly. I am one of those people. Such contemplation can lead to great insight. But, as the saying goes, they are not the territory. This is hugely relevant for teaching MBSR and other mindfulness-based interventions.

Since all mindfulness-based interventions are based on relatively intensive training in awareness in the context of a universal dharma framework (and as I have been asserting here, not different in any essential way from Buddhadharma), the various maps of the territory of the dharma can be hugely helpful to the MBSR

instructor in certain ways. Paradoxically, they can also be hugely interfering and problematic.

The biggest problem is that not only is the map not the territory, but that it can seriously occlude our ability as a mindfulness-based instructor to see and communicate about the territory in any original and direct way—a direct transmission if you will, outside the formal teachings, and thus, an embodiment of the real curriculum. Our internal map, if we are unaware of it, or strongly attached to it, can unwittingly impose just such a coordinate system for the patient/participant that can lead to idealizing a goal to be realized or attained, rather than letting realization and attainment take care of themselves. Our job is to take care of the territory of direct experience in the present moment and the learning that comes out of it. This suggests that the instructor is continually engaged in mapping the territory inwardly through intimate first-person contact and discernment, moment by moment, all the while keeping the formal dharma maps of the territory in mind to whatever degree we may feel is valuable, but not relying on them explicitly for the framework, vocabulary, or vehicle for working with what is most salient and important in the classroom in any moment. Some of this will naturally be thought-based, but a good deal of it will be more intuition-based, more embodied, more coming out of the spaciousness of *not-knowing* rather than out of a solely conceptual knowing. This can be quite challenging unless the formal dharma maps are deeply engrained in one's being through practice, not merely cerebral and cognitive.

For example, in the context of the emotional safety we attempt to establish within the MBSR classroom, to suggest that a person look directly into the experience of pain and bring awareness to the sensations in the body, whatever they are, and simply rest in that awareness without having to do anything brings the person right into the practice with beginner's mind. No map necessary. Just the invitation to look and perhaps see, listen and perhaps hear, sense and perhaps feel, thus cultivating an exquisite intimacy or familiarization with actual experience as it is unfolding. Of course, it is a radical act, and huge amounts of support and guidance are necessary to keep the person engaged in such a practice, even for the briefest of moments at first, and this is why mindfulness-based interventions such as MBSR are delivered in a group setting as 'courses' over an extended period of time, for the purpose of letting just such a learning curve and a deepening of stability and insight develop in a context of total support which is none other than sangha (Santorelli 1999). In the case of pain, the instructor might, as we often do in the MBSR classroom to reinforce the participants' motivation and understanding of the transformative potential of the mind/body connection, cite recent supportive evidence, in this case from studies such as those demonstrating that: (1) Zen meditators show structural brain changes (in terms of cortical thickness) related to decreased sensitivity to thermal pain in pain-related brain regions using fMRI (Grant et al. 2010); and (2) that long-term meditators using an open focus of attention, in other words, putting out the welcome mat for whatever arises in the field of awareness, what we call choiceless awareness in MBSR, showed reductions

in self-reported unpleasantness but not of intensity in response to a thermal pain stimulation (Perlman et al. 2010). Under other circumstances, as part of the didactic element of MBSR that addresses specific background issues and research findings relevant to the participants in the program (Kabat-Zinn, 1982; Kabat-Zinn, 1990), we might cite other studies of brain changes seen with MBSR training (Hölzel et al. 2010; Hölzel et al. 2011), or of improved quality of life, depression, and fatigue in people with multiple sclerosis (MS) after MBSR training (Grossman et al. 2010).

It doesn't take long for novices to the practice of mindfulness to notice that the thinking mind has a life of its own, and can carry the attention away from both the bare attending to sensation in the body and from any ability to rest in awareness with whatever is arising. But over time, with ongoing practice, dialogue, and instruction, it is not unusual for even novice practitioners to see, either spontaneously for themselves or when it is pointed out, that the mind indeed does have a life of its own, and that when we cultivate and stabilize attention in the body, even a little bit, it often results in apprehending the constantly changing nature of sensations, even highly unpleasant ones, and thus, their impermanence. It also gives rise to the direct experience that 'the pain is not me,' and thus the option of non-identification not only with the sensations, but also with any attendant inflammatory emotions and thoughts that might be arising within the attending and the judging of the experience. Thus we become intimate with the nature of thoughts and emotions, and mental states such as aversion, frustration, restlessness, greed, doubt, sloth and torpor, and boredom, to name a few, which constitutes the territory of the third foundation of mindfulness, without ever having to mention the classical map of the four foundations of mindfulness, nor the five hindrances, nor the seven factors of enlightenment.

For that matter, when we work with people in a medical or psychological setting, using 'stress' and the suggestion that 'stress reduction' might be possible as the core invitational framework, we can dive right into the experience of *dukkha* in all its manifestations without ever mentioning *dukkha*; dive right into the ultimate sources of *dukkha* without ever mentioning the classical etiology, and yet able to investigate craving and clinging first-hand, propose investigating the possibility for alleviating if not extinguishing that distress or suffering (cessation), and explore, empirically, a possible pathway for doing so (the practice of mindfulness meditation writ large, inclusive of the ethical stance of *śīla*, the foundation of *samadhi*, and, of course, *prajñā*, wisdom—the eightfold noble path) without ever having to mention the Four Noble Truths, the Eightfold Noble Path, or *śīla, samadhi, or prajñā*.

In this fashion, the Dharma can be self-revealing through skillful and ardent cultivation via formal and informal practice in the supportive context of dialogue, inquiry, and skillful instruction, which are themselves all one seamless whole. We can speak of and reinforce attending to the experience of change and impermanence since they are self-evident, and develop a collective appreciation of them through engaging in the dialogues and conversations among the class

participants. The law of impermanence reveals itself without any need to reference a Buddhist framework or lens for seeing it. The same is true for all four noble truths—perhaps better spoken of as the four realities (Gethin 1998). The same is true for *anattā* although this one is trickier and scarier, and needs to be held very gently and skillfully, letting it emerge out of the participants' own reports of their experience rather than stated as a fact. Often it begins with the realization, not insignificant, that 'I am not my pain,' 'I am not my anxiety,' 'I am not my cancer,' etc. We can easily ask the question, well then, who am I? This is the core practice of Chinese Chan (Sheng-Yen 2001), Korean Zen (Buswell 1991; Seung Sahn 1976), Japanese Zen (Kapleau 1965), and also of Ramana Maharshi (1959). Nothing more is needed . . . . Just the question and the questioning . . . the inquiry and investigation into the nature of self, not merely through thought, but through awareness itself.[10]

In the same way, we can be loving and compassionate as teachers/ instructors/ and guides, and introduce practices to cultivate lovingkindness, especially toward oneself in times of contraction and mental seizures, as well as compassion, joy, and equanimity, without any mention of the Four Immeasurables, or necessary recourse to the classical ways in which these are cultivated. The same is true for generosity, gratitude, and other positive mental states.

This all is to say that it can be hugely helpful to have a strong personal grounding in the Buddhadharma and its teachings, as suggested in the earlier sections. In fact, it is virtually essential and indispensible for teachers of MBSR and other mindfulness-based interventions. Yet little or none of it can be brought into the classroom *except in essence*. And if the essence is absent, then whatever one is doing or thinks one is doing, it is certainly not mindfulness-based in the way we understand the term.

This means that we cannot follow a strict Theravadan approach, nor a strict Mahayana approach, nor a strict Vajrayana approach, although elements of all these great traditions and the sub-lineages within them are relevant and might inform how we, as a unique person with a unique dharma history, approach specific teaching moments in both practice, guided meditations, and dialogue about the experiences that arise in formal and informal practice among the people in our class. But we are never appealing to authority or tradition, only to the richness of the present moment held gently in awareness, and the profound and authentic authority of each person's own experience, equally held with kindness in awareness.

This orientation within mindfulness-based interventions has elements of the Chan approach of non-doing and non-striving, the so called 'method of no method,' and of the paradoxical 'Dharma combat' dialogue and inquiry mentioned earlier, so characteristic of the lineages of Seng-Ts'an and Hui Neng, the third and sixth Zen Patriarchs of the Chan tradition in Six and Seventh Century China (Kabat-Zinn 2010; Luk 1974; Mu Soeng 2004; Sheng-Yen 2001; Suzuki 1956). All maps are laid aside as an act of love and wisdom, meaning that we no longer have any attachment to what they portray, and are thus able to exemplify and embody the essence of the territory of being human in all its dimensionalities,

while transmitting to others through our direct seeing and honouring of their intrinsic Buddha nature that there is indeed, nowhere to go, nothing to do, and nothing to attain . . . the gateway to any authentic attainment. This is all intrinsic to any mindfulness-based intervention, what we might call its *marrow*.

How then might we understand the whole question of lineage, especially the *lineage* of your patients and clients, because their lineage is very likely to start with you, their teacher. What do you understand as your own lineage? What nurtured your dharma practice and understanding early on? What nurtures them now? Perhaps the dharma in its largest and most universal sense and language, whatever the particulars of your dharma history, is your lineage. Skillful means might require that you take responsibility for the whole of it, wordlessly, with perhaps an interior smile, not of self-satisfaction or secrecy, or attainment of anything at all, but of delight that the real lineage is formless, and with eyes of wholeness and a heart of kindness, know that literally everything and everybody is already the Buddha, already the patriarchs, already the dharma, already your teacher. You have nothing to do except give it away, and the only way you can do that is to give yourself away. No charge for this, it and you being already free.

> . . . . by watching yourself in your daily life with alert interest with the intention to understand rather than to judge, in full acceptance of whatever may emerge, because it is here, you encourage the deep to come to the surface and enrich your life and consciousness with its captive energies. This is the great work of awareness; it removes obstacles and releases energies by understanding the nature of life and mind. Intelligence is the door to freedom and alert attention is the mother of intelligence.
>
> Nisargadatta Maharaj (1973)
> Quote on the last page of the MBSR workbook

NOTES

1. In the present context, to recognize the universal character and applicability of the dharma, I am using the term with a lower-case "d" except in those very specific circumstances where it signifies the traditional Buddhist teachings within an explicitly Buddhist context.
2. From the start, there were times that I thought of what we were doing in the stress reduction clinic as a kind of guerilla theatre within medicine and healthcare and the hospital, and in a larger sense, engaging with those universes in an ongoing dance resembling the martial art of aikido, with its characteristic give and take, entering and blending, and its unswerving aims of vigilance, groundedness, fluidity, and appropriate application of focused energy, all in the service of wisdom in difficult circumstances—the wisdom of non-harming and peaceful resolution of conflicting interests.

3. Mindfulness-Based Cognitive Therapy (Segal, Teasdale and Williams 2002), Mindfulness-Based Relapse Prevention (Bowan, Chawla and Marlatt 2011); Mindfulness-Based Childbirth and Parenting (Bardacke, forthcoming); Mindfulness-Based Eating Awareness Training (Kristeller, Baer and Quillian-Wolever 2006); Mindfulness-Based Elder Care (McBee 2008).
4. I went to work as a research associate and later, post-doctoral fellow in the Anatomy and Cell Biology Department, in the lab of a fellow named Rob Singer, who is now at the Albert Einstein College of Medicine. I took that job because I needed work, we had an indirect MIT connection, and, to sweeten the deal, he promised me that I could also participate in teaching gross anatomy to the first year medical students, which meant being one step ahead of the students in doing the actual cadaver dissections. As a yoga teacher and also someone who was interested in what is called *maranasati* or mindfulness of death, that was a 'to die for' experience. And so I went to work in Rob's lab. The back story is that I met with Rob originally at the suggestion of someone I did not know, but who introduced himself as a friend of one of my brothers, and then proceeded to tell me what I should be doing with my life, as if he knew and I didn't, which turned out to be more correct than I would ever have imagined. His name was Earl Etienne. He was a young full professor of physiology at UMass Medical School, wise, worldly, a truly amazing being. Many years later, he showed up at a medical grand rounds I gave on MBSR at the California Pacific Medical Center. I spotted him in the audience and spontaneously dedicated the talk to him and publically expressed my gratitude for his essential catalytic role in my being at UMass in the first place. If I had not already been there, it is doubtful that MBSR, at least as it is presently configured, would have come into the world. To me, this is one of an infinite number of examples of the interconnectivity of emergences, and how empty it is to reify an independent entity that would feel the need to claim individual credit for any complex emergence. It may be correct as far as it goes, but it is never the whole story. Perhaps any whole story is so complex it can never be completely known. Tragically, Earl Etienne died young, several years later.
5. I thought of it in those terms at the time. Now I am not quite sure what adjective to use. Secular might do, except that it feels dualistic, in the sense of separating itself from the sacred; I see the work of MBSR as sacred as well as secular, in the sense of both the Hippocratic Oath and the Bodhisattva Vow being sacred, and the doctor/patient relationship and the teacher/student relationship as well. Perhaps we need new ways of 'languaging' our vision, our aspirations, and our common work. Certainly it is only a matter of 'American' in the US. Each country and culture will have its own challenges in shaping the language to its own heart-essence without denaturing the wholeness of the dharma.
6. Hospitals are not the only dukkha magnets in society—schools, prisons, and the military could also be described this way. Now there are growing movements to bring mindfulness into K-12 education (Burnett and Cullen 2010; Grossman et al. 2010; Kaiser-Greenland 2010), into the military (Jha et al. 2010; Stanley and Jha

2009; Stanley et al. 2011), and into prisons (Menahemi and Ariel 1997, Phillips 2008; Samuelson et al. 2007).

7. Saki Santorelli contributed in profoundly creative and incisive ways to this form of inquiry in MBSR.
8. Twenty years later, as recounted in his powerful and illuminating contribution to this special issue, Saki Santorelli found himself facing the institutional dissolution of the Stress Reduction Clinic. Remarkably, he steered a path through cycles of chaos, uncertainty, and loss to a new and even more vigorous life, a veritable phoenix rising out of the ashes. The marvel and gratitude of all of us who cared about the clinic's fate and its role in the world is boundless.
9. Here I am using the verb 'to sit' as an umbrella term to cover the entire range of formal and informal practices and the moment by moment experiencing of anything and everything arising from engaging in the retreat.
10. Studies of MBSR suggest that mindfulness training can influence and modulate different modes of self-referencing in anatomically distinct networks, one medial, one lateral, within the cerebral cortex (Farb et al. 2007). Such findings may ultimately contribute to a richer understanding within psychology of the term 'self' and its meanings, and thus a new and deeper appreciation of its functional expressions and relativistic and dynamical nature. This in itself could transform the field of psychology.

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ORIGINAL PAPER

Training Teachers to Deliver Mindfulness-Based Interventions: Learning from the UK Experience

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Abstract Several randomised controlled trials suggest that mindfulness-based approaches are helpful in preventing depressive relapse and recurrence, and the UK Government's National Institute for Health and Clinical Excellence has recommended these interventions for use in the National Health Service. There are good grounds to suggest that mindfulness-based approaches are also helpful with anxiety disorders and a range of chronic physical health problems, and there is much clinical and research interest in applying mindfulness approaches to other populations and problems such as people with personality disorders, substance abuse, and eating disorders. We review the UK context for developments in mindfulness-based approaches and set out criteria for mindfulness teacher competence and training steps, as well as some of the challenges and future directions that can be anticipated in ensuring that evidence-based mindfulness approaches are available in health care and other settings.

Keywords Mindfulness-based approaches · Mindfulness-based cognitive therapy · Mindfulness-based stress reduction · Training · Competence · Experiential learning

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Introduction

There is an upsurge of development and interest in clinical approaches based on mindfulness meditation. Searching the Social Science and the Science Citation Indices (in January 2010) for the keyword "mindfulness" reveals 1–3 journal publications per year for the period 1977–1994, whereas by 2009, that figure has increased to more than 290 in a single year. Mindfulness-based interventions are now being integrated into the treatment of problems associated with a range of medical conditions including cancer, chronic pain, HIV, diabetes, arthritis, Parkinson's disease, and heart conditions and a range of psychiatric conditions including depression, anxiety, suicidality, head injury, dementia, drug and alcohol dependence, obsessive–compulsive disorder, eating disorders, and personality disorder (Baer 2003, 2005; Grossman et al. 2004).

The range of therapeutic approaches based on mindfulness is increasing as more applications are researched and established. These include Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn 1990), Mindfulness-Based Cognitive Therapy (MBCT) (Teasdale et al. 2000), Mindfulness-Based Eating Awareness Training (Kristellar et al. 2005), Mindfulness-Based Relationship Enhancement (Carson et al. 2004), Mindfulness-Based Relapse Prevention (Witkiewitz et al. 2005), and Mindfulness-Based Childbirth and Parenting (Vieten and Astin 2008). There are also a number of psychological therapies that integrate the attitudinal basis for mindfulness practice within them — amongst others, these include Dialectical Behavioural Therapy (Linehan et al. 1991) and Acceptance and Commitment Therapy (Hayes et al. 1999).

In this article, we describe and discuss current developments in training for mindfulness-based teachers[1] within the UK with the intention that this could be illustrative for other contexts. In this context, the term 'mindfulness-based' is used to refer to the MBSR and MBCT group-based interventions. MBSR is the parent from which most of these mindfulness-based applications evolved. MBCT is closely aligned to MBSR in its format, shape, and delivery style and so they share the same core training process. The two approaches differ in some subtle ways, and the training implications relating to these differences are outlined as they arise below.

Inevitably, in this time of rapidly burgeoning interest in mindfulness-based interventions, there is a correspondingly rapid development in teacher training processes. Drawing on the authors' experience in developing and delivering mindfulness-based training events and programs in the UK over more than 10 years, we discuss aspects of the training process that seem unique to this field and explore some areas to consider in future developments. We begin by outlining the development of mindfulness-based interventions within the UK context. We then provide an overview of the literature on the role of the teacher in ensuring the effectiveness of MBSR/MBCT and, thus, offer some context for the emphasis on certain forms of development processes for mindfulness-based teachers. Next, we turn to a theoretical analysis of how mindfulness-based interventions are understood to have their effects through supporting a radical shift of perspective from a 'doing' to a 'being' mode of mind and introduce how this affects the teaching and therefore the teacher training processes. In the next section, we describe the typical stages of training to teach MBSR/MBCT, the ingredients of a training program for prospective teachers, and recommended minimum training standards. Finally, some perspectives are offered on key development issues for mindfulness-based training within the UK context.

[1] Throughout this article, we use the word 'teacher' rather than therapist to refer to the practitioner delivering the intervention. This word captures the nature of the activity that takes place in an MBSR or MBCT classroom—that of teaching and learning new skills.

The UK Context: Mindfulness and Depression Prevention

North America and the UK have had different developmental pathways in this time of expanding interest in mindfulness-based interventions. Within the USA, the potential for mindfulness-based interventions reached public attention from the late 1980s onwards through Jon Kabat-Zinn's work in developing MBSR as an addition to participants' existing medical care (Kabat-Zinn 1990). MBSR is offered as an eight-session generic skills training course for people with a wide range of physical and psychological conditions. Participants engage in an intensive training in mindfulness meditation, which they learn to apply to the challenges of their daily lives. From the beginning, the effectiveness of the work was demonstrated through both open and randomised research trials and the program was the subject of a high-profile television program (Moyers 1993). In addition, a series of books for the general public describing the potential of mindfulness were very impactful (e.g., Kabat-Zinn 1990, 1994, 2005). All this triggered a groundswell of interest from the general public and health care professionals.

The developmental path has been different in the UK. Here, a dramatic expansion in interest was driven by the publication in 2000 (Teasdale et al.) of the results of the first clinical trial of MBCT for the prevention of relapse in depression, the publication of the treatment manual (Segal et al. 2002), and the subsequent account of MBCT for the general public (Williams et al. 2007). Although this particular research was confined to depression, it triggered (particularly within mental health professions) interest in the potential range of applications of mindfulness-based interventions. Similar to MBSR in its form, structure, and teaching style, MBCT integrates aspects of CBT for depression into the MBSR program, thus targeting the learning towards particular client populations. The early research on MBCT was in relation to its effectiveness not in treating acute depression but in preventing depression for

those known to be vulnerable to recurrence. MBCT is now being researched and used with people with a range of other conditions including chronic fatigue (Surawy et al. 2005), residual depression (Barnhofer et al. 2009; Eisendrath et al. 2008; Kingston et al. 2007), suicidality (Williams et al. 2006), and cancer (Bartley in press). Alongside these developments, supported by visiting teachers from the Center for Mindfulness in Massachusetts, USA, there has been a corresponding expansion of interest in the use of MBSR in the UK.

Research has demonstrated that MBCT halves the relapse rate in recovered patients with three or more episodes of depression (Ma and Teasdale 2004; Teasdale et al. 2000) and produces outcomes comparable to maintenance antidepressants (Kuyken et al. 2008). MBCT is now recommended by the UK's best practice advisory board for the NHS-NICE (National Health Service-National Institute for Health and Clinical Excellence) — as a treatment of choice for preventing future depression in those individuals who have experienced three or more episodes (NICE 2004). NICE's recommendation of a new evidenced-based psychological therapy does not immediately translate into its availability on the ground to NHS patients. It does, though, have the effect of raising interest and expectations in a new approach amongst health care professionals and the general public. We find ourselves in the middle of a wide gap. On the one hand, there is plentiful grassroots interest in mindfulness-based approaches as demonstrated by patients wanting to access the approach, GPs wanting to refer patients (Mental Health Foundation 2010 — see also www.bemindful.co.uk), and increasing numbers of trainees joining training programs. On the other hand, there are too few teachers who are competent in its delivery and a lack of organisational and service commissioning support for the integration of mindfulness into psychological therapy service provision. Increasing the capacity to deliver MBCT takes time and, given the particular nature of the approach, also requires particular thought and care.

The Role of the Teacher's Personal Mindfulness Practice in Ensuring the Effectiveness of MBSR/MBCT

All psychological approaches place a strong emphasis on the importance of rigorous therapist training. Indeed, there is evidence that certain training methodologies and longer trainings for cognitive therapy trainees deliver more effective outcomes for clients (e.g., Shafran et al. 2009). Mindfulness-based interventions are no different — the consistent and strong stance held by Kabat-Zinn and others who have followed is that the quality of the teaching (and therefore the training of the teacher) is a key ingredient associated with the delivery of successful outcomes for participants. The distinctive aspect of this in the current context is the emphasis placed on a particular form of development process — the teacher's embodiment of the key 'therapeutic ingredients' of MBCT/MBSR and the personal mindfulness practice that supports this. Alongside developing competence in the 'technicalities' of delivering the approach, teachers engage in a highly personal process of exploring their own experience through the lens of their mindfulness practice on a continuing basis. This represents a shift in emphasis from other CBT approaches, in which there is a strong emphasis on the therapist developing skill and expertise, but less emphasis on personal practice as an essential aspect of the therapeutic encounter. The rationale for this priority placed on the mindfulness-based teacher's embodiment and personal mindfulness practice is discussed below. To offer context for the discussion, we turn now to an overview of the distinctive origins of mindfulness-based applications and to the ways in which the influence of the mindfulness-based teacher is addressed in the literature.

Kabat-Zinn (1990) pioneered the integration of mindfulness practice and teaching with contemporary approaches to stress and life challenges in his creation of the MBSR program. In this process, he drew on his own experiential immersion in mindfulness practice in the Buddhist tradition and on the scientific tradition in which he was trained. Kabat-Zinn also drew on medical and clinical understanding and a particular pedagogical approach to experiential learning. In this process, some very different intellectual and learning environments found themselves cohabiting. On the one hand, the medical, scientific paradigm emphasises theory, translating theory into practice, the cost-effectiveness of interventions, a focus on health outcomes, and a quest for 'evidence-based practice'; on the other, the meditative contemplative paradigm emphasises the cultivation of particular ways of being, non-attachment to outcome, non-striving, and an apparently paradoxical turning towards painful experiences with an attitude of acceptance. On the face of it, these are unlikely bedfellows. There are tensions inherent in the process of applying a paradigm that emphasises measurement and outcome to a paradigm that has many dimensions that appear inherently unquantifiable. As challenging and complex as this process is, these integrations are informing an enriching discourse

(McCown and Reibel 2009). When training mindfulness-based teachers, a key aim is to enable them to draw skilfully from each of these streams of learning (Box 1).

An example of two students coming "to see the same concepts through different windows"

Two students came to training as mindfulness-based teachers through very different routes. Susan was a psychologist and experienced CBT therapist. She was interested in including MBCT groups in her clinical practice. Robert was responsible for pastoral care in a secondary school and a lifelong committed Buddhist. He was interested in seeing if mindfulness could be part of his school's pastoral care program. During the training Susan became interested in the theory and research that underpins mindfulness approaches, but was suspicious of its associations with Buddhism. Robert was intrigued by the applications of contemplative practices with a long lineage in Buddhism (and other spiritual traditions). He was frankly sceptical about the science.
Through their journeys on the training program, Susan and Robert developed together the metaphor of "seeing the same key concepts in mindfulness-based approaches through different windows." These concepts included the way in which mental or physical pain could be accentuated through mental processes and the way in which suffering can be reduced through changing one's relationship to pain. They both honoured empiricism in their journeys and discovered that this could take place through the observation of direct experience and through the scientific method.

The literature on the pedagogy of mindfulness-based approaches places considerable emphasis on the paramount importance of the teacher embodying the spirit and essence of the meditation practices being taught — of how this is the vehicle through which the teacher communicates the radical potential of bringing mindfulness to personal experience (e.g., Crane 2009; Kabat-Zinn 1990, 2003, 2005; McCown and Reibel 2009; Kabat-Zinn and Santorelli 2005; Segal et al. 2002). By contrast, within the outcome and effectiveness literature on mindfulness-based interventions, there is a dearth of information on the influence of the teacher — the emphasis (as in much of the literature on psychological approaches) is on the ingredients of the approach itself. Within the psychotherapy literature, there is an example of an exception to this. A randomised controlled trial of psychotherapists gives a strong indication that if psychotherapists meditate before therapy sessions, the treatment outcomes for their clients are more positive (Grepmair et al. 2007). Two influential meta-analyses of mindfulness-based interventions (Baer 2003; Grossman et al. 2004) highlight the lack of investigation of treatment fidelity and teacher effects. Indeed, these review conclusions are examples of a general movement within the wider literature on psychological interventions, towards greater acknowledgement of the importance of taking treatment fidelity into account when investigating effectiveness of an approach and when making the transition from research to everyday clinical practice.

Direct experience through clinical observation consistently indicates that teachers' personal engagement with mindfulness practice offers a basis from which they can develop the required competencies — that they are effectively not in a position to facilitate others in cultivating mindfulness, if they themselves have not brought it into their personal way of living and working. It is clear also that the impressive research findings to

date are based on outcomes created by teachers who have experience and who personally draw on the foundations that gave rise to mindfulness (Kabat-Zinn 2003; Teasdale et al. 2003). Until there is empirical evidence backing up the key importance of particular competencies, there is some room for open-minded scepticism in this area, but current best practice by individuals and organisations offering mindfulness-based teacher training is based on the understanding that distinctive and particular training processes are required.

In summary, there is no clear evidence base detailing the elements of mindfulness-based teacher competence and its relationship to participant outcome and there has been little theoretical development and empirical research on the training of mindfulness-based teachers. There is, though, a body of literature written primarily by MBCT/MBSR teachers in the field drawing on their direct experience of the process, within which there are clear descriptions of the essential elements of competence and a consistent emphasis on certain values that underpin the teaching process. An overarching principle is that the central mechanism through which mindfulness-based approaches have their effect is through enabling participants to be able to choose to shift from a 'doing' to a 'being' mode of mind, that this learning is communicated in the class through the teacher's direct personal experience of 'being', and that this experience is gained through mindfulness meditation practice.

Paradigm Shifts — Doing and Being Mode of Mind

A key understanding that underpins mindfulness-based clinical practice is that our mind can operate in different modes (Williams 2008). Participants are learning that the avoidant and ruminative patterns of mind that trigger and maintain their depression, their stress, or other psychological distress are maladaptive aspects of their 'doing' mode of mind. They begin to see that any strategies they employ that involve further engagement of the thinking, conceptualising, problem solving, analytic 'doing' mode of mind can serve to keep the depression or stress-producing patterns and tendencies in play. Participants are learning to step aside from the struggle with these patterns by approaching them in a completely new way — through 'being' mode of mind.

The intention of the particular style of the teaching process in a mindfulness-based class is to create the conditions in which participants can sample this new doorway to their experience — this 'being' mode of mind. Rather than processing experience through the medium of their conceptual, analytic mind, participants are developing the skill to approach experience through a new mode — anchoring the attention to a present moment awareness of physical sensations to enable a *disengagement* from a ruminative avoidant style of processing, followed by an *engagement* with an acceptance-based, approach-orientated style of experiencing. Two means are employed to facilitate this process. First, participants both within the sessions and daily as part of their home practice engage in mindfulness meditation practice, which offers repeated opportunities to develop the skills of attending to experience in this new way. Second, this new orientation is communicated in the class through the teacher demonstrating it in action within the process of the teaching: the teachers themselves are in the mode that participants are being invited to experiment with. This process of 'embodiment' is a key feature of the teaching in a mindfulness-based class; it influences every aspect of the delivery of MBSR/MBCT and, thus, consequently, the training of the teachers who will be delivering it. Teachers are thus able to teach others about being mode through their own personal familiarity with it so that the whole teaching process becomes an 'in vivo' experience of mindfulness. Segal et al. (2002, pp. 65–66) write that: "The MBCT instructor's own basic understanding and orientation will be one of the most powerful influences affecting this process [helping individuals make a radical shift]. Whether the instructor realises it or not, this understanding colors the way each practice is presented, each interaction handled."

It is through their own personal mindfulness practice that MBSR/MBCT teachers develop this familiarity and the confidence in the use of mindfulness as an effective and tenable way of working with personal challenge. This confidence gained personally — direct knowing of the 'landscape' of 'being' mode — becomes an important ingredient, which enables the teacher to persist when supporting MBSR/MBCT participants who are struggling with the real challenges inherent with bringing mindfulness to their experience. The depth of experience that teachers have in exploring their own personal process through their mindfulness practice and through other personal development processes is thus held to be directly related to their ability to 'meet' the participants in a mindfulness-based class in this radically new way, thus creating a space in which participants can inquire into the actuality of their experience with compassion and free from the constraints of the inevitable ideas that arise about what could or should be happening. Following the lead therefore of the Center for Mindfulness at the University of Massachusetts Medical Center where Jon Kabat-Zinn and colleagues originated MBSR, the training programs that are developing in the UK context also place considerable emphasis on the develop-

ment of 'the person of the teacher' through fostering an engaged inquiry into personal experience through mindfulness meditation practice (Box 2).

A case example

Susan (mentioned earlier) experienced some very significant personal and professional struggles during her training as an MBCT teacher. Her training included cultivating a personal daily mindfulness practice and attending several retreats. She learned in this process that her attention tended to shift away from challenging mind states and emotions. She observed this pattern over and over. In parallel, her training program also involved practising teaching mindfulness to her peers. Whenever her peers described aversion to challenging mind states in their practice Susan felt a contraction in her throat and chest and a strong desire to 'fix' her peers' distress. She found herself reverting to familiar CBT coping techniques at these times, that while helpful in the certain situations did not support the cultivation of mindfulness in herself or others.

As Susan became more adept within her own mindfulness practice at recognising, allowing and investigating challenging experiences this translated to her ability to support others in also "being with" difficulty. There was a learning during her own practice that enabled her first to embody in her own experience the qualities she wanted to teach, and an unfolding confidence in supporting others in learning to be with difficulties.

Within a training process for MBSR/MBCT teachers, there is a blend of input that enables trainees to cultivate skills in accessing and dwelling in 'being' mode of mind and then to integrate this with new and existing conceptual knowledge, understanding, and skills. Table 1 gives some examples of the competencies that trainees are cultivating during mindfulness-based training in these different domains of 'being' and 'doing'.

The essential premise here is that the *whole* teaching (and training) process is *mindfulness-based*. This means that while teaching, teachers are able to draw fully on their ability to plan, organise, and conceptualise ('doing' mode of mind skills) whilst sustaining a wider perspective and the possibility of seeing the application of these skills within an open context of experiencing ('being' mode of mind skills). Every element of competence within mindfulness-based teaching therefore requires this integration of 'doing' and 'being' mode of mind skills. With this in mind, we summarise in Table 2 the dimensions of competence of an MBSR/MBCT teacher [taken from the Mindfulness-Based Interventions-Teacher Competency Scale (MBI-TRS); Crane et al. in press].

Having explored some principles underpinning mindfulness-based teaching and teacher training, we turn to a description of what a mindfulness-based teacher training program looks like in practice.

Table 1 Examples of being and doing mode of mind skills developed during mindfulness-based teacher training

Being mode of mind skills	Doing mode of mind skills
Recognising and describing direct experience	Understanding and articulating rationales for processes
Being in touch with direct sensory perception moment by moment	Connecting direct experience with conceptual understandings
Approaching internal and external experience non-judgementally	Having clear curriculum as foundation for the program
Letting go of agendas and ambitions	Basing clinical programs and curriculum choices on clear rationale and evidence based underpinnings
Being open to the emergence of fresh perspectives	Measuring outcomes routinely to check efficacy

Table 2 Summary of mindfulness-based teacher's domains of competence drawn from Mindfulness-Based Interventions — Teacher Rating Scale (Crane et al. in press)

1. Coverage and pacing of session curriculum	The teacher's ability to be responsiveness and flexible, to include appropriate themes and curriculum content, and to effectively facilitate the flow and pacing of session
2. Relational skills	The teacher's ability to bring genuineness, compassion and, warmth to the relational process and to work collaboratively and to convey potency
3. Guiding mindfulness practices	The teacher's ability to guide mindfulness practices using clear, precise, accurate, and accessible language whilst conveying spaciousness and non-striving and to make the key learning available to participants through the practice
4. Conveying course themes through interactive teaching	The teacher's ability to enable participants to notice and describe elements of direct experience, to link themes to participants' direct experience as appropriate to the group and the individual learning stage, and to move between the different layers within the inquiry process with a predominant focus on process rather than content
5. Embodiment of mindfulness	The teacher's ability to communicate through their way of being a quality of steadiness, calm, ease, alertness, and vitality; to relate to participants and the teaching process with "non-reactiveness" but with appropriate attention, connection, and responsiveness; to convey qualities of non-judging, patience, beginner's mind, trust, non-striving, acceptance, and letting go; and to communicate a sense of 'in the moment' trust in the process of mindfulness
6. Management of group process	The teacher's ability to create and maintain a rich exploratory learning container made safe through ground rules, boundaries, confidentiality; to respond to group development processes; and to employ a teaching style that balances the needs of both individuals and the group

Framework for a Mindfulness-Based Teacher Training Program

Given that the transformative potential of mindfulness-based learning is reliant on gaining access to perspectives that arise during mindfulness meditation practice, it follows that professional training emphasizes the particular conditions within which these perspectives can be cultivated. There are multiple pathways through which mindfulness-based teachers arrive at this work. However, there are some common threads to the stages through which trainees move as they gain skills in teaching MBSR/MBCT. The following outlines the typical stages of a teacher training program.

1. *Foundational training*

The first learning stage is an engagement in a mindfulness-based learning program from a personal perspective. This enables prospective trainees to directly explore what it means to systematically approach experience through the lens of non-judgemental attention and to discover some of the challenges and the fruits of this process. Many trainees embark on this first training step by attending an MBSR/MBCT course and then continue a personal mindfulness practice beyond this.

2. *Basic teacher training*

The aims and intentions of this stage are to put in place the basic building blocks for teaching mindfulness-based classes at an advanced beginner level, with appropriate ongoing supervision.

Trainees enter early teacher training with:

- professional training and experience in the context within which they plan to teach MBSR/MBCT.
- sufficient depth of personal experience of mindfulness practice to begin the development towards teaching. This usually includes a daily practice and a regular engagement with the three main practices taught in mindfulness-based interventions (body scan, sitting meditations, and mindful movement practice).
- familiarity through direct experience with the 8-week mindfulness-based course structure and process.

An additional requirement for trainees planning to teach MBCT is training in a structured evidenced-based psychotherapeutic approach such as cognitive behaviour therapy.

This phase of training involves:

- Continuing to cultivate personal mindfulness practice through regular practice, participation in the 8-week MBCT course, and, on some training programs, attendance on largely silent mindfulness retreat lasting 3–7 days. The experience of a sustained period of retreat practice offers a qualitatively different experience to that of daily practice and enables dimensions of experience to be seen and then explored in new ways.
- Learning the theory and research that underpin mindfulness approaches.
- Learning the intentions, structure, and organization of mindfulness programs.

- Some programs teach elements of the Buddhist psychology that underpins MBCT.
- Practicing the core skills involved in teaching mindfulness-based approaches. Usually, students practice these skills first on peers and then teach courses to clients under supervision.
- Regular supervision with an experienced mindfulness-based teacher. This offers an alliance that enables an open and creative exploration on personal process, mindfulness practice, and the ways these interweave with mindfulness-based teaching practice.

Completion of training to this level constitutes the recommended minimum training level for teaching MBSR/MBCT by the organizations represented by the authors.

3. *Advanced training*

Following completion of basic teacher training, trainees enter more advanced mindfulness-based teacher training with:

- experience of having taught several mindfulness-based courses,
- experience of attending a 7-day mindfulness meditation retreat,
- ongoing engagement in a regular supervision process with an experienced mindfulness-based teacher.

This phase of training involves:

- Continued engagement with good practice guidelines for mindfulness-based teachers (see below).
- Participation in further mindfulness-based teacher training to develop learning and skills. A key overall intention of training at this level is to support participants in developing the ability and confidence to teach from the immediacy of their own experience. This tends to grow out of a depth of experience of mindfulness practice, the teaching process, and the form of the program. Training at this level is focused on refining existing skills, further developing understanding of the MBSR/MBCT teaching process and its underpinning themes and inquiring into the 'person of the teacher' — the way in which the teacher relates to themselves, the participants, the group, and the teaching process itself.

These characteristic phases of training are represented in Fig. 1.

4. *Continuing professional development*

As with all worthwhile personal and therapeutic endeavours, the learning process is ongoing. In order to keep sustaining their ability to teach in the ways particular to mindfulness-based programs, MBSR/MBCT teachers must remain engaged with processes that keep the learning alive. Good practice guidance for teachers includes ensuring that:

- there is an ongoing commitment to a personal mindfulness practice through daily formal and informal practice and regular attendance on silent retreat;
- ongoing contacts with colleagues engaged in mindfulness-based teaching are built and maintained as a means to share experiences and learn collaboratively, including getting direct feedback on teaching from colleagues and supervisors;
- an ongoing and regular process of supervision/peer supervision of teaching, and inquiry into personal practice by an experienced teacher of mindfulness-based interventions is in place;
- an ongoing process of evaluating participant outcomes from mindfulness-based courses is in place, including benchmarking outcomes against those gained in trials of MBSR and MBCT.

Ingredients of a Mindfulness-Based Teacher Training Program

Different training programs vary in form and structure, but there are common threads to the training process. Four core ingredients common within the MBCT/MBSR teacher training programs with which the authors are directly involved are:

1. Opportunities to reflect on the personal and wider implications of the insights which emerge through personal mindfulness practice,
2. Development of understanding of the rationales underpinning the use of mindfulness both generally and with particular populations of clients,
3. Development of understanding of the aims of the various elements of the program curriculum, and
4. Opportunities to practice teaching skills and to receive structured feedback on this.

1. *Emphasis on personal engagement with mindfulness practice*

The term 'practice', rather than being used to denote 'rehearsal' for the future, is used here to convey an engagement with the discipline of mindfulness practice. As Kabat-Zinn (2003, p. 150) expresses it: "how can one ask someone else to look deeply into his or her own mind and body and the nature of who he or she is in a systematic and disciplined way if one is unwilling (or too busy or not interested enough) to engage in this great and challenging adventure oneself, at least to the degree that one is asking it

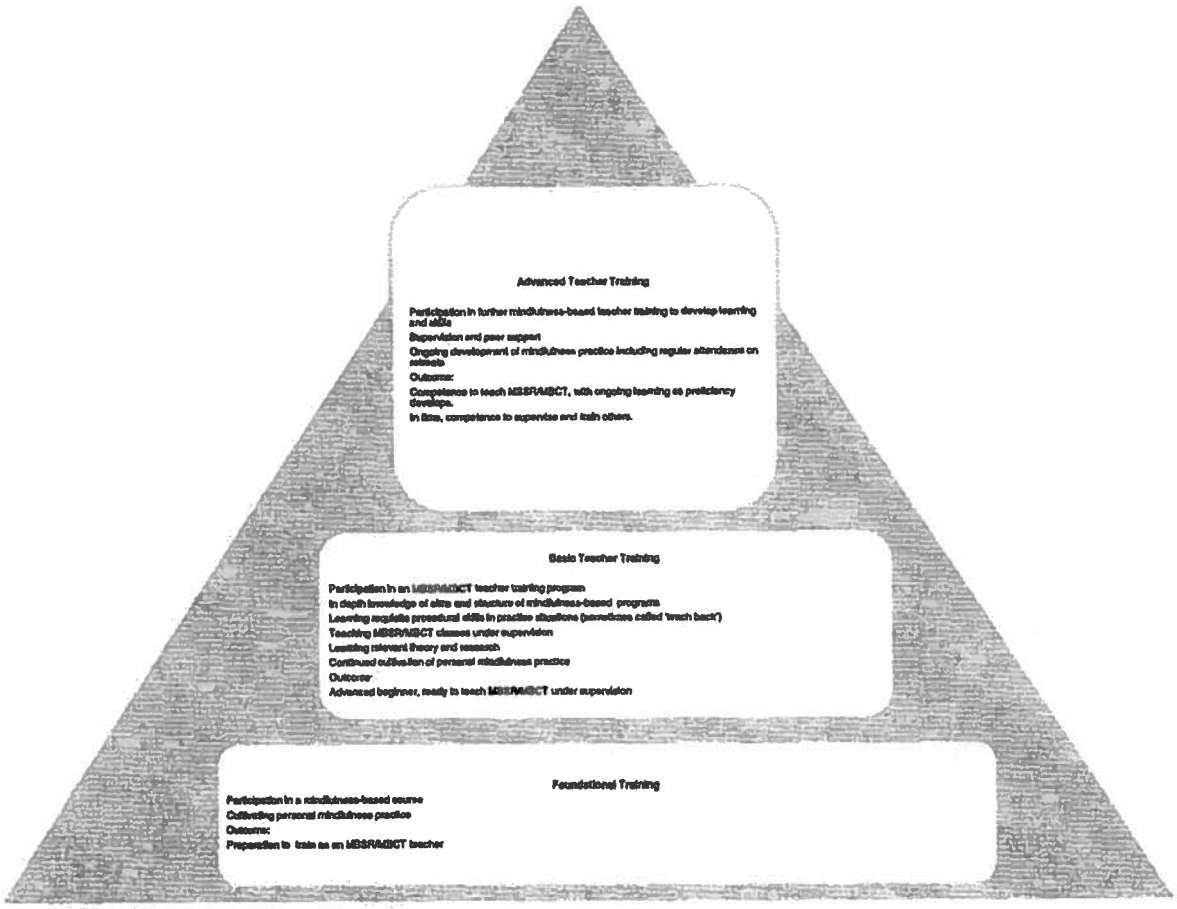

Fig. 1 Stages of training as a mindfulness teacher.

of one's patients or client?" In practice, this process has a number of elements to it:

(a) *The development of awareness* through a systematic methodology of bringing attention to present moment experience during regular formal mindfulness practices (body scan, sitting meditation, mindful movement) and informal mindfulness practice (cultivating present moment awareness in daily life).

(b) *The cultivation of a particular attitudinal framework* characterised by compassion, kindness, curiosity, and a willingness to be present with the unfolding of experience without rushing to try to change it. Key to this is the intention to practice with openness to outcome. Paradoxically, it is through the focus on a predetermined agenda that we are taken away from the present moment leading to mental proliferation and unhelpful mind states, thus reducing the possibility of positive outcomes. A personal engagement with the implications of the paradox inherent within this is central to skilful communication of the approach to others.

(c) *An embodied understanding of human vulnerability and resilience.* This is developed through assimilating a particular view of the nature of human suffering and then exploring its validity through directly seeing one's experiential process in action during formal and informal mindfulness practice. We learn through this that although suffering is an inherent part of our experience, there are ways that we can learn to recognise and step out of the patterns of habitually collaborating to perpetuate it, add to it, and deepen it (Crane 2009).

Using the characteristic teaching style employed within MBSR and MBCT courses and teacher training programs (guided formal practice in sessions and at home, interactive dialogue between participants and teacher, group exercises and explorations), these three elements of personal engagement with practice offer the practitioner a comprehensive methodology through which to explore experience. They are also a way of offering mindfulness practice in a secular way that ensures that the critical aspects of mindfulness

(within its original Buddhist context) known to bring about change are not lost (Teasdale et al. 2003).

The learning for trainees starts from a highly personal process of engaging in a sustained study of inner direct experience. This is the springboard for a reflective investigation with self, tutors, and peers on their observations. Through this process, there is an overarching learning that naturally begins to take place. Trainees begin to see that the experiences that they have are less personal than they thought they were — human minds operate in similar ways. There is a process of seeing the personal in the universal and the universal in the personal. This process of inquiry continues beyond training through regular supervision.

2. *Rationales underpinning the use of mindfulness with clients*

A key part of an MBSR/MBCT teacher training process is an engagement with an inquiry into the ways in which the approach enables participants to effect changes in their lives that reduce symptoms and the occurrence of existing conditions and increase general well-being and life skills. This takes place in two broad ways. Firstly, through engagement with a personal mindfulness practice: this enables an investigation on a personal level of what arises during moments of inattention (mindlessness or automatic pilot) and during moments of mindfulness as kindly attention is brought to the unfolding of experience, and through the recognition of the universal nature of these mind patterns. In this way, trainees are engaging in an exploration of the *general vulnerability* that we all carry by nature of being human. Mindfulness practice and teaching illuminate our understanding of the traits (shared by all humans) that tend us towards unhappiness and distress (for example, our use of language, our ability to operate in automatic pilot and to move our thought processes into the past and the future, and our physiological response to threat that does not discriminate between internal and external stimuli). The practice also offers us a way of working with these traits — enabling us to recognise them for what they are, thus reducing our tendency to add suffering to unavoidable pain (Williams 2008).

Secondly, trainees develop understanding of the rationales for using mindfulness through clinical or other training, which orientates them to the theory on the processes creating and maintaining psychological distress. These can be seen as *specific vulnerabilities* — patterns, traits, or tendencies that are particular to the individual, which can be mild or considerably disabling. This may differ across the life span (childhood, adolescence, adulthood, older adulthood), by traditional diagnostic labels (e.g., depression, psychosis, anxiety), and by other life-defining roles and experience (e.g., carer, parent, person with life threatening illness or disability). The MBCT course is particularly intended to focus the learning around developing the skills to meet these *particular* or *specific* vulnerabilities, while the MBSR program is taught as a generic program (but not always — targeted versions of MBSR are increasingly employed). It is important that trainees arrive at mindfulness-based teacher training with existing clinical skills, experience, and theoretical understanding of the client populations with whom they intend to work. The mindfulness-based training process will then enable a fine-tuning of this existing knowledge in the light of mindfulness teaching and practice and the development of understanding of the ways in which mindfulness interfaces with particular vulnerabilities.

3. *Understanding of the intentions of the MBCT/MBSR program curriculum*

Through both experiential and didactic teaching, trainees become familiar with the particular teaching intentions and underpinning rationale for each of the curriculum elements making up an eight-session course.

4. *Opportunity to practice teaching skills and to receive structured feedback*

A mindfulness-based class offers participants a series of experiential learning opportunities. There is then a dialogue with the participants to draw out their experience of these and to support them in connecting their direct experience to a context of learning, which is relevant to their daily life. Mindfulness-based teacher training processes are no different. Through the participatory, experiential nature of the teaching process, trainees are highly active in their own learning. A key ingredient of this is the opportunity to practice teaching skills and to receive structured feedback on this. Importantly, these teaching practice sessions are also used as a springboard from which trainees can inquire more deeply into their own process and through this to attune their ability to pay attention to the inner and outer processes that affect the teaching. This process offers a built-in supervisory experience as trainees gradually build their skills and confidence first with the training group and then with client groups.

There is a broad consensus amongst the training courses represented by the authors on the competencies that need to be developed by teacher trainees (Crane et al. in press), and the framework outlined above elucidates a well-tested method for developing these. It is also clear that practitioners develop these competencies through other means than engagement with formal training programs. An alternative training model that some follow either alongside a formal course or as an alternative is an informal apprenticeship process. This typically involves participating in an 8-week course, developing a personal mindfulness practice, taking the 8-week course again from a perspective

of 'participant-observer' (experiencing from the inside whilst simultaneously seeing the wider process of teaching and learning), assisting an experienced mindfulness-based teacher and receiving mentoring on this, and repeating this process while gradually taking on more direct responsibility for the teaching process. It is worth noting that as formal training programs in mindfulness-based approaches are relatively new, the developers of MBSR and MBCT (first-generation teachers) and now trainers (second-generation teachers) themselves went through this process just described.

Development Issues for Mindfulness-Based Teacher Training in the UK

What are the particular areas that need to be addressed by the field now to support good-quality expansion of mindfulness-based training and clinical opportunities in the future? In this final section, we briefly describe the current status of MBSR/MBCT training opportunities in the UK, discuss some of the challenges faced by the organisations delivering training, and explore some potential directions for the future.

Mindfulness-Based Training Opportunities in the UK

There are currently three UK universities (Bangor, Exeter, and Oxford) offering training in delivering MBSR and/or MBCT. The Centre for Mindfulness Research and Practice within Bangor University's School of Psychology trains in both MBSR and MBCT and offers two Master's degrees — a specific program in Teaching Mindfulness-Based Courses and a general Master's in Mindfulness-Based Approaches. They also offer a Continuing Professional Development program (www.bangor.ac.uk/mindfulness). Exeter University in collaboration with the meditation retreat centre Gaia House offers a Post-Graduate Diploma in MBCT (www.ex.ac.uk). Oxford University offers a Master of Studies in MBCT (www.mbct.co.uk) and other shorter MBCT training events through the Oxford Cognitive Therapy Centre (www.octc.co.uk). In Scotland, MBCT is included in a government-led strategy to increase the availability of evidence-based psychological therapies (Mental Health in Scotland). This and similar initiatives have provided funding and support to a group of NHS clinical psychologists and doctors who have trained staff to deliver MBCT using a framework similar to the one described above. The distinctive feature of this approach is that the training is designed to directly increase the capacity to deliver MBCT in a mainstream health setting, particularly for people suffering from recurrent depression (Mental Health in Scotland 2008). Other training initiatives in the UK are largely taken up on an individual level by practitioners (some self-funded and some sponsored by their employer) who are drawn to this particular form of training. There are also a number of independent organisations offering teacher training.

A forum has been developed — the UK Mindfulness-based Teacher Trainers' Network — to enable representatives from all the organisations directly offering training for mindfulness-based teachers to discuss best practice issues and to facilitate collaboration and coordination on development areas of mutual concern.

Current Challenges

How can this growing field maintain integrity in the face of the expansion in interest in the approach? There are some inevitable developmental processes and growing pains associated with the evolution and implementation of new psychological approaches. Some dedicated practitioners who have invested in developing considerable competencies in delivering mindfulness-based interventions find themselves working in a vacuum in which their skills are not fully recognised or supported. In the absence of formally defined standards and professional competencies for mindfulness-based teaching, some other practitioners are tempted to embark on using the approach before developing an appropriate level of personal and professional competence. The apparent simplicity of the approach belies the complexity of its radical implications.

It is unclear in the current restructuring and re-visioning of psychological services in the UK how mindfulness-based interventions are perceived and where they might best be placed in terms of management and governance. Despite MBCT being cited as a treatment of choice in the NICE guidelines, its availability on the ground in the UK is patchy (Mental Health Foundation 2010). The expansion of interest in the approach has been driven largely by mindfulness teachers who are inspired by its potential rather than psychological service managers building it into the service framework. This can lead to mindfulness teachers feeling frustrated by a lack of support, understanding, and recognition from management. Some health professionals funded to train as mindfulness-based teachers report that they are encouraged to commence delivering the course (or even to commence training colleagues) before they themselves have reached the minimum training standard.

Other health care professionals describe the experience of endeavouring to introduce mindfulness-based courses into their clinical service as being like 'swimming upstream'. The NHS is rightly committed to implementing approaches that are of proven efficacy, resulting in a prevailing organisational culture of target setting and a focus on measurement. It is too easy for this goal-driven

organisational culture to also become an overriding personal 'way of being' for the clinical staff working within it. For the teacher of MBSR/MBCT working within a highly 'doing' orientated culture, there are both practical and personal challenges that need working with in ways that allow the essential integrity of the course to be available to participants. This requires some vigor on the part of the teacher to carve out the personal (and often the physical) space within which the work of teaching MBSR/MBCT can take place.

Mindfulness-based interventions are particularly suited to enabling individuals who have a recurrent or chronic condition to explore and work differently with their particular vulnerability and to gain skills to enable effective ongoing management of their condition. The reality of the NHS, as with other health systems internationally, is that it is geared towards "firefighting" acute problems rather than supporting the development of preventative skills. Mindfulness teachers are often unable therefore to dedicate resources to supporting clients to develop skills that will enable them to stay well in the future.

Future Directions

We are at an early stage in understanding the mechanisms that create the positive effects of mindfulness-based interventions or that are the critical variables of the approach that seem to best predict change. These areas are the focus of clinical investigation and research programs worldwide (e.g., Kuyken et al. 2008; Williams et al. 2006). An aspect of this that needs particular attention is the critical variables of the teaching process itself — what are the key competencies of mindfulness-based teachers also associated with positive outcomes for clients? Careful clinical practice has certainly elucidated this considerably over the past 10 years and more. Training organisations have articulated the areas of competence through experience and understanding of the work. It is widely supposed that subtle inner qualities of the teacher — their ability to be present with themselves and with participants with warmth, curiosity, care, and compassion — facilitate change. There is a need now to strengthen these clinical understandings with systematic investigation using a range of methodologies.

There are challenges and tensions inherent in this process of investigating and articulating the competencies and personal qualities of the mindfulness-based teacher. Research on therapist effects is notoriously challenging and mindfulness-based teaching and learning processes are particularly multifaceted. A central aspect of the learning in a mindfulness-based context is the development of skills in approaching experience in a nonconceptual way — this leads to dimensions of experience that are inevitably different from some aspects of the intellectual scientific medical paradigm that is used to investigate them (McCown and Reibel 2009). The methodological challenges in investigating this area are immense, yet neuroscience research using FMRI is beginning to show distinct signatures of the nonconceptual (experiential) processing skills that are cultivated through mindfulness training (Farb et al. 2007).

Despite these challenges, amongst mindfulness-based training groups in the UK, there is an emerging consensus on what teacher competence 'looks' like — its observable and behavioural elements (see Table 2; Crane et al. in press). Sensitive clinical and research work is required, which enables understanding to develop about which competencies are central to achieving effective outcomes and to enable these to be reliably rated. In this way, the generally held hypothesis that high levels of experience and particular skills are required to effectively deliver an MBSR/MBCT course and thus achieve desired outcomes for participants can be tested.

As understanding of mindfulness-based teacher competency is refined, there will be the potential to refine current training practice to ensure that the key skills are given further emphasis. Only then will future research be able to investigate what length, format, and delivery style are most effective in developing particular teacher competencies and in enhancing participant outcomes.

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II. The Center for Mindfulness in Medicine, Health Care, and Society

Center for Mindfulness in Medicine, Health Care, and Society

University of Massachusetts Medical Center
1979-2014

About the Center for Mindfulness

The Center for Mindfulness in Medicine, Health Care, and Society (CFM) is a visionary force and global leader in mindfulness and mind-body medicine. For thirty-five years, the Center has pioneered the integration of mindfulness meditation and other mindfulness-based approaches into mainstream medicine and healthcare through patient care, research, academic medical and professional education, and into the broader society through a wide range of community and public service initiatives.

Saki F. Santorelli, EdD, MA has directed the Center since 2000. The associate director of the Center is Dianne Horgan. Founded by Jon Kabat-Zinn, PhD in 1979, the Center is in the Department of Medicine, Division of Preventive and Behavioral Medicine at the University of Massachusetts Medical School.

Clinical Care: Mindfulness-Based Stress Reduction (MBSR)

The Center's Stress Reduction Clinic is the clinic of origin of MBSR. Directed by Drs. Saki Santorelli and Paul Galvin, more then 20,000 patients referred by more than 5,000 physicians and hundreds of other healthcare professionals have completed this patient-centered, cross-disciplinary and evidenced-based program at UMASS.

Created by Jon Kabat-Zinn in 1979, MBSR is the most widely researched mind-body intervention in the world and the UMASS Stress Reduction Clinic is the oldest, largest, and longest continually operating stress reduction clinic in an academic medical center in the world. As evidence of its efficacy and widely accepted credibility, there are more than 740 MBSR programs around the world modeled after the UMMS program. Together, these programs create access to MBSR for tens of thousands of people globally.

Professional Education and Training: Oasis Institute

Oasis Institute is engaged in the in-depth formation and ongoing development of MBSR professionals. Directed by Florence Meleo-Meyer, MS, MA, and Lynn Koerbel, MPH, Oasis Institute offers a

course of integrated and intensive multi-year study leading to *Teacher Certification in MBSR*. A global educational initiative, more than 13,000 health care professionals from 56 countries and 6 continents have participated in Oasis Institute programs.

Research: The CFM Discovery Lab and Program

Inspired by the vision of a more awakened and compassionate world and fully engaged in the epistemological conversation now taking place between modern science and the contemplative practice traditions, for thirty-five years the UMMS Center for Mindfulness has had an ongoing research initiative. Judson Brewer, MD, PhD is director of the *CFM Discovery Lab* and research program.

Our research began in the early 1980's with groundbreaking research conducted by Dr. Jon Kabat-Zinn and his colleagues on the effects of mindfulness and MBSR in individuals with chronic pain and a host of other medical and psychological conditions. Over the course of more than three decades, these investigations continued to expand to include a wide range of health conditions from anxiety to immune system function.

Conducting and collaborating on a wide range of research projects across UMASS and internationally, the Center's research program spans basic, translational, clinical, and population-based areas, with the aim to provide evidence-based mindfulness treatments that are grounded in biological mechanisms and optimized for personalized benefit.

Outreach and Community Engagement: Integrating Mindfulness into the Local Community and Broader Society

Committed to assuming active responsibility for helping to create a more mindful society, the Center offers a range of leadership initiatives, wellness programs and services to organizations, corporations, and institutions. These programs are both menu-driven and tailored to specific organizational requests. Research is central to this endeavor; initial analysis of pilot worksite program outcomes strongly suggests that mindfulness-base wellness programs can be effectively delivered in worksite settings with highly positive, statistically significant employee outcomes.

New Center for Mindfulness Initiatives - 2104

INDRA-M: An International Network Data Registry for the Assessment of Mindfulness-Based Interventions

Looking through the lens of population health, Drs. Saki Santorelli and Dr. Wenjun Li (director of the UMMS Health Statistics and Geography Lab), have collaborated on the establishment of a first of its kind comprehensive registry for mindfulness practices, practitioners and patients. This international registry will collect large amounts of data from our MBSR affiliates worldwide in order to magnify our understanding about MBSR. The data collected by the registry will support comparative effectiveness research, care quality improvement, return on investment analysis, patient satisfaction, evaluation of short and long-term patients outcomes in relationship to healthcare system, practitioner and patient characteristics.

A Global Alliance for MBSR Education, Training, and Research

Committed to collaboration and interdependence, the Center is forwarding the formation of an unprecedented global alliance of colleagues engaged in establishing universal standards for the education and training of MBSR teachers and teacher trainers and further assuring the legacy of MBSR teaching integrity we have adhered to across these first 35 years of our work. This global alliance has enormous potential for sustaining and furthering MBSR and other mindfulness-based interventions (MBIs) in the world through professional education and training, ongoing assessment of MBSR teachers, teacher trainers and programs, continuing education initiatives, and multi-site and cross-cultural research investigating the formation of MBSR teachers and curriculum.

Mindfulness Research

The UMMS *Center for Mindfulness in Medicine, Healthcare, and Society* (*CFM*), is a global leader in mind-body medicine. Inspired by the vision of a more awakened and compassionate world and fully engaged in the epistemological conversation now taking place between science and contemplative practice, for thirty-five years, we have pioneered the integration of mindfulness meditation and other mindfulness-based approaches in mainstream medicine and healthcare through patient care, research, and academic medical and professional education. The Center is the place of origin of mindfulness-based stress reduction (MBSR). More then 20,000 patients, referred by more than 5,000 physicians and hundreds of other healthcare practitioners, have completed MBSR training in our Stress Reduction Clinic. There are now more then 740 MBSR programs worldwide, serving tens of thousands of people.

Our research began in the early 1980's with groundbreaking research conducted by Jon Kabat-Zinn and his colleagues on the effects of mindfulness and MBSR in individuals with chronic pain and a host of other medical and psychological conditions. It has continued to expand to include a wide range of health conditions from anxiety to immune system function. Our research spans basic, translational, clinical and population-based areas, with the aim to provide evidence-based mindfulness treatments that are grounded in biological mechanisms and optimized for personalized benefit. We are currently performing and collaborating on a wide range of research projects across the world.

On a basic science level, we are working to elucidate neurobiological mechanisms of mindfulness through the study of brain activity and connectivity using fMRI. We are also conducting neurophenomenological studies to link the subjective experience of mindfulness with specific brain activity using real-time fMRI and EEG neurofeedback. In collaboration with Drs. Carl Fulwiler and Jean King (Department of Psychiatry) and Sarah Cavanagh (Assumption College), we are investigating the degree to which high cognitive resources can predict a successful response to MBSR using performance-based cognitive tasks, physiological and fMRI measurements.

From a translational perspective, we are studying the efficacy and utility of real-time neurofeedback for the augmentation of MBSR training. In collaboration with Cardiologist Dr. Joshua Greenberg (Department of Medicine), we are exploring the physiologic benefits of MBSR in people who have had significant impairment in cardiac function following a heart attack.

Clinical research remains the heartbeat of our work. We continue to investigate the efficacy of MBSR with larger numbers of patients through the Center's Stress Reduction Clinic and we are in the early stages of partnering with a large regional health insurer to investigate the potential cost-effectiveness of MBSR among their subscribers. We are evaluating the efficacy of mobile mindfulness training for smoking cessation in randomized clinical trials. In collaboration with Drs.

Lori Pbert and Elena Salmoirago-Blotcher, we are investigating whether mindfulness training can promote healthy diet and physical activity in teenagers. We have collaborated with Drs. Jim Carmody, Lori Pbert and Mark Madison on investigating the clinical benefits of MBSR in asthma patients and are exploring the efficacy of MBSR for weight maintenance after weight loss with Emily Levoy, Asimina Lazaridou, PhD and Carl Fulwiler, Md, PhD.

Looking through the lens of population health, in collaboration with Dr. Wenjun Li (director of the Health Statistics and Geography Lab at UMass), we have established the first of its kind international registry that will collect pool large amounts of data from our MBSR affiliates worldwide in order to magnify our understanding about MBSR. The data collected by the registry will support comparative effectiveness research, care quality improvement, return on investment analysis, evaluation of patient short term as well as long term outcomes in relation to system, practitioner and patient characteristics.

Center for Mindfulness Research Faculty:

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'ENJOY YOUR DEATH': LEADERSHIP LESSONS FORGED IN THE CRUCIBLE OF ORGANIZATIONAL DEATH AND REBIRTH INFUSED WITH MINDFULNESS AND MASTERY

Saki F. Santorelli

Leaders working in diverse spheres of societal influence including medicine, healthcare, public health, legal services, education, and business are increasingly interested in the potential role of mindfulness practice for experiencing, appreciating and living their lives more fully at work and at home. The discipline of mindfulness meditation practice may offer leaders an effective means of actualizing in their lives an enhanced ability to know themselves more directly and, also, to learn how to use, in skillful ways, both the routine and extraordinary work-related demands and challenges they face as a means of cultivating latent yet innate human qualities necessary for effective leadership. Based upon direct experience as a leader facing a significant, protracted crisis, the author details his experience of integrating mindfulness practice into his life and leadership-related decision-making.

A task becomes a duty from the moment you suspect it to be an essential part of that integrity which alone entitles a man to assume responsibility.

(Dag Hammarskjöld)

Prologue

In a very real way, perceived through one set of lenses, the story I am about to relate is history; it passed away a very long time ago. And yet, there is something behind this story that might serve us well by examining in finer relief the lived experience of leadership—leadership individually, collectively and organizationally. Leadership informed by meditation practice, mindfulness, and mastery. Before the telling, here is some background information intended to

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minimize the potential for confusion because of the array of organizations associated with the unfolding events.

In 1998, 19 years after the founding of the Stress Reduction Clinic and three years after the founding of the Center for Mindfulness in Medicine, Health Care, and Society, the University of Massachusetts Medical Center ceased to exist. As the result of a large merger, in its place two separate entities were formed. One entity, UMass Memorial Health Care (UMMHC) became the home to several hospitals and an extended clinical system and the second, The University of Massachusetts Medical School (UMMS) became the home of three schools: The School of Medicine, the Graduate School of Biomedical Sciences and the Graduate School of Nursing. During the early stages of this merger, the Stress Reduction Clinic—what the Center for Mindfulness was most known for and also the largest source of its revenue—was a part of UMMHC (the hospital and clinical system). All the other aspects of the Center (and far smaller revenue sources) including research, academic medical education, professional education and training, and outreach and public service programmes resided within the Medical School.

One final explanatory comment: throughout this article I have subtitled various sections of the text. In most cases, the topic associated with these subtitles is self-evident. However, in two instances, I have used terms from alchemical writings related to the process of transformation. Latin in origin, they are *solve* (dissolve) and *coagule* (coagulate). For growth to arise, disintegration and dissolution are required—individually and organizationally such dissolution brings with it the death of the old (*solve*). Arising out of this dissolution may occur a new reconstruction and consolidation emerging as vision and as a new capacity for emergent possibility, flexibility, and wise relationship and action (*coagule*). Within each of us and within organizations also, this process is repeated endlessly.

1. Solve

In late October 2000, a little more than three months into my tenure as Executive Director of the Center for Mindfulness in Medicine, Health Care, and Society, I received the following email from the hospital administration:

> *In the next 48 hours, we require you to submit a deficit-free budget for the Stress Reduction Clinic budget totalling not more than $173,000.*

At that time, the Stress Reduction Clinic's annual budget was $283,000. In order to comply, I had to reduce the budget by $110,000. To do so, I cut the clinical budget by $40,000 and because the Stress Reduction Clinic was itself nested within the Center for Mindfulness, I was able to meet the full budget reduction demand by shifting an additional $70,000 of the Stress Reduction Clinic budget into the Center's overall operating budget. In response to these changes, I received the following email:

> *In addition to decreasing your budget to $173,000 you will be required to generate an additional 100% of your overhead costs.*

This meant that the Stress Reduction Clinic would now be required to generate nearly $350,000 in revenues annually—a virtually impossible task.

The protracted merger and burden of mounting debt may have left the newly formed hospital and clinical system with no choice but to cut a host of clinics and programmes. However, virtually overnight, after 21 years of continuous operation, the Stress Reduction Clinic—the clinic of origin of mindfulness-based stress reduction (MBSR)—was eliminated from the clinical system.

This meant no more formalized physician referral system, no more appointment and reminder system for our patients. No more third party insurance coverage, no more dictation and medical records services, no more billing services through the hospital and no more status as a clinic within the greater hospital and clinical system. Without all this, how could we continue to be an exemplar of possibility for colleagues and nascent MBSR clinics all over the world beginning to introduce mindfulness into their patient care, research and medical education programs?

Within the Center for Mindfulness, this larger institutional tremor was seismic, creating an immediate operating budget shortfall of nearly $300,000. Half the staff had to be cut: some were laid off, a few chose to resign, others found new jobs within the larger institution. Those that were laid off or resigned needed to be respected, protected and paid severance for their years of service and unused vacation time. I had both a moral and fiduciary responsibility to make sure the needed funds were available to them. For the Center for Mindfulness, this meant that either closing our doors or remaining open would require a good deal of capital that we did not have.

My colleagues and I seriously deliberated the merits of closing the doors or attempting to move forward. This analysis and reflection proved to be quite valuable. For my part, I felt like we'd achieved much over the course of two decades. The work of the Center had laid the foundation stones of new fields of inquiry and treatment approaches in medicine and healthcare and, in part, through our efforts a secular form of mindfulness practice was beginning to be known about and experienced directly by a large and growing public and scientific community. I came to see that even if we chose to close the doors, what had been accomplished was substantive. Yet, I also firmly believed that there was far more to be explored and accomplished through the vehicle of the Center and I made the decision to forge ahead and attempt to create a new future within UMass. However, with the loss of a home and operating budget for the Stress Reduction Clinic, a significant budget shortfall, and a staff reduced by 50%, there were many barriers and little space in which to move.

In response to the news about the Center's plight, long-time co-workers, colleagues, and friends nearby and from around the country sent along lots of ideas about how we ought to best respond to the situation. On one extreme, they included quietly closing the doors and writing an open letter in the New York Times announcing this decision and thanking our constituents world wide for their generosity and support. On the other side, there was a call to coalese the

goodwill and energy of the 12,000 medical patients (and many additional healthcare professionals) we had worked with since 1979 and mount a massive letter writing and telephone call campaign. In addition, they suggested enlisting journalists at the local and regional papers to get the story out and, as well, organize a culminating event—a several day, around the clock silent 'sit' along all the primary walkways on the main Common of the medical center. While dramatic and intriguing, I judged that embarking on any of the latter strategies would further antagonize senior administrators thereby virtually sealing the deal and foreclosing on any possibility of our existence at Umass.

To remain afloat and simultaneously begin anew, the first thing we needed was a new home for the Center. As everything became tighter, darker, and seemingly more impossible to overcome, a thin sliver of space did open. I received an unexpected email from a senior Medical School officer inviting me to come and talk with him about a possible future for the Center that would locate it fully within the aegis of the University of Massachusetts Medical School. Negotiations were already underway for establishing the terms for vacating the hospital and clinical system. With this invitation, negotiations aimed at establishing the entire Center within the Medical School were initiated. It took four months of intense, painstaking deliberation to complete the process. Some days I met with hospital officials about the terms of vacating; other days I met with Medical School officials about the terms of habitating. My Division Chair, Judith Ockene, PhD, M.Ed, in an act of immense generosity and risk-taking, agreed to underwrite our budget should we fall further into debt and be forced to close shop. In early February 2001, having agreed to the final terms of this transition, the gentleman who had the final determination for our fate turned to me and proclaimed unambiguously the *real* terms:

> *Maintain your academic and scholarly work, run your operation like a business, float your own boat, or you'll be out of here.*

Real indeed; the terms were strikingly clear and terribly daunting. There were failures and major losses sustained during the previous four months. Yet, we had made one essential gain; we had a toe hold that offered us the space needed to begin moving forward. Hafiz, the fifteenth century poet and Sufi teacher describes our condition and motivation well:

> *Be strong, Hafiz.*
> *Work here, inside time,*
> *where we fail, catch hold again*
> *and climb.*[1]

Many of my colleagues who made the decision to stay at the Center had to relinquish significant aspects of their benefits and retirement packages in order to meet the insisted upon terms of the transition. Still, in the face of these unbending terms, we had endured the fire; we were alive.

Whatever had us was not yet done with us...

Eight months later an accounting audit was completed by the larger institution resulting in the reckoning of an additional deficit of $200,000 (originally thought to be an operating account surplus from previous years) requiring payback in full. Thus, in the first 12–14 months of my tenure, five years into its founding and 21 years since the formal introduction of mindfulness into mainstream medicine via the Stress Reduction Clinic and its radical approach to patient care and education, the Center faced a financial deficit of nearly $500,000.

Then, 9/11 burst into fullness. Social chaos ensued; uncertainty and fear took front seats in the collective mind of most Americans, the economy tanked. Clinical referrals dried up; clinic revenue diminished by 50%. The demise and inevitable death of the Center as we had known it for the past 21 years lingered unabated for 36 months. The loss of our organizational 'self' was unmistakable; the reality of inseparability and utter undeniability of a single interdependent reality was experientally validated over and over again *everywhere* to be seen and felt.

While this story is neither exceptional nor unique, it is *real*—shot through with the fundamental characteristics of living, including suffering, impermanence, and non-self. Moments strung together like this one have an awesome, uncompromising way of forcing us to see what appears theoretical or distant as actuality; it all gets close up and evident, vibrantly real and inescapable if we give ourselves over to the *turning towards* rather than away from what is before us.

Ubiquitously permeating this entire unfolding saga was what is sometimes refered to as the 'fourth' characteristic of living—the quality of nowness. *Nowness* in all its palpable, persistent, undeniable wildness played centrally in the unfolding of this story, as there were always multiple and often rivalling perspectives to be ascertained and understood *now*... branchpoints of possibility turned towards or walked away from *now*... strong emotions and mind waves felt, seen, and often enough, caught up in or seen through *now*....decisions affecting the lives and livelihoods of my colleagues, hundreds of medical patients, and thousands of professional colleagues around the world weighed and acted upon *now*.

These were life and death moments; the challenges of leadership were relentless and unremitting. I have chosen to report this story to you in the context of this special issue of *Contemporary Buddhism* because the events as described and those that I will detail more fully raise important and highly relevant issues about mindfulness and its potential role in training the mind and heart as an essential element of the cultivation and development of leaders and leadership.

However, before doing so, I want to make it absolutely clear that while I was the director of both the Stress Reduction Clinic and the Center for Mindfulness and, therefore, the leader and point person for all that I have and will describe, several of my colleagues were also key leaders in this process. Indeed, it was my responsibility to communicate, negotiate and make final decisions. Yet, the leadership was *shared*; it was disbursed among many of us. We were each responsible and fully accountable to ourselves, to one another, and as well, to the larger institutional

community in which we were nested. This seems to me to be one of the most salient aspects of leadership infused with mindfulness—the recognition that we are each accountable to ourselves for our own lives and actions ('Be a light unto yourself'). And, equally so, in the spirit of democracy and shared vision, to one another as we attempt to forge a sense of collective organizational ownership, clarity and purpose expressive of our commitment to a universal sense of accountability and responsibility.

Among the Center leaders, my colleague, Larry Horwitz, was particularly invaluable through both the long period of crisis and the gradual transition into a more robust, programmatically rich, and fiscally sound Center for Mindfulness. For a long time, I have likened Larry's role at the Center to *Fudo*—the great protector of the Dharma described as the 'unmoving, immovable, imperturbable guardian.' My trusted colleagues and companions, Florence Meleo-Meyer and Melissa Blacker, were resolute in their commitment to staying the course, creating new programmatic possibilities in the midst of the falling apart and embracing with great understanding and open-hearted acceptance the cascades of mind waves and emotions that visited us as we walked this long journey that, at moments, felt like hell and at other moments like paradise. Similarly, Jean Baril, the Center's business manager, was a strong and much needed pillar while facing, on a daily basis, dismal spreadsheets and the understandable waves of anxiety about the future emminating from the administrative staff she was charged with supervising and supporting.

Now, back to the story....
I did not want this to happen on 'my watch'....
It was happening on my watch.
I felt like it was all falling apart....
It was all falling apart.

When the events described first transpired, I felt like I had been ambushed. I got upset, indignant, depressed and then angry. I wrote emails, scheduled meetings with hospital officials, appealed to my staunchest medical center allies and to my Division and Department Chairs. In the end, none of this made a whit of difference in regards to the ultimate outcome. Undone and carried by the sustained gravitational pull of such moments, the Spanish poet, Antonio Machado, recognized our deep seated fear of 'going down.'

As an entity or organization, we were 'going down.' Amidst all the dissolution and dying, I believe to this day that until I saw clearly just how impersonal the entire affair was, I had no real clarity of mind and heart by which to meet this situation fully and attempt to go forward.

In the four months between my stepping into the role of Executive Director and the reception of that first email from the hospital administration about our clinic budget, I had not yet decorated my office. There was just so much to attend to; the learning curve was steep. Quite uncharacteristic of me, I simply didn't make the time to create a comfortable workspace. My colleagues used to laugh about it

or in bewilderment shake their heads and say, "Saki, when are you going to move in? Aren't you going to move in?" Soon after the crisis hit, a poem by Rumi made its way into my life; it is entitled, *Ali in Battle*. For me, this was an absolutely fitting poem for the situation. I taped it to the wall I faced every day as I sat at my desk. The only object on my office walls, it remained there for the next 24 months.

Learn from Ali how to fight
without your ego participating.
God's Lion did nothing
that didn't originate
from his deep center.

Once in battle he got the best of a certain knight
and quickly drew his sword. The man,
helpless on the ground, spat,
in Ali's face. Ali dropped his sword,
relaxed, and helped the man to his feet.

'Why have you spared me?
How has lightening contracted back
into its cloud? Speak, my prince,
so that my soul can begin to stir
in me like an embryo.'

Ali was quiet and then finally answered,
'I am God's Lion, not the lion of passion.
The sun is my lord. I have no longing
except for the One.

When a wind of personal reaction comes,
I do not go along with it.
There are many winds full of anger,
and lust, and greed. They move the rubbish
around, but the solid mountains of our true nature
stays where it's always been.

There's nothing now
except the divine qualities.
Come through the opening into me.

Your impudence was better than any reverence,
because in this moment I am you and you are me.
I give you this opened heart as God gives gifts:
The poison of your spit has become
the honey of friendship.'[2]

To me, this is a poem expressing the core of mindfulness, mastery and leadership. It is about stopping in the heat of easily blinding momentum, about refraining from the forces of conditioning, about anchoring oneself in a deep sobriety in the throes of intoxicating circumstances, about making decisions and choosing actions arising out of intrinsic sovereignty and nobility, about fundamental respect for the 'other,' about conciliation and humility, about non-duality and the dissolution of the conventional boundary of self and other and the blossoming of compassion emerging from such seeing, about honouring our innate capacity for residing in the raw, open heart and remembering the true source of wisdom and power.

It was the only office décor that I needed or wanted....

2. Coagulate

In the prolonged battle to keep the doors of the Center open, I needed to remind myself daily, often many times a day, that the decisions that had created this situation were *impersonal* and that they were *workable*. They were not about me and that I did not have any rights of entitlement because of the previous contributions of the Clinic or my past contributions to the medical center. And most importantly, that I had deep internal resources to draw upon in my interactions with everyone. I can tell you this—until I realized this in my heart and mind, body and soul, incontrovertibly, I was caught and therefore, ineffective. When I realized that the situation was completely impersonal, I mean absolutely impersonal, the whole situation became a lot more workable because it was no longer about me; success and failure were no longer at stake. I was free to act.

More so, what was transpiring within me behind all the appearances of the Center 'going down' was the emergence of a deep sense of having been *entrusted* with something precious; something that was well worth expending enormous amounts of energy for. Something that was much larger than me. Something that had a chance of continuing to benefit the world enormously if I attended to it carefully and wisely with my colleagues and our communities of resonance and support locally and all over the planet.

Daily, this vision grows stronger in me. Everyday I pray that I am able to carry, nourish and sustain well what has been entrusted to me. What dawned in me was the realization that the essence of good leadership is dharma—dharma in its essential meaning as *duty*.[3] Perhaps the recognition of universal responsibility *is* the duty of all leaders. Dharma is also a path, a way for human beings to learn to connect with and embody a vaster awareness—a direct, experientially verifiable recognition of reality itself—the boundlessness of the universe animated and made palpable in each one of us. Seen more vastly, it is a means of freeing us from the imprisoning shackles of separation by providing us a means of learning to attune to and seek guidance from the great chain of wise and compassionate beings that have come before us. Tinged with mystery and available to everyone, is this not the reality of the Dharma in all its universality offered to every one of us

when, quietly and deliberately, we begin to take responsibility for the whole world each in our own way? None other than the bodhisattva vow made real and compelling because it has arisen out of an intention to courageously meet and positively affect the nitty-gritty affairs of everyday existence.

In the middle of all this dying there was a simultaneous dawning. We were very much alive. We showed up everyday. We laughed. We worked hard and increasingly wisely. We reestablished the Stress Reduction Program in a new location (a little used employee cafeteria) and forged ahead with our research, professional education and medical student programmes. As the first three years of this hard labour wore on, some of my dear and long-standing colleagues who had initially stayed on generously volunteered to leave because they perceived so clearly our financial struggles. Others left because the unwanted yet necessary changes in their job responsibilities were not to their liking. We created a new strategic plan. We asked for help from our patients, professional colleagues and benefactors.

Six months after the first dire audit, the hospital reported to us the discovery of $183,000 of Center funds that had been encumbered during some of the previous fiscal years and not returned to our operating account after we departed the hospital system. Subtracting $183,000 from $480,000 left a deficit of $297,000. Combined with the required lay-offs, the organizational right sizing enacted, and the momentum we had been gathering in tiny increments, climbing out of this pile of debt seemed downright doable. In three years we were free and clear of all debt. More than 80% of the funds required to return to a balanced budget came directly from our programmatic efforts. The remaining came from gifts and donations by friends of the Center. Forged in the crucible of organizational death and rebirth, this accomplishment altered the consciousness of the Center markedly and to this day. We are one example of a vibrant community that arose *in* disaster. [4]

3. The spirit of mastery

In the title of this article I have used the terms 'mindfulness' and 'mastery.' I would like to say something about the latter. Mastery is the deliberate cultivation of inner strength to meet life's continuous challenges. This involves using attainment itself—the objects of attainment and the deliberate renunciation of these objects once attained—as a path of liberation.

Self-discipline, motivation, concentration, patience, endurance, perseverance, will, power, responsibility, and the sense of duty are all cultivated and used in service of learning to *give* rather than take from the world. It is absolutely clear to me that mindfulness and mastery go hand in hand in the cultivation of leadership. Mindfulness meditation is an exquisite technology for cultivating and refining our innate, latent resources for leadership. For most of us living in today's world, it is an inward process completed and made manifest by meeting and mastering the challenges of everyday life.

> In all walks of life it will be proved to the seeker after truth that there is a key to success, a key to happiness, a key to advancement and evolution in life; and this key is the attainment of mastery... One must check the wrong impulses, even as small as the thought of eating something that one likes, the wish to drink something that one wishes, an impulse to talk back to a person who insults, an impulse to pinch a person by saying a word, an impulse to hurt a person by cutting words, an impulse to get into the secrets of others, the impulse to criticize. All such undesirable impulses can be mastered. And it is not that one has mastered them, but one has gained control over oneself.[5]

My own experience suggests that mastery in its more outward and worldly manifestation is not readily spoken about in regards to meditation and mindfulness practice. I have often wondered why this is so. Perhaps it is because mastery seems to be associated with the aggressive exercise of the will—a kind of striving aimed at dominance of mind over body and other forms of repression and subjugation. Rather, in my experience, mastery is about freedom from habit, the subsequent realization of choice and the realization that mindfulness is not confined to specialized situations or circumstances. Additionally, it seems to me that choice always involves control of oneself. Yet, often enough, control seems to be an aversive word in the Dharma community even as control is expressing itself constantly in our lives as refraining, advancing, yielding, as exercising or withholding power, as surrendering, as conciliation, as forthrightness, as goal setting and attainment, as responsibility, and ultimately as the embodiment of intrinsic freedom. It is the place where the proverbial 'rubber meets the road,' none other than meditation in action.

Inwardly speaking, via meditation practice, mastery is cultivated through attending to thoughts, emotions and physical sensations as events in the field of awareness—by allowing these events to arise, be seen, honoured for what they are, and eventually dissipate or dissolve rather than dominating the mind. The process extends and is amplified as we become intimately familiar with our habitual patterns of thinking and acting, and discovering through this familiarization process that we have more choice than we may have previously imagined. It ripens as we recognize that we have our hands on the proverbial tiller and can use all of our interior resources to take our lives into our own hands via the systematic training of the mind and heart. In my experience, this process is enhanced when we begin to turn towards outer circumstances and events with this same inwardly developed approach, perspective, and trained heart-mind. Together, the training of the mind and the cultivation of the heart through meditation and mindfulness coupled with our commitment to meet the outer circumstances of our lives with these same innate qualities and resources (mastery) creates a synergy that may be more powerful than either modality by itself.

My own training has been primarily in the Sufi and Buddhist traditions. I have been a formal student in the western Vipassanā tradition for 27 years and a

student of Sufism for 36 years. My primary Sufi teacher, Pir Vilayat Inayat Khan, sent me to my first Buddhist retreat. The Sufi tradition has a deep, extensive and well-developed body of teachings about meditation, mindfulness, and contemplative practice. There are four main orders and from these four have proliferated a wide array of other orders and lineages. Yet, and importantly so in the context of this article, there are no formal monastic orders. Likewise, there is a long and arduous retreat tradition. Yet, relatively permanent withdrawal from the world is not the primary emphasis. In most instances, both teachers and students marry, have children, and establish businesses and professions. Thus, the inward *and* outward cultivation of mindfulness and mastery 'in service of the real' holds a place of critical importance in the life of the Sufi. As a student in this tradition, I have had the good fortune to be exposed to and systematically explore and study these teachings in depth and over an extended period of time. *Mastery Through Accomplishment* (Khan, 1985), written by Pir-O-Murshid Hazrat Inayat Khan in the 1920s (the first Sufi teacher to come to the West), is a beginning primer for this body of teachings.

Mastery is cultivated and nurtured through the friction arising out of inner practice *meeting* the outward circumstances of our lives. It is this meeting point that affords us the possibility of mindfulness being made real and therefore of great and lasting value in our lives, relationships and work in the world. In my experience, accomplishment and attainment are valuable opportunities for making meditation practice useful because the circumstances, issues, and responsibilities we face daily challenge us to consolidate and actualize latent qualities and attributes directly into our lives. It seems to me that the real challenge before us in our current age is to live a life in the world infused by the depth and breadth of the inner life:

> It is not necessary for man to leave all the things of the world and go into retreat. He can attend to his business, to his profession; to his duties in life yet at the same time develop this spirit in himself, which is the spirit of mastery. The spirit of mastery is like a spark; by blowing continually upon it it will grow into a blaze, and out of it a flame will arise. In reality all is within.[6]

4. Leadership

Now, let us turn our attention more directly to the relationship between mindfulness, mastery and leadership. I will begin by posing a question that I posed to myself when I began thinking about the topic for this special issue.

> As a leader facing a significant, protracted crisis, in what ways, if any, was the practice of mindfulness useful in informing and guiding my actions, decisions, and leadership?

The usual list of characteristics found in books about leaders include such attributes as visionary, influencer, role model, powerful, responsible, inspirational, charismatic, dependable, and unselfish. These are worthwhile and valuable

attributes of leaders. Yet, for many of the fine leaders that I have met over the years, there is an abiding sense that leaders and leadership are not necessarily the same. Leaders lead; they set goals, make decisions, meet their benchmarks, support, nurture and advance those they lead as well as their organizations. For these same leaders, *leadership* resides in a wider perspective—a view that is global, grounded in the recognition of connectedness and a sense of what they describe as 'universal accountability.' This is heartening and hopefully counters in some small measure our stereotypical view of the concerns and attitudes of corporate leaders.

In the following section, I would like to offer another perspective on the characteristics of leadership by describing qualities that might, in fact, be foundational attributes for many of those referenced above. In this final section, I have attempted to identify five human qualities encouraged by the interior work of mindfulness practice and how they were strengthened and made more solid and available to me in my day-to-day experience of leadership. As you will see, I have paired attributes as a means of effectively identifying both the dissolution (*solve*) and integration (*coagule*) phases of their development and expression. Neither definitive nor exhaustive, I have attempted to describe only what I have lived through.

Falling and intimacy

Learning to fall is a highly underrated skill. When I was a young boy living in Japan I studied Jujitsu. During the entire first year of weekly classes my teacher kept throwing me over his hip, teaching me how to fall. Mostly, this was all that happened.

Through the prolonged crisis I have detailed, I learned over and over again that 'the fear of going down' is far more terrifying than the actuality of 'going down.' The skillfulness by which mindfulness practices teaches us how to be thrown and undone over and over again—and to go along with it voluntarily and purposefully without exerting our conditioned, habitual patterns of control—afforded me the real possibility of being awake in hell as well as a lot of other situations.

In the situation I have recounted, my colleagues and I lost the comfort of history. We lost our status. We lost our place. What could not happen to us actually *did* happen. We disintegrated and dissolved. In the larger community of the medical center, often enough, we were seen as irresponsible or as victims. Even some of our closest colleagues accused us of giving up on or compromising 'the vision' when we altered the original structure of the Clinic as a means of accommodating a range of new financial and operational realities, developing a new strategic plan and initiating a new business model.

Falling gave me a fresh and far deeper appreciation of *intimacy*—intimacy with the texture of failure, the consistency of dissolution, the feel of humiliation, the rough surface of shame and the heat of disintegration. It softened and helped me begin to appreciate and feel more directly the anxiety and uncertainty of my co-workers. This made me a more compassionate leader. I came to see that by

allowing myself to closely touch all that was arising within me, I began to develop a deeper appreciation for my own struggles and those of my patients and colleagues. This informed and enhanced my ability to stop, to listen more closely and more fully to my larger institutional colleagues, particularly the ones I came to understand had acted in their own perceived best interests and those of their departments as they attempted to minimize the damage and stave off the looming uncertainty of the merger.

Surrender and sovereignty

In my experience, the capacity to surrender is tremendously powerful. This has nothing to do with resignation, abdication, or giving up. It has everything to do with seeing situations clearly, exactly as they are. It has to do with realizing deep in our bellies and bones that there are moments in our lives when any move is the wrong move, that it is time to *yield* to reality. I know well that allowing the sense of weakness and vulnerability to be present in all its vividness is often a great and hidden source of strength.

> The soft overcomes the hard;
> the gentle overcomes the rigid.
> Everyone knows this is true,
> but few can put it into practice.[7]

Surrendering to the impersonal nature of the events that had transpired, to the perceived sense of hypocrisy or lack of understanding on the part of others about the work of the Clinic and Center that I felt early on in the process, and to the perceived injustice about the situation that I was carrying within me was hard practice. There was a lot of seeing things clearly required and a great deal of letting go asked of me. I had to surrender history and, more so, I had to give up timidity and naïveté. These mind states and attitudes were too safe, too easily taken advantage of and, most importantly, a misrepresentation of what I knew inwardly to be true. As a consequence, I surrendered to having to act: to openly expressing the actuality of my experience, to stating what I saw as so in the presence of people who had the power to exercise their authority in ways that could close our doors. It seemed like everything had to go. I had to surrender all that hindered my giving voice to the lion's roar growing stronger and more uncompromising within me.

Through this process I came to understand more directly and fully the nuanced relationship between surrender and sovereignty. The surrendering I am pointing to is not about surrendering to the will of others in hopes of getting what I wanted. Nor was it a going along with something that fell below my ideals or sense of a clear conscience. By learning to repeatedly surrender my conditioning and small mindedness, I was learning to surrender to the truth, to what was deepest, most functional and indomitable within me. My experience suggests that this larger view of the function of surrender—as a wearing away of the purely personal concerns of self—may be the real source of vision and inspiration,

integrity and nobility. As far as I can tell, there seems to be no end to this process. Surrendering and the challenges sometimes associated with this just keep happening over and over again.

Conciliation and wisdom

During the four months of deliberations and negotiations with hospital and medical school officials, my primary aim was to come to an agreement that both parties could live with well. This did not entail giving up principles or positions I believed in or that I deemed best for the Center. It did involve understanding the 'other' far more closely and, in turn, attempting to reside in some broader view of the issues before us that we could agree upon.

One day, deep into the negotiating process, the Center's business administrator and I were scheduled to meet with the man who was ultimately going to decide our fate. The meeting was scheduled to take place in a small conference room next to his office. In private, this administrator strenuously insisted to me that I sit at the head of the table directly opposite this gentleman. I disagreed and instead deliberately sat to his left. I wanted to have to turn towards him, not to 'face off' with him in any way. After the meeting, she was incredibly upset with me. She said that, in her view, my choice of seating had seriously jeopardized the Center's position and hopes of making our way into the medical school. She told me that she knew this man well and that 'He only respected men who challenged him and who he perceived as his equal.' I responded by saying that I had no intention or desire to go 'man to man' with him. As I saw it, something else was called for in our relationship at that moment. I am quite familiar with the value of friction and persistent dialogue and debate around points of difference. However, in this situation I was not going for differences; I was going for understanding and agreement.

Together, he and I looked carefully at documents during this meeting. Seated as we were, we were leaning close to one another, at times our heads were nearly touching; our hands were in close proximity sometimes resting together on the same document. No doubt, on one level there was a clear power differential between us but I was going for agreement, not for defiance. I needed him to understand the potential for the Center to grow and be of benefit to the Medical School, scientifically, programmatically and financially. I remember him stopping at one point while closely examining our proposed business model and forcefully challenging a key yet politically contentious component of our proposal: 'With this new business model, why do you need the Stress Reduction Program any longer?' Being so close, I was able to speak very deliberately and very quietly to him, 'Because it is the heart of our work, the interface of our research and our professional education and training programs.' He responded immediately, 'Oh, it's your laboratory. Okay. I see.' My sense is that this was the turning point of the entire four month process. I am pretty sure that sitting directly opposite from him would not have produced the same result. Of course, one never knows.

In my experience, the quality of conciliation is under-appreciated and, as a consequence, it is not systematically nurtured and cultivated. Yet, looking at my life, I see that it is a foundational source of understanding because it allows me to more thoroughly consider the viewpoints and perspectives, emotions and ideas of others. This does not mean that I have to always agree with or consistently yield to the viewpoints of others but it does help me to meet people where they are and begin to understand them. For me, this process begins at home, in my interior. By learning to meet and befriend myself through mindfulness practice, I am learning to make room within myself for whatever arises, whether I like it or not. This itself is an act of hospitality, an expression of a basic warmth and friendliness that, in turn, begins to flow out into my relationships with others. As such, it is the basis of understanding and therefore the foundation of wisdom. In turn, the increasing sense of understanding of self and others seems to me to be a central wellspring of self-confidence—a requisite quality for all leaders. Increasingly, I notice that it is not possible for me to be conciliatory and defensive—or dismissive of another (even in thought)—at the same time. Because conciliation it is by nature respectful, it helps me get along with people. It makes me humble and allows me to accommodate difference and diversity because I can rest more easily and fully in my interior sense of 'bigness' and capacity to accommodate and consider diverse views more readily.

Standing inside of things and sustained concentration

While there were aspects of this described crisis that required decision making on a daily basis, the capacity to learn how to stand inside of and 'hold' tension for long stretches of time without acting prematurely became one of my greatest allies. This capacity is continually cultivated and sharpened by mindfulness practice and also by working inside a large institution where everything takes time and has to pass through many minds and hands. This aspect of mindfulness practice is not simply learning to 'tolerate'conditions (we have all had a lot of training in this). Rather, it is about recovering or re-learning freshly and then residing for a time in the 'not knowing' and in the willingness to stay put until the right decision or action emerges into awareness.

As I have described above, the negotiation process with the hospital and medical school lasted for four months. However, the final decision about the fate of the Center did not come until very late in the game. For well more than 100 days we had no clear idea about what the final outcome would be. All of this time, we collectively stood inside of uncertainty and not knowing. Still, we came to work everyday, continued many of our planned programmes and activities, watched some of our colleagues depart, faced the webs of our individual and collective minds, and continued to negotiate. Here's what I learned: mental fabrications about the way things used to be (past), how they might be or we wanted them to be (future), are crippling; they drain off enormous amounts of much needed energy and in the process cut off the flow of creativity. More so, in the turbulence

of these 'mind waves' the present moment is either unnoticed or, when noticed, nearly intolerable. As I learned to live more lightly in the tension, uncertainty about the future became less paralysing. Likewise, it was no longer an excuse for inaction. As a result, we planned, executed when and where we were able, and developed an enhanced appreciation for the process of emergence.

Nonetheless, the cultivation of patience was and remains a very challenging and difficult practice; it has a lot to do with endurance and the development of a long view with regards to the attainment of a goal or ideal. Described as 'one of the wings to the power of concentration' in the Sufi teachings on mastery (Khan 1962), patience is a critical capacity for leaders who are constantly called upon to develop, direct and sustain unwavering concentration on an object often for long periods of time. The capacity to sustain concentration and remain intently focused is supported and nurtured by patience and is one of the ways that single-mindedness and the capacity for a more focused attention is developed through our everyday affairs.

Emptying of self and innovation

There was something transpiring behind the appearance of dissolution and death. The disintegration of our individual and collective identities was confusing, wrenching, crushing, and ultimately, freeing. There was a time when there was no real direction, no real place to turn and gather advice from. It all stopped us cold. We endured 100 days of not knowing our fate and even after the momentary relief of knowing that we had a place within the medical school, we faced three years of debt and sustained financial uncertainty. All of this forced us to halt, *feel* the situation as fully as possible and the unhinging of the past. We were emptied out. We knew it. Through the dying, my colleagues and I came to life.

We became bold; we began to shape a future that surely had the seeds from the past but that required a new garden in which to nourish the old while planting new seeds and new visions. I discovered that I loved the entrepreneurial spirit required to *'Maintain your academic and scholarly work, run your operation like a business and float our own boat.'* The root meaning of entrepreneur is from the French *entreprende*—to undertake. I loved the feeling of 'undertaking' and shaping something fresh, vital and, hopefully, of greater service to the world. While initially daunting, this mandate was and remains perfectly matched to the innovative and entrepreneurial spirit that has permeated the Clinic and Center for three decades. Being so, it offers my colleagues and I the freedom to be boldly innovative by developing and implementing programmes and initiatives, partnerships, policies and economies that reflected our deepest values. Without hesitation, whether or not I have achieved any success, I can say that I began to discover what Warren Buffet has embodied so fully in his own life:

> You've achieved success in your field when you don't know whether what you're doing is work or play.

In summary, my experience strongly suggests that the heat forged in the crucible of this crisis, coupled with my experience of leading the Center for Mindfulness over the last 10 years furthered within me the unfolding of a range of human qualities and attributes generally associated with meditation and mindfulness training. Likewise, it unlocked dormant possibilities that may not have as readily come to the fore and been available within me without the friction and heat arising from these life events. Reflecting upon this, I would have to say that former United Nations Secretary General, Dag Hammarskjold, had a keen insight when he said,

> In our era, the road to holiness necessarily passes through the world of action.

5. Mindfulness practice in contemporary contexts

I have attempted to describe and make more real some small aspect of the interior work of meditation and mindfulness practice and the outer circumstances in which we find ourselves as a fertile ground for the cultivation of leadership. While a topic for another article, likewise, and in parallel, I'd like to suggest that our current conception of practice or Dharma centres might also be in need of a wider view. By example, The Center for Mindfulness in Medicine, Health Care, and Society is a practice centre in the fullest sense of the word. Yet, unlike traditional practice centres, its context bears a very close resemblance to Jonah residing in the belly of the whale. For 31 years, the life and work of the Center as been purposefully *embedded* in a mainstream academic medical centre. Being *inside*, it is subject to all the rules and requirements of medicine and science and patient care, to all the rules, procedural and legal, of a large institution—an institution that is itself nested within a larger University system, that is itself nested within the State of Massachusetts. Therefore, by its very nature and location, the Center stands in two worlds simultaneouly.

Through these years, we have used this unique position as a laboratory—an experimental ground for testing ways to remain absolutely and unequivocally true to the foundational roots of the work while interfacing with and living fully in the world of people not particularly interested in traditional practice centres. Given the state of the world, such 'vehicles' may be well worth contemplating and encouraging. While saddled with their own set of constraints and procedures, working within a large, mainstream institution creates a friction that, if used wisely, can provide an incredibly rich ground in which to realize first-hand the interconnectedness of the world, and to develop a host of approaches and methods that express the potential of the trained mind and cultivated heart. Freed from the cultural constraints, familiar jargon and underlying assumptions of traditional centers for contemplative practice, no matter what their persuasion, such institutional environments force one to skillfully translate, transmit and embody, in a secular manner, the essential reality of interconnectedness, mind-heart training, wholesome ethics and economies and universal responsibility in a manner that is

non-alienating and inclusive, welcoming and highly participatory. Given the state of the world, attempts to forge such laboratories should be encouraged, supported and analysed with regards to their accessibility and effectiveness.

As I began one of my earliest long retreats, the parting words of my teacher were, 'Enjoy your death.' He said it with such clear-eyed knowing and genuine care for me. Within the context of that secluded retreat, I discovered the truth of his words. Through the events described, I have lived into the everyday reality of the abiding wisdom in these words *outside* of the practice hall and retreat setting. Of what value might the invitation to *enjoy your death* be for those of us called to lead? What if behind all the doing, decision making and executing, we come to realize in our bellies and bones the power of dissolution and disintegration to reshape in fundamental ways our conditioned ways of perceiving, thinking, and acting? What if we purposefully lent ourselves to these recurring cycles of disintegration and reintegration? What might we learn by allowing our hard held views, opinions and ideas about the way things are to unravel, melt, and dissolve? What might we see and envision freshly? What might happen if, behind all the 'leading,' we reckoned with the possibility that we are being *led*?

Attending to what these questions are pointing to asks much of us. Learning to stop, listening closely, understanding situations and making wise choices and decisions all require us to become increasingly intimate with our interior. Perhaps our real work is to learn to lead from the *inside* out by exploring and understanding, first-hand, our inner terrain and in so doing come to realize that, like any other human capacity, the attributes and qualities needed for effective leadership are innate and, therefore, capable of being called forth and integrated, via the discipline of mindfulness, into everyday life at work and at home.

NOTES

1. Last stanza of 'The Substance You Taste' from *The Hand of Poetry* (Khan, 1993).
2. Coleman and Moyne (1995, Poems in chapter 20).
3. For a more detailed discussion of 'duty is Dharma' see Khan (1962, Vol. I, chap. VII, 'The Purpose of Life', 213–17).
4. For an historical account of community transformation arising *in* disasters see Solnit (2009).
5. Khan (1978, see Chapter 3: 'Man, the Master of His Destiny: Training and Mastery').
6. Khan (1978).
7. Mitchell (1988, chapter 36), translation by Stephen Mitchell.

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