CHAPTER SAMPLER

Mindfulness Skills from Leading Experts

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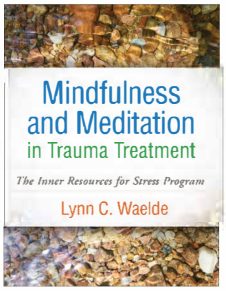
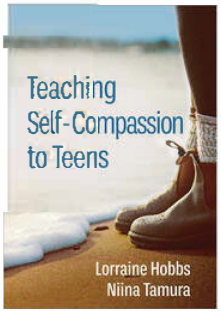
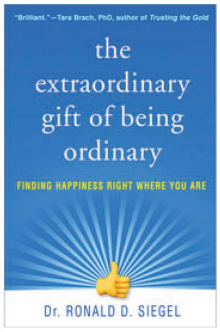
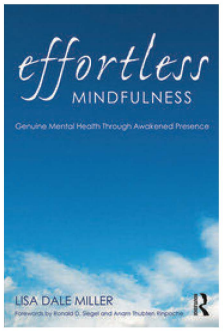
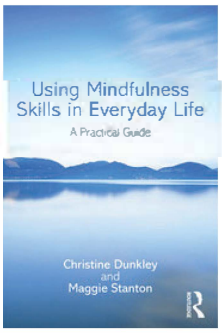
Contents

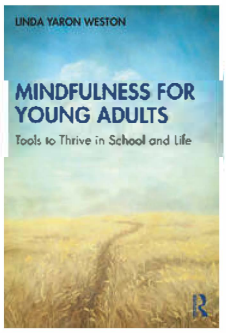












1. **Mindfulness and Meditation for Stress and Trauma**
   Lynn C. Waelde
   Mindfulness and Meditation in Trauma Treatment
2. **Adolescent Challenges and the Promise of Self-Compassion**
   Lorraine Gonzales Hobbs, Niina Tamura, Christopher Germer
   Teaching Self-Compassion to Teens
3. **The Liberating Power of Mindfulness**
   Ronald D. Siegel
   The Extraordinary Gift of Being Ordinary
4. **Experience Mindfulness**
   Linda Yaron Weston
   Mindfulness for Young Adults
5. **Genuine Mental Health: Offering up the Illusion of Self**
   Lisa Dale Miller
   Effortless Mindfulness
6. **Living Mindfully**
   Christine Dunkley, Maggie Stanton
   Using Mindfulness Skills in Everyday Life

CHAPTER 2

Mindfulness and Meditation for Stress and Trauma

Many traumatized clients come to therapy with problems that have taken years to develop. By the time many people seek help, they have often been suffering for a long while and have problems in many domains of their lives, such as work, finances, relationships, and health. Sometimes a crisis precipitates entry into therapy, and it may be necessary in the initial phase of therapy to help the client restore their precrisis level of functioning prior to addressing any contributing mental health problems. In these instances, clients' most pressing initial concerns may be about achieving distress reduction along with better psychosocial functioning (Tasca et al., 2015). In the context of crisis, it may be easy for the therapist to neglect the underlying trauma-related issues that contribute to the client's disorganization and make them vulnerable to future stressors and crises.

Difficulties with trauma symptoms and psychosocial functioning are often caused and maintained by deficits in self-regulation—a set of skills and capacities that are normally developmentally acquired in the context of secure attachment relationships with caregivers but may have been derailed as a result of adversity and stress (Cloitre et al., 2009; Koenen, 2006). IR was designed to foster these developmental self-regulatory capacities so that the client can use them to resolve trauma symptoms and be resilient in the face of future stressors and traumas.

Effective trauma therapy will address the client's particular symptom manifestations and psychosocial functioning problems, along with supporting the development of fundamental self-regulation skills that will convey recovery and resilience. There are a range of disorders thought to have a traumatic etiology. It will be helpful to review common trauma outcomes and treatment models in preparation for a consideration of how the Inner Resources for Stress model (IR) was designed to help.

Manifestations of Trauma

Much clinical practice is guided by diagnostic classifications of mental disorder. As a result, there is much focus on PTSD as a primary or even exclusive manifestation of trauma. However, numerous other mental health disorders are thought to have a traumatic etiology, and traumatization may impact cognitive, emotional, and physiological self-regulation in a way that can diminish psychosocial and physical functioning and quality of life. Thus, traumatized clients' presentation to therapy can be varied and complex.

Among all the possible diagnostic outcomes of trauma, PTSD is distinct in that it reflects the outcome of exposure to extremely stressful events. Although early conceptualizations of PTSD emphasized exposure to extraordinary stressors, research soon established that trauma exposure is commonplace, affecting a majority of the U.S. population (Kessler et al., 2005). Current thinking acknowledges that a variety of types of trauma can lead to PTSD, including direct exposure to intensely stressful or life-threatening events. PTSD can also result from hearing about severe traumas that have happened to others, either to family members or significant others or through work-related exposures, such as those experienced by trauma therapists or first responders (Friedman et al., 2021).

Regardless of the type of trauma, PTSD interferes with the ability to maintain present-focused attention. Trauma survivors with PTSD do not experience intrusive recollections of traumatic experiences as having occurred in the past. As Ehlers et al. (2004) explained, posttraumatic intrusions and reexperiencing symptoms are experienced as though they are occurring in the present, rather than having the time perspective of memories. Intrusions are distinct from other types of memories in several other ways. Posttraumatic intrusions are more typically sensory experiences than thoughts or memories. The sensory experiences reflect sounds, tastes, smells, or bodily sensations that occurred during the trauma. Ehlers et al. also pointed out that intrusive experiences lack the context of other memories—they do not change in response to new information that could alter the initial impression of an event. Frequently, intrusions are related to the worst moment of a traumatic experience, or the moment related to the onset of the event. These characteristics of intrusions make it difficult for traumatized persons to distinguish between present-moment and past experiences and feelings.

Avoidance in PTSD also interferes with the ability of traumatized persons to maintain present-moment attention. PTSD entails not just avoidance of places and people associated with traumatic experience, but also of trauma-related thoughts, feelings, and memories (Cloitre et al., 2014). Avoidance can include intentional avoidance behaviors but can also be nonvolitional, seeming to occur on its own in response to trauma triggers (Dalenberg & Carlson, 2012), leaving traumatized people feeling cut off and out of control of their own experience.

PTSD also constrains the types of thoughts and feelings a person has, with persistent negative emotions and difficulty experiencing positive emotions as a common feature. People with PTSD often have negative thoughts about themselves and their past, present, and future, and may be preoccupied with assigning blame for the trauma to themselves or others. In addition, traumatized people often have difficulty remembering important

parts of their trauma (Friedman et al., 2021). These alterations in memory, thinking, and feelings leave trauma survivors feeling out of touch with their present-moment experience. PTSD involves hyperarousal, such as hypervigilance and startle reaction, and behavioral reactivity, such as irritability, anger problems, and reckless behavior (Friedman et al., 2021), which by definition represent levels of arousal and reactivity that are out of proportion to present-moment events, leaving traumatized people with a pervasive sense of danger and threat.

Current conceptualizations of PTSD acknowledge the presence of either depersonalization or derealization (Friedman et al., 2021). However, research indicates that a range of other dissociative symptoms, in addition to depersonalization or derealization, are associated with the dissociative subtype, including gaps in awareness, sensory misperceptions, and cognitive and behavioral reexperiencing (Ross et al., 2018).

How Responses to Trauma Triggers Maintain PTSD

There are a variety of types of symptoms of PTSD, including intrusions, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity (Friedman et al., 2021). There has been much attention to the factors that account for the presence of these diverse symptoms after traumatic events. One of the goals of trauma-focused therapies, such as prolonged exposure therapy (McLean & Foa, 2011) and cognitive therapy for PTSD (Ehlers et al., 2005), is to help clients identify and address responses to trauma triggers, because these intrusions are thought to maintain PTSD by promoting avoidance, disordered arousal and mood, and negative views of the self.

Traumatized persons often experience intrusions without being aware of what prompted their distress or its connection to their traumatic experience. Some intrusion symptoms of PTSD are related to internal or external cues called trauma triggers. Trauma triggers are reminders of a traumatic event that provoke continued distress. One of the goals of trauma-focused therapies is to help clients identify and address responses to trauma triggers.

Learning theory explains how reminders of a broad range of stimuli that were present during a trauma can later trigger intense distress. According to McLean and Foa (2011), due to classical conditioning principles, during the traumatic event the person associates overwhelming distress with stimuli that were part of the event, such as sights, sounds, physical sensations, thoughts, and interactions with others, which then become conditioned stimuli. After the event, experiencing these conditioned stimuli evokes the conditioned response of intense distress.

Case Example: Leona

This case example illustrates how stimuli that were part of a traumatic event can later trigger reexperiencing distress. Leona was a European girl who became trapped in a building after it was bombed during a war. For hours she lay in the rubble, smelling gasoline that

was leaking from nearby cars that had been destroyed, terrified that they would catch fire. During the trauma, she associated the smell of gasoline with the overwhelming fear and pain she endured. Years later, as a teenager, Leona was out with friends who stopped at a gas station. The smell of gas triggered the same feelings and thoughts and even physical sensations that she had endured during the original trauma. She had a flashback of being trapped in the building and momentarily thought she was covered in rubble. She grew so frightened that she left the car and ran down the street while the car was still being fueled.

As this example illustrates, environmental stimuli that are similar to the original event can trigger posttraumatic intrusions, which result in the sense that the trauma is reoccurring. Over time, Leona's trauma triggers generalized to include environmental stimuli (multistory brick buildings), physical sensations (being in a small enclosed area such as a crowded elevator or the back of a crowded car), and also thoughts, feelings, and meanings (such as a sense of feeling emotionally trapped). Exposure to these trauma triggers evoked intense emotional distress for Leona, along with physiological arousal and attempts to avoid and escape the trauma reminders. Her reactions also caused Leona a great deal of shame, embarrassment, and the sense that she was not competent to deal with her reactions or the threats she sometimes encountered.

Although Leona was able to readily identify the traumatic event that triggered her distress, Ehlers and Clark (2000) pointed out that there are intrusions that occur without specific memories of the event, as when the person experiences feelings or sensations associated with the traumatic event without recalling the event itself, an experience they refer to as *affect without recollection*.

Both prolonged exposure therapy and cognitive therapy for PTSD address disordered responses to trauma reminders. Prolonged exposure therapy promotes extinction of these conditioned fear responses by repeated review of details of the trauma memory and exposure to the conditioned stimuli in daily life so that the person can realize the trauma is a past event, rather than viewing it as indicative of incompetence for dealing with a pervasively dangerous world (McLean & Foa, 2011). Cognitive therapy for PTSD (Ehlers et al., 2005) emphasizes the importance of learning to identify trauma triggers. The therapy uses *stimulus discrimination training* to help clients differentiate between intrusive reexperiencing that is occurring in the present moment and the past traumatic event, so clients can learn that triggers do not mean the event is reoccurring or there is present-moment danger. The therapy helps clients to identify trauma triggers as they are happening and to observe the differences between the trigger—which is harmless in the here-and-now—and the similar stimuli that occurred during the trauma, so clients can experience that the triggers, however unpleasant, do not signal present danger.

Complex PTSD

Although most descriptions of PTSD seem to best address responses to single-event trauma, many people experience chronic traumatization, sometimes starting in childhood, and often involving interpersonal trauma (Briere & Scott, 2015). Manifestations of

chronic and early trauma are described by the diagnosis of complex PTSD (CPTSD). Cloitre and colleagues (2009, 2014) have described the diagnostic criteria for CPTSD, which include the PTSD symptoms of intrusions, avoidance, and disordered arousal in addition to symptoms that are reflective of chronic, early, and repeated trauma. These symptoms include disturbances in self-regulation involving emotion regulation, self-concept, and interpersonal relationships. Self-regulatory disturbances in CPTSD can manifest as problems with dissociation, aggression, social avoidance, anxious arousal, and anger.

Trauma Disorder Comorbidities

People with PTSD can have extensive comorbidities. Most have lifetime histories of at least one other mental disorder, particularly depressive, anxiety, and substance use disorders (Kessler et al., 1995). In addition to trauma- and stress-related disorders, decades of research have shown that a host of other disorders are associated with trauma exposures but represent alternate outcomes. Mood and anxiety disorders such as major depression and generalized anxiety disorder can directly result from trauma exposures and are distinguishable from PTSD (Grant et al., 2008). Borderline personality disorder and CPTSD can be differentiated from PTSD, although all three disorders are presumed to have traumatic etiologies (Cloitre et al., 2014). Although dissociative disorders can occur without prior trauma exposures, they are often associated with trauma (Stein et al., 2014). Persons diagnosed with psychotic disorders also have elevated trauma exposure, leading to questions about the role of trauma exposures in the onset of those disorders (Neria et al., 2002).

Other Trauma Manifestations

There are several trauma-related problems and conditions that can occur in the absence of diagnosed PTSD. Subthreshold PTSD, defined as having between one to four symptoms of PTSD without meeting the full diagnostic criteria for the disorder, is associated with impaired psychosocial functioning, comorbid anxiety and major depressive disorders, and suicidal ideation (Marshall et al., 2001). Subthreshold dysphoria, depression, anxiety, and sleep difficulties are also associated with trauma exposure (Grant et al., 2008).

In addition to mental disorders, exposure to traumatic stress is associated with poorer physical health; increased utilization of health care; the onset of a large number of problems such as cardiovascular, autoimmune, and gastrointestinal diseases, chronic fatigue syndrome, fibromyalgia; and premature death (Boscarino, 2004). Traumatization is associated with negative changes in religious or spiritual beliefs and participation that are associated with poorer functioning and heightened suicide risk (Raines et al., 2017).

In addition to these diverse outcomes of traumatic stressors, it is important to consider the traumatic impact of chronic exposures to severe adversity, racism-related stressors, and collective, historical, and institutionalized trauma. Such ongoing stressors result in persistently elevated physiological reactivity to stress (Blair, 2010), emotional

dysregulation (Cloitre et al., 2009), and PTSD (Waelde et al., 2010). Even microaggressions, sometimes referred to as everyday discrimination (Crusto et al., 2015), have been associated with PTSD symptoms (Waelde et al., 2010). Hate-based violence—experienced directly or vicariously—involves potentially traumatic events against persons because of their perceived group membership and can result in PTSD and other disorders (Ghafoori et al., 2019). These stress responses call attention to the important role of institutionalized racism and discrimination. Stressors are pervasive and impactful when the person is targeted because of perceived group membership related to their ethnoracial, religious, sexual orientation, or gender identities. For many clients, trauma exposure is not an experience that is entirely in the past, so therapy must address the ongoing impact of the context of discrimination, racism, and hatred.

Although trauma exposures commonly cause harm and suffering, these challenging experiences also have the potential to stimulate growth and development. The concept of posttraumatic growth refers to the potential for positive developments in personal strength, relating to others, new possibilities, spiritual change, and appreciation of life (Tedeschi & Blevins, 2015).

In sum, trauma can manifest in many ways, some of which can be described by the diagnostic criteria for a mental disorder, such as PTSD, CPTSD, major depression, or substance use disorders. Thus, not all reactions to trauma exposure qualify for the PTSD diagnosis. Other outcomes of trauma and stress exposures can impact a person's functioning, physiological stress regulation, and meaning in life without constituting a mental disorder, though some of those problems and conditions are risk factors for later disorder. For example, chronically dysregulated physiological stress response is associated with PTSD (Thomas et al., 2012).

At the crux of these diverse manifestations of trauma exposure is impairment of cognitive, emotional, and physiological self-regulation in a way that maintains traumatization and diminishes psychosocial and physical functioning and quality of life. The developmental psychopathology perspective accounts for these diverse manifestations of trauma and explains how self-regulation deficits can contribute to and result from trauma. Not all persons who experience severe stress will develop a trauma disorder or experience ongoing distress and impairment. There are developmental pathways that lead from contexts of adversity to ongoing suffering after trauma; the purpose of therapy is to arc those pathways toward recovery and resilience (Cicchetti, 2010; Koenen, 2006; Masten & Cicchetti, 2010).

Finding a New Pathway from Trauma to Resilience

There are several factors that are associated with PTSD as reviewed by Bomyea et al. (2012) and Koenen (2006). Genetic, environmental, and neurodevelopmental factors interact to convey risk and vulnerabilities to trauma. Environmental factors such as experiencing adverse living circumstances, familial psychopathology, and child abuse are risk factors for PTSD. Neurocognitive factors including aspects of executive functioning

related to emotion processing, attention regulation, and inhibitory control have also been associated with PTSD. Executive functioning deficits may contribute to poorer cognitive control over distressing thoughts and memories associated with trauma intrusions. In particular, negative attritional style, rumination, and fear of experiencing emotions may contribute to avoidance and prevent the resolution of trauma. Neuroendocrine factors, specifically hypothalamic–pituitary–adrenal (HPA) axis regulation of physiological reactions to stress, contribute to vulnerability to PTSD in the context of extreme stress.

Self-regulation deficits may be the central mechanism that links all these factors to PTSD (Koenen, 2006). Self-regulation refers to a set of capacities normally acquired during the course of human development in caring, nurturing families. It refers to "volitional and nonvolitional management of attention, emotion, and stress response physiology for the purpose of goal-directed action, primarily through executive function abilities" (Blair et al., 2015, p. 460). The development of self-regulation is interrupted by chronic stress and adversities such as poverty (Blair, 2010).

The concept of developmental cascades helps explain how deficits in self-regulation are associated with PTSD. Developmental cascades are the cumulative consequences of transactions between the individual and the environment (Cicchetti, 2010; Masten & Cicchetti, 2010). Stress, trauma, and ongoing adversity may result in negative cascades, with impacts on developmentally acquired capacities and physiological regulation of stress, leading to poorer functioning. Development occurs as a transaction with the environment, so although preexisting self-regulatory deficits create risk for PTSD, trauma exposure can also diminish existing self-regulation (Briere, Hodges, & Godbout, 2010).

Resilience, like psychopathology, is also understood to result from developmental cascades. Developmental pathways that lead to adaptation and thriving involve increasing competencies for self-regulation, self-agency, active rather than avoidant coping, positive emotionality, and a sense of mastery over stressful experiences (Cicchetti, 2010). MM practices can be used to foster the competencies needed to create developmental pathways to resilience.

MM for Self-Regulation and Trauma Symptoms

There are several ways that MM training may help promote better self-regulation through its effects on the management of attention, emotion, and stress response physiology. Evidence exists that MM training fosters a range of self-regulatory capacities, such as attention regulation and reappraisal, increased body awareness, emotion regulation, and cognitive regulation (Hölzel et al., 2011). These capacities are deficit in traumatized clients, especially those with chronic trauma.

MM for Attention, Emotion, and Stress Physiology Regulation

Trait mindfulness is associated with attention regulation or the ability to maintain present-moment awareness of physical sensations, thoughts and feelings, and external stimuli

such as people and things (Baer, 2011). Attention control and regulation are thought to be a primary mechanism of the emotion regulation benefits of MM training (Guendelman et al., 2017).

Recent work has shown that mindfulness-based attentional strategies promote exposure to and desensitization of negative emotional experience (Uusberg et al., 2016). Mindfulness skills offer alternatives to emotion dysregulation and avoidance by helping the practitioner to accept and tolerate their own experience (Fletcher et al., 2010; Gratz & Tull, 2010). Neuroimaging studies show that meditation practices are associated with better executive functioning and self-regulation (Fox et al., 2016). In addition, MM practices may improve physiological stress regulation and result in better management of hyperarousal. For example, even brief periods of breath-focused attention outside of any formal mindfulness training context can reduce hyperarousal and improve emotion regulation (Arch & Craske, 2006).

It may be that the self-regulatory benefits of MM account for its effects on PTSD-specific symptoms. The mechanisms of mindfulness seem to correspond to the targets of trauma treatment for regulating attention on the present, overcoming avoidance, promoting exposure to negative experiences, and improving physiological stress regulation. There are several reviews showing that MMBI are effective for PTSD (Boyd et al., 2018; Hilton et al., 2017). MMBI may reduce reactivity to thought content and thought suppression (Nitzan-Assayag et al., 2017), leading to better cognitive control and reduced avoidance. MM training may alter amygdala structure and function to convey better regulation in the face of stress (Taren et al., 2015). A recent meta-analysis indicated that there is a good match between the neurobiological models of PTSD and the effects of MMBI on neural mechanisms of emotional under- and overmodulation (Boyd et al., 2018).

Research about IR for Stress Symptoms, Stress Physiology Regulation, and PTSD

IR may have beneficial effects on stress regulation and stress symptoms, such as anxiety and depression. Diurnal cortisol slope is an indicator of physiological stress reactivity, with a flattened slope indicating HPA axis dysfunction and steeper slopes being associated with better health and less psychopathology (Burke et al., 2005). A randomized controlled trial (RCT) showed that chronically stressed women who participated in IR showed more improvement in diurnal cortisol slope and satisfaction with life than those in a psychoeducational and support control condition (Waelde et al., 2017). Another RCT showed that significantly more IR participants experienced remission from chronic depression diagnosis at the 9-month follow-up than the psychoeducation group. The IR group had 77% remission and no new onset major depression during the follow-up interval; the psychoeducation control had 36% remission and 21% new onset depression (Butler et al., 2008).

There is some suggestion that IR may promote healthy cognitive regulation. A one-sample pilot study of IR for chronically stressed family dementia caregivers found pre–post improvements in self-efficacy for dealing with upsetting thoughts. These advancements were accompanied by improvements in depression and anxiety (Waelde et al., 2004).

Some indication exists that IR produces better emotion regulation among persons with diagnosed PTSD. An RCT found that IR significantly increased functional connectivity between the parahippocampal gyrus and ventromedial prefrontal cortex in the IR group relative to a PTSD treatment preparation group (Williams et al., 2018). This study also found clinically significant pre–post reductions in PTSD symptoms in the IR group. Another RCT of IR for persons with PTSD found pre–post improvements in PTSD symptoms and significantly increased attention regulation in the IR group relative to the PTSD treatment preparation group (Waelde et al., 2015). A pilot study of IR for mental health workers in a disaster zone showed pre–post decreases in PTSD and anxiety symptoms (Waelde et al., 2008). Across studies, more between-session practice of the IR techniques was associated with less depression (Waelde et al., 2004, 2017), better ability to cope with stress (Waelde et al., 2017), and greater improvements in PTSD and anxiety symptoms (Waelde et al., 2008), thus strengthening the inference that the observed improvements were related to IR practice.

At the heart of the IR intervention is the recognition that people have natural capacities for growth that may have been derailed through trauma that they can reclaim through practicing and applying MM in their lives, especially to the challenges raised by trauma. IR includes a focus on the development of self-regulation and its application in trauma-specific ways to address challenges raised by ongoing trauma responses. As the next section describes, the MM practices in IR are arranged sequentially so that each new competence supports the development of new competencies in new domains, in order to turn negative developmental trajectories into positive ones.

Building Self-Regulatory Capacities for Trauma in IR

The IR intervention involves teaching a sequence of MM practices designed to foster self-regulatory capacities for attention regulation, emotional awareness and modulation, cognitive regulation, awareness of positive and negative emotion, and self-mastery. Throughout the sessions, there is an emphasis on using the practices in daily life to build resilience capacity and address trauma symptoms and problems in psychosocial functioning. IR is designed to increase self-monitoring, interfere with avoidance, and regulate responses to intrusion distress so that clients can identify intrusions as related to their traumatic experience and not as indications of ongoing threat, danger, or their own helplessness, craziness, or incompetence. Each session of the intervention introduces new MM practices, and each is intended to provide the foundation for future skills. Below, I outline concepts covered in the session chapters that follow Chapter 5.

Sessions 1 and 2: Attention Regulation

Self-regulatory skills are built on a foundation of attention regulation. Many traumatized people feel unable to control their attention because they experience trauma-related intrusions that cause intense distress, often without knowing what triggered it (Brewin

et al., 1996; Ehlers & Clark, 2000). Because of the nature of their trauma, many clients are out of touch with their own physical sensations and may actively avoid awareness of their own bodily sensations (Cloitre et al., 2006). The ability to direct attention is needed to self-monitor, a critical skill for emotion regulation. Self-monitoring is needed to note signs of distress before they become overwhelming (Linehan, 1993).

The practice of breath-focused attention can have numerous possible benefits. The simple act of noticing the breath can directly alter autonomic tone and promote better regulation of physical stress reactions (Braboszcz et al., 2010). Breath-focused attention promotes better bodily awareness, helping trauma survivors get in touch with their bodies and physical sensations. Attention to distress as it arises can help clients self-monitor their reactions better, and act as a signal that active self-management is needed to stave off overwhelming distress or behavioral dysregulation. Better self-monitoring helps identify trauma triggers, conveying a sense of mastery in place of feeling crazy or out of control of one's experience (Waelde, 2015). It is important to note that not all uses of attention are the same. Therapists rated breath-focused attention as more effective at directing attention to the present moment and reducing distress than the practices of directing attention externally to features of their physical surroundings or to escape imagery (DeLuca, 2019).

The practices introduced in Sessions 1 and 2 of IR are designed to help clients notice the flow of their breathing and bodily sensations. Because focused attention to breath and body can be challenging for clients with PTSD, the Guided Body Tour exercise in Session 1 offers additional structure and support in the form of breath-focused imagery. Clients use the Guided Body Tour to practice directing their attention by noticing successive body regions, visualizing the breath as flowing to each of them in turn, and linking the timing of inhalation and exhalation to redirections of attention to the next body region. Likewise, the Complete Breath exercise in Session 2 uses breath awareness, breath-focused imagery, and attention to bodily sensations of breathing to help stabilize attention. The additional structure of these practices supplements the traditional mindfulness practice of breath-focused attention in order to make the practice accessible for persons with trauma. These attention regulation skills assist clients in self-monitoring and modulating distress reactions and noticing the links between their triggered distress and the stimuli that triggered it.

Session 3: Emotion Regulation

Better attention regulation supports the development of emotional awareness and regulation. Emotional awareness involves paying attention to one's own feeling, even when upset. Emotion regulation relies on emotional awareness and acceptance, which promote the abilities to modulate behavior when experiencing strong negative emotion and use flexible emotion management strategies (Gratz & Roemer, 2004). Traumatized persons often have difficulty with emotional awareness, which leads to difficulties in emotion regulation (Weiss et al., 2018). Emotion regulation difficulties are associated with repeated or childhood trauma, as distinct from single onset trauma, because those with

single-event trauma in adulthood have already had the opportunity to develop capacities for tolerating distress, good judgment, and satisfying interpersonal relationships (Cloitre et al., 2006). However, emotion regulation difficulties function as a common factor across a broad range of types of psychopathology, including depression, anxiety, dissociation, substance abuse, suicidality, and poor interpersonal functioning (Briere et al., 2010; Gámez et al., 2014), meaning that it is a useful treatment target for traumatized persons.

Gratz and Tull (2010) reviewed several aspects of MM practices that promote the development of emotion regulation. Mindful awareness of breath and bodily sensations interferes with the avoidance of negative emotions and sensations and promotes emotional awareness. Letting go of evaluations and reactions to emotions and taking a nonjudgmental stance toward experience increase emotional acceptance. MM practice may also promote the ability to modulate behavior in the face of distress by decoupling emotions and behavior. Increased emotional awareness and acceptance support the use of more flexible strategies, as connecting with emotions allows for more adaptive ways to respond to the environment.

Because MM practice interferes with emotional avoidance, clients need to have skills for actively managing emotional responses in order to tolerate their heightened awareness of distress. In Session 3 of IR, the Letting Go practice gives clients a way to actively manage distress as it arises spontaneously during periods of meditation and as triggered in their natural exposure to trauma reminders in the course of daily life. Letting Go gives clients an active, adaptive coping skill to replace avoidant emotional coping. Letting Go is not intended to control or suppress emotion, as efforts to control emotion are associated with intensifying emotion and emotional dysregulation (Gratz & Tull, 2010), but rather a way to experience emotions as they arise while modulating their intensity and duration.

Letting Go is practiced during sitting meditation and brought into daily life to enhance flexible responses to personal and situational demands. Letting Go does not entail analyzing the origins of emotions or the therapist's effort in making connections between patterns of distress and past events. That sort of attention would be contrary to an important principle of MM practice, which is to acknowledge experience without elaborating or suppressing it. However, with greater emotion modulation and more present-moment attention, clients sometimes recognize the traumatic nature of triggers for distress, which can promote proactive self-monitoring and regulation in the face of known triggers.

Session 4: Cognitive Regulation

Early stages of MM practice in IR emphasize learning to maintain FA and manage intrusive negative emotions. As the client begins to gain awareness of difficult emotions and some sense of mastery over triggered distress, they become more aware of how their pattern of thinking maintains their distress. PTSD is maintained by problematic cognitive processing styles that are intended to control the sense of threat, including thought suppression, selective attention to threat cues, rumination, dissociation, and avoidance

(Bomyea et al., 2012; Ehlers & Clark, 2000). These problematic cognitive processing styles, though they may appear to bring temporary relief, interfere with emotional processing of the trauma. In fact, rumination has been shown to account for the relations between emotion regulation and PTSD, indicating that rumination should be a primary target of trauma treatment (Pugach et al., 2020).

There is evidence that rumination is associated with increased activation of the default mode network, which is an association of brain regions associated with a resting, rather than task-engaged, state (Zhou et al., 2020). Mantra meditation is associated with deactivations of the default mode network, much like other forms of FA and OM, allowing for more present-centering awareness and less judgmental evaluation, self-related thoughts, and mind wandering (Simon et al., 2017).

Traumatized clients may experience that their thinking is out of their own control. Dysregulated cognitive processes such rumination, dissociation, suppression, and avoidance may seem to occur on their own. Mantra and other MM practices may reduce rumination and other dysfunctional cognitive processes through decentering (King & Fresco, 2019). Decentering involves three processes: (1) meta-awareness, or the awareness of the present moment as a process; (2) disidentification, or the experience of internal states as passing events rather than as integral parts of the self; and (3) reduced reactivity to thought content (Bernstein et al., 2015).

Mantra repetition is a structured way to observe the flow of thoughts without trying to stop or suppress them. The Hum Sah mantra, introduced in Session 4, links the repetition of the mantra to the flow of the breath. With practice, the client will notice that they continue to have a flow of discursive thoughts, noting that those thoughts arise and pass away without their having to become engaged with or reactive to them. The disidentification with thoughts promotes a sense of self-agency over mental contents. Rumination and negative thoughts may continue, but the client gains a sense of self-agency and decreased reactivity to thoughts by choosing how much to notice or react to them. As the client becomes better able to recognize the flow of thoughts, they also notice when there are disruptions and discontinuities, such as dissociation. In these circumstances, the client has a ready strategy for returning to the present moment by bringing attention back to the mantra and the natural flow of the breath. With this increasing mastery, the client becomes better able to tolerate the flow of their emotions and less likely to ruminate.

Session 5: Awareness of Positive and Negative Emotions

Traumatized clients may experience that their emotions are chaotic, intense, and out of their own control. As Tull et al. (2020) reviewed, persons with PTSD have frequent and intense negative emotion and are not able to enjoy positive emotions. It may be difficult for traumatized clients to regulate their responses to emotions, and this sense of loss of control may lead to attempts to avoid both positive and negative emotions. Clients may use avoidance and escape strategies to avoid experiencing emotion; these strategies lead to further difficulties in experiencing positive emotion and may prevent exposure to corrective information and experiences. There is some indication that in response to in-session

intense negative emotion, therapists may unintentionally collude with clients' escape and avoidance efforts by offering distraction strategies (DeLuca, 2019).

In prior IR sessions, clients have developed skills for encountering and modulating negative emotion and triggered distress. Their developing cognitive regulation encourages awareness of emotional responses. In Session 5 of IR, clients have the opportunity to practice Heart Meditation, which is a practice designed to promote awareness and tolerance of positive emotions. Like the other practices, it begins with breath-focused attention, but the therapist also provides information about the heart area, in the center of the chest, being associated with feelings of love, gratitude, and happiness in many cultures. Because traumatized clients often have difficulty identifying any positive feeling, they are invited to notice whether they have any experiences of positive emotions in the present, even gratitude for the moment together in the group to meditate.

Heart Meditation is unlike other seemingly related practices such as kindness-based, self-compassion, or loving-kindness meditation (Galante et al., 2014; Kearney et al., 2013). In those practices, clients are asked to change their current condition to one of positive regard toward others and themselves. Although many positive outcomes of such interventions have been reported, there is some indication that they may increase the desire to be happy before clients have the skills to generate such feelings, making it a potentially challenging practice for those with less capacity for positive emotion (Galante et al., 2014). In addition, in the context of the emotion regulation problems that accompany PTSD, attempts to control emotion may lead to further avoidance and emotion dysregulation (Gratz & Tull, 2010).

In Heart Meditation, the aim is for clients to notice their current condition with respect to positive emotion, rather than attempting to change it. Clients are encouraged to use the practice in daily life, to note any experiences of happiness, love, or gratitude as they arise, understanding that their experience may be a mixture of positive and negative feelings.

Because the experience of feeling positive emotion can be initially dysregulating for traumatized clients (Tull et al., 2020), as a further point of psychoeducation, clients are told that they do not need to act on every positive impulse that arises; instead, the practice is intended to expose them to a broader range of their own experience, rather than to indicate issues that need to be resolved with others. The Letting Go practice is used as a way to self-regulate in the face of these new experiences, to encourage experiencing both positive and negative feelings as they arise and attenuate, rather than regarding positive feelings and impulses as a call to action. Heart Meditation is intended to encourage awareness and regulation of positive states so that clients can access them to be more present in social interactions, gain new experiences and information, and update their views of themselves and others.

Session 6: Active Self-Mastery

Conceptualizations of self-regulation emphasize increasing competencies for self-agency and a sense of mastery over responses of stressful experiences (Cicchetti, 2010). In the

context of trauma, emotional avoidance and rumination are strategies associated with more emotion dysregulation and worse trauma symptoms. For traumatized people, improved emotion regulation is associated with a willingness to experience emotion, distress tolerance, and emotional clarity. However, conceptualizations of emotion regulation strategies useful in PTSD focus on the use of specific strategies in the moment to meet situational demands and individual goals (Tull et al., 2020). The purpose of Session 6 is to learn and practice strategies during sitting meditation that can be brought to bear during immediate demands for self-regulation, much like an athlete uses weight training to improve their performance during a sport.

The first five sessions of IR are focused on helping clients develop better cognitive and emotion regulation skills and capacities to meet the demands for in-the-moment adaptative responses. In the course of these sessions, clients have learned to regulate and direct their attention, reduce distress in the moment, and incorporate new information and understanding—updating the way they understand and interact with themselves and others.

Tension Release, introduced in Session 6, is a practice designed to bring together the accumulated skills for self-regulation into a period of sitting practice. This exercise is a way to develop healthy self-regulatory capacities during sitting practice that can be used in the moment, when the client encounters situations that tax their adaptive skills. In Tension Release, the client notes any experience of stress or tension and cultivates a wish to let go of it. The practice does not entail suppression of emotions themselves or the physiological stress reactions that accompany them. The practice does encourage active attempts at modulating the intensity of both negative and positive emotion and the accompanying hyperarousal to promote distress tolerance and decentering. The aim is to produce keener awareness of responses to stress and tension, along with a sense of efficacy for managing those responses.

Sessions 7–9: Using MM Skills in Daily Life to Generalize and Maintain Treatment Gains

It has often been observed that traumatized clients are not motivated to overcome avoidance. For that reason, trauma-focused treatments typically include formalized procedures for reviewing details of the traumatic experiences so the avoidance can be addressed, and the trauma memories and reactions can be processed and resolved. Whether the therapy is intended to be trauma-focused or not, clients still have trauma-specific symptoms, such as reactions to trauma triggers, and symptoms that are related more generally to self-regulation problems. Although IR does not include formal procedures for making detailed disclosures of traumatic events, the intervention does emphasize using the practices to address trauma-specific symptoms directly. The success of the intervention for mastering trauma-specific symptoms relies on the client's ability to use the techniques to develop better self-regulation. Early success at self-mastery empowers the client to try new styles and behaviors that are more challenging and trauma specific.

Case Example: Casey

This following case example illustrates the use of IR practices to muster better self-regulation in the face of threat. Casey was a White American male combat veteran who had struggled for many years with difficulties managing anger and aggression, which had led to two felony convictions for assault that occurred during road rage episodes. In one instance, he had followed a driver until he parked his car and then punched him through his open car window. Because of the habitual offender laws in Casey's state, he was aware that if he committed another felony, he could be facing decades in prison. When Casey left his second IR session, he was stopped by a police officer for having an expired license plate on his car. Casey had to wait for an extended time while the police officer checked his records for any outstanding legal issues. Casey was growing increasingly angry with the wait and was thinking that he wanted to punch the officer through the window of his car, much as he had punched the last person who had provoked him during a drive. When Casey saw an additional police car arrive, he assumed they had decided to arrest him, and he was so enraged that he decided he wouldn't be taken into custody without causing harm to one or both of the police officers. As he began mentally rehearsing how he would attack the police officers, he became aware that he was becoming extremely upset and decided to watch his breathing. In the course of watching his breathing, the thought occurred to him that he could use the Letting Go practice to reduce his anger. As he began practicing, Casey noticed that his level of arousal and anger had begun to decrease. He started to question the wisdom of assaulting two police officers with the possible result of spending the rest of his life in prison. When the second police officer knocked loudly on his car window, startling him, Casey decided to take a deep breath and let go of the rage he felt. That moment of relief—of taking a deep breath and deliberately letting the rage pass rather than acting it out—brought Casey so much happiness that he smiled at the officer and thanked him for his time. The officer apologized for the long wait and said that in appreciation for his patience, he wouldn't write a ticket for the expired plate. At the next IR session, Casey said, "I was one breath away from life in prison." He added, "If I did that once, I know I can do it any time."

As Casey's example illustrates, traumatized people can have ongoing difficulty with anger that manifests pervasively in many domains of their lives in ways that they are unable to predict or avoid. The MM practices in IR gave Casey a way to better self-monitor his rising rage so that he could make active efforts to modulate it rather than acting it out.

Throughout the intervention, clients are encouraged to use the practices in daily life to manage stress and dysregulation as it arises. The early sessions (1–3) emphasize establishing a daily practice in order to develop the self-regulatory capacities needed for trauma-specific applications. The middle phase, Sessions 4 through 6, emphasizes the continued development of specific skills and capacities in order to support better regulation and attention to target trauma symptoms. IR is a client-driven intervention, meaning that the clients select specific symptom and problem targets, rather than following a specific list of trauma-related problem domains to address.

In the last phase of treatment (Session 7–9), clients have developed better self-regulation—including the abilities to manage both undermodulations, such as fear, anxiety, anger, and sleep difficulties, and overmodulations, such as numbness and dissociation (Boyd et al., 2018). The last phase of treatment makes use of these heightened capacities in order to address trauma symptoms more directly. In this phase of treatment, clients have become aware of discontinuities and disruptions of their attention, and times when their experience of situations does not seem to be fully grounded in the present moment but may be driven by past trauma. The therapist supports clients in using the practices outside of the session to help maintain a present-moment focus, even in the face of trauma-related intrusions and disruptions.

Case Example: Ja'Nia

This case example shows how clients can use IR practice to address trauma-specific symptoms. Ja'Nia was an African American woman veteran who had been sexually assaulted in the military. Shortly after she moved into a new apartment, she experienced that people were repeatedly entering her apartment at night, after she had gone to bed. She decided that sleeping in the bedroom was too risky, because she might not see the people who were entering her apartment until it was too late to escape. She started sleeping on the sofa during some parts of each night. Her daughter had repeatedly told her that there were no intruders in the apartment, but because Ja'Nia resisted this assessment, the daughter brought her mother for treatment because she was concerned that Ja'Nia might be experiencing the onset of a psychotic disturbance.

After a careful assessment of Ja'Nia, with her daughter indicating that Ja'Nia was not likely to be in present danger from intruders, she was referred to an IR group. As part of trauma psychoeducation, the therapist explained that sounds experienced in the present that are similar to those a person experienced during a trauma can be misperceived as indicating that a traumatic event is about to recur. MM can be used, the therapist explained, to pay attention to our reactions to these triggers so that we can differentiate the memory of a past trauma from a current threat. The therapist did not label Ja'Nia's experiences as invalid or delusional or suggest that they should be ignored or suppressed. Instead, she suggested that Ja'Nia first ensure her own safety to the extent she felt possible. Then, when the sounds occur, she might pay close attention to the experience of hearing the sounds and her reaction to them, using the Letting Go practice to manage the fear the sounds triggered.

Ja'Nia decided to do her sitting meditation practice in the evening, on her sofa, so that she could be more aware of the sounds and feel safer in the event that there was anyone entering her home. The first evening Ja'Nia practiced meditation, she noticed the sounds of an intruder. She decided to use the Letting Go practice to cope with her rising sense of alarm, to practice relaxed alertness rather than being hyperalert. She opened her eyes and noticed the sounds again, but still there was no evidence of an intruder. She began to experience that her sense of alarm was very real but not related to the presence of an actual intruder. As she continued to practice with her eyes open, she heard the sound again, this

time quite loud. She opened her front door and saw her neighbor picking up a newspaper from their doormat. Ja'Nia then realized that the sounds she had heard were her neighbors opening and closing their doors in the hallway. She remembered that the sound of a door opening and closing was one that she heard right before her assault, as her commanding officer entered her quarters. Ja'Nia quickly realized that she could use the MM practices to be aware of her rising distress and note the stimuli that trigger it. Keeping her attention in the present moment helped her identify and test her beliefs about trauma triggers. An immediate benefit was that she no longer believed she was in danger from intruders and returned to sleeping in her room.

As Ja'Nia's experience shows, confronting situations that trigger distress requires the ability to manage fear and arousal so that an avoided situation can be experienced without unmanageable distress. Ja'Nia developed the capacity to manage her fear of intruders in her home through several weeks of IR sessions and between-session practice. Like Ja'Nia, in the face of successful *in vivo* exposure to a trauma trigger, many clients quickly realize the connection between the trigger and some aspect of their traumatic experience. Being able to identify discontinuities of present-moment attention, both intrusive and dissociative, helps clients make active plans to modulate reactions using their MM skills and gain a new understanding of their trauma triggers.

Some Potential Concerns about MM for Trauma

MM practices should be a good match for the needs of traumatized people because it appears that they address issues that are hallmark in PTSD. However, the very qualities that would make MM seem indicated for trauma might also make it very challenging for traumatized people.

There is some concern in the field that MM practice itself could encourage clients' dissociation and other forms of avoidance (as reviewed by Waelde, 2015). MM practices are usually silent activities, and it can be difficult to determine what a client is experiencing during periods of practice. Is it possible that clients would use MM practices, even those as simple as a few minutes of breath-focused attention, as a form of dissociation or avoidance rather than as a means to attend to and accept present-moment experience? To the extent that MM practices foster present-moment attention, they should not encourage dissociation and avoidance. However, as will be discussed in Chapter 3, traumatized clients need specialized approaches to MM instruction that include careful ongoing assessment of their practice experiences to ensure that practice periods are not fostering rumination, dissociation, fantasy, or other forms of posttraumatic avoidance and dysregulation. There are many different types of practices included under the umbrella of mindfulness practice, including grounding, distraction, escape imagery, and breath modification (Batten et al., 2005; Najavits, 2002). It is important to consider the potential mechanisms of each of these different kinds of practice and the aims they serve in trauma treatment. A review found that trait mindfulness and acceptance were associated

with resiliency to trauma exposure (Thompson et al., 2011), a potential benefit that may not extend to practices such as distraction (Uusberg et al., 2016).

A second concern is the demands of mindfulness practice. MM practices are designed to interfere with avoidance by directing attention to the flow of present-moment experience. It seems that by definition, severely traumatized clients should not be able to tolerate that sort of activity. A recent review of the topic offered the caveat that severely dysregulated clients not be offered MM training at all, or at least not for periods longer than 5 to 10 minutes (Vujanovic et al., 2011). Long periods of silent unguided practice may not be tolerable for some persons who have severe emotional, cognitive, and physiological dysregulation. MMBIs vary with respect to the amount of time actually allocated to within-session and between-session practice of the techniques. It is likely that not all MMBIs provide adequate MM "dosing" in the form of time spent learning and practicing the techniques. In IR, more than half of the session time is allocated to MM practice, and clients are supported in developing a daily MM practice. IR is designed to include adequate structure to support the client's engagement and tolerance for the practices. The IR practices are offered in a sequence so that one skill builds on another, culminating in the ability to engage in periods of self-guided meditation. In IR, the therapist helps the client find a match of MM techniques to fit their needs and capacities, rather than applying them in a generic way. It may be that the issue is not *whether* traumatized persons can use MM, but rather *what types* of MM practice are useful. Adequate structure, training time, and technique matching may best suit the needs of traumatized persons.

Traumatized clients require a specialized approach to care that reflects an understanding of the outcomes of exposures to extreme stress, whether as a single event or as a result of a lifetime of adversity, and the possible pathways to recovery. IR was designed to utilize MM practices to match the needs and capacities of persons who struggle with the results of stress and trauma. The next chapter provides specific guidance about how to assess clients and plan treatment in a way that best serves the growth and development of each.

CHAPTER 1

Adolescent Challenges and the Promise of Self-Compassion

> Adolescence is a formative period of life, when neural pathways are malleable, and passion and creativity run high.
>
> —SARAH-JAYNE BLAKEMORE (2018)

Chances are, you have picked up this book because you are eager to find out how self-compassion can support teens, perhaps ones you are already working with. Before we turn to the topic of self-compassion, we will begin our discussion with a short tour of adolescent development, focusing on issues relevant to what's to come in this book. Appreciating the challenges and changes teens experience will hopefully help you understand how self-compassion can be of benefit. Naturally, a thorough review of the science of adolescence is beyond the scope of this book. We merely intend to give you the gist of knowledge we consider essential for carrying out this work. Sarah-Jayne Blackmore's (2018) book *Inventing Ourselves: The Secret Life of the Teenage Brain* offers an empirically based, readable overview of what the research can tell us. In the second half of this chapter, we introduce the concept of self-compassion and its promise for teens.

A Brief Summary of a Not-So-Brief Time

A working definition of adolescence states that it begins with puberty and concludes "at the point at which an individual attains a stable, independent role in society" (Blakemore, 2018, p. 28). This means adolescence isn't necessarily over when the physical body resembles that of a fully grown adult. Rather, there is individual variation in the time frame. For many young people, adolescence can last well into their 20s. As we will discuss in a bit more detail later, this mirrors what we now know about how the brain develops—some areas in particular take well beyond the teenage years to fully mature. For readability, we use the term *teens* throughout this book as a shorthand for anyone in the phase of adolescence, but note that this can also include young adults.

There is ample research to show that adolescence is a distinct period of development, present across cultures and species. What do we mean by distinct? When we look at how teens behave, we find common characteristics that set them apart from both children and adults. Often-cited examples include creativity, risk-taking, and orienting toward peers rather than parents. Biologically, there are also distinct changes taking place in the brain and the rest of the body. Let's take a closer look at what's special about adolescence.

A Brief Reflection

If you like, close your eyes for a moment and take a trip down memory lane to your teenage years. How would you describe yourself as a young person? What were you like? Can you picture your teen self in your mind's eye? What were some of the challenges this person had to weather? As you reflect back on them, see if you can notice a sense of appreciation or goodwill toward your teen self and everything they went through. If what you experience is too difficult or feels overwhelming, feel free to step back from the exercise at any time. In this book, we will help you develop the resource of compassion both for your teen self and the teens you are working with.

Seeing the Potential

We now know that there is much more to adolescence than the stereotypes associated with being a teenager, many of which are negative, as you may have witnessed in the short reflection above. Before we turn toward the challenges of adolescence, let's take a moment to remember that teens have wonderful gifts. Teens typically mature in cognitive abilities such as metacognition and abstract thinking (Keating, 2004). However, teens do not simply catch up with what adults can do—in some respects they outshine them. Research shows that creativity runs high during adolescence; teens are often better at thinking outside the box and inventive problem solving (Kleibeuker, De Dreu, & Crone, 2013). In his book *Brainstorm,* Daniel Siegel (2014) introduced the acronym ESSENCE to describe some of the characteristics of adolescence: ES, emotional spark; SE, social engagement; N, novelty; and CE, creative exploration. In other words, teens are passionate, caring individuals who are seeking out new ideas, relationships, and experiences. In our work with teens, we continue to be astounded by the unexpected contributions teens make. When we meet them with an open mind and show a genuine interest in their suggestions, we find that we can learn a lot from them. Even in the small day-to-day, teens can surprise us if we are prepared to listen.

The Need to Belong

The same teens that amaze us with their creativity also elicit our compassion for the hardships they experience. To understand the challenges teens face, it is helpful to appreciate the so-called developmental tasks teens are expected to tackle. Just like toddlers have to learn to walk and talk, teens have specific things to learn, too. As we have said earlier, it is tied into the definition of adolescence in that it involves "finding your place." Not an easy task, as you may remember from your own journey toward adulthood.

As humans we are hardwired with a need to belong. From an evolutionary perspective, being excluded or rejected from your group is a serious threat to survival. That is why it is so important for teens to find their tribe. Teens may be innately motivated to seek acceptance from their peers. In other words, "finding your place" can become synonymous with "fitting in." These processes really take off during adolescence, as teens begin to grapple with the fundamental questions of "Who am I?" and "Where is my place in the world?" As we will go on to explain, finding your own identity and finding your place among those around you are inextricably linked processes. Let's examine more closely what is thought to happen as teens' sense of self and sense of belonging evolve during adolescence (for an excellent review, see Gilbert and Irons, 2009).

It is in later childhood that we really become able to appreciate the complexity of the mental states of others ("You know that I know that you don't like me"). Put simply, we begin to base what we think of ourselves on what others think about us. At first, this may be actual feedback we receive from others, such as being praised or criticized for certain features of ourselves. Later on, as we begin to internalize these experiences, we base our self-appreciation and our chances of fitting in on how we *think* others think about us. When we believe that we are falling short, we experience self-criticism and shame. Another way of determining how well we measure up is to compare ourselves with others. One example where comparison is often problematic is body image and body satisfaction. Teens compare their appearance and attractiveness both to their peers and to images in the media. Between the ages of 11 and 16, teens become steadily more aware of sociocultural attitudes toward appearance, begin to internalize these and compare themselves more often with media models (Clay, Vignoles, & Dittmar, 2005). Research also shows that teens who compare themselves more frequently experience greater body dissatisfaction (Jones, 2001). This in turn likely leads to low self-esteem.

Social acceptance may matter more than ever during adolescence. In particular, as teens develop greater autonomy from their parents in preparation for leaving home, friendships become more important during this period of life than at any other. This leaves teens susceptible to peer influence, whether it's good or bad. Research shows that teens aren't per se showing more risky behaviors than adults—they do so especially when in the company of peers. For example, teens are more likely to speed when driving with friends than when driving alone (Gardner & Steinberg, 2005). Some teens find support and a sense of belonging in their peer group, while others struggle, perhaps with social anxiety, or experience being bullied or bullying others. Studies show that adolescents seem to be particularly sensitive to the detrimental effects of social exclusion—that is, more so than children or adults. It also shows that teens may associate negative feelings others have toward them with their sense of self (Lewis, 2003).

Teen Mental Health

Considering all of these challenges, it is perhaps unsurprising that adolescence is also a time when things can go wrong. Some teens will manage to steer through turmoil and will remain on the healthy end of the spectrum of psychological well-being, while others find themselves at the opposite end of the spectrum, and may even meet the criteria for

diagnosis of psychological disorders. Specifically, the average ages of onset of several psychological disorders fall into adolescence: "three-quarters of all cases of mental illness—including depression, anxiety, eating disorders, substance abuse and psychosis—start at some point before the age of 24" (Blakemore, 2018, p. 157). One study found that in a population sample of 1,420 children followed from ages 9 to 13 years until age 16 years, 37% of participants experienced at least one psychiatric disorder at some point (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). The shift from childhood to adolescence was found to be marked by an increase in rates of depression and social phobia, as well as increases in panic, generalized anxiety disorder, and substance use disorder for both sexes.

There are also figures suggesting that on the whole, the incidence of mental health issues is on the rise. A study drawing on a U.S. national survey found marked increases in mood disorders, suicidal thoughts, attempts, and suicides among adolescents and young adults in the past decade compared to the decade before (Twenge, Cooper, Joiner, Duffy, & Binau, 2019). Historically, suicide rates for males are higher than for females, but some studies suggest that the gap is decreasing, with rates for females increasing disproportionately. We cannot know for sure yet what drives this trend, but in any case, mental health must be a significant concern for all of us working with teens.

What determines a teen's mental well-being? While there are common developmental tasks, teens differ in the risk and resilience factors they bring to the table. In general, both genetic and environmental influences contribute to the development of psychological disorders. Some teens will carry greater genetic vulnerability to psychological disorders, perhaps because their parent is affected, while others may experience more difficult life events, such as bullying, parental divorce, or even traumatic experiences, than others.[1] Studies following large samples of children over time found that between one and two thirds report a potentially traumatic life event by age 16 (Copeland, Keeler, Angold, & Costello, 2007; Costello, Erkanli, Fairbank, & Angold, 2002). Children and teens exposed to a traumatic event are more likely to be diagnosed with a psychiatric disorder (Pine & Cohen, 2002). Chronic stressors such as poverty, chronic illness, or parental addiction also leave teens more vulnerable to mental health difficulties (Grant, Compas, Thurm, McMahon, & Gipson, 2004).

However, not every teen experiencing something potentially traumatic will go on to develop a psychological disorder. There are a whole host of protective factors that can leave teens more resilient and able to cope with adversity. At the family level, these include parental support, monitoring, and communication skills (Fergus & Zimmerman, 2005). In terms of the teens themselves, a critical factor determining how well teens cope with difficult experiences is their ability to deal with the accompanying emotions in healthy ways. This is called emotion regulation, which we will discuss next. In the second half of this chapter and in Chapter 2, we will zoom in more specifically on the potential of mindfulness and self-compassion in fostering resilience, including as a protective factor for teens exposed to potentially traumatic events.

[1] Genetic and environmental influences can also be associated or interact with each other.

Emotion Regulation: Getting to the Heart of the Matter

It only takes a moment of remembering a time as a teen when you disagreed with your parents, felt excluded by your peers, or experienced your first crush to appreciate that these experiences come with strong emotions, both positive and negative. In general, studies show that adolescents experience more frequent, stronger, and less stable emotions than children or adults (Bailen, Green, & Thompson, 2019). For example, as we've mentioned above, one study found that teens respond more strongly than adults to social exclusion with low mood and increased anxiety (Sebastian, Viding, Williams, & Blakemore, 2010). Similarly, when teens feel rejected, they are also likely to experience shame and heightened self-criticism.

This brings us to the important subject of emotion regulation. As we will explain later on, emotion regulation is in many ways central to the work of mindfulness and self-compassion. For the purpose of this discussion, we define emotion regulation as the awareness and understanding of, as well as response to, one's emotional experience. Teens have to learn to regulate their emotions in increasingly adaptive ways as they learn to make decisions without help from adults. They need to develop healthy strategies for dealing with the negative emotions arising around all the challenges we have already described. Teens who lack in adaptive strategies may be especially at risk for mental health difficulties. Many studies have found links between emotion regulation difficulties and poor mental health outcomes in children, teens, and adults (e.g., McLaughlin, Hatzenbuehler, Mennin, & Nolen-Hoeksema, 2011). Difficulties with emotion regulation are at the heart of many models of psychological disorders (Sheppes, Suri, & Gross, 2015). For example, rumination as a form of maladaptive emotion regulation is thought to play a central role in the maintenance of depression (Nolen-Hoeksema, 1998), while worry is a factor in anxiety disorders (Borkovec, Alcaine, & Behar, 2004). We will expand in more detail on the specific role of emotion regulation and self-compassion in adolescence in Chapter 2.

The Brain under Construction

To understand emotion regulation during adolescence, it is helpful to also look at what happens in the brain. A lot of changes in brain structure and function take place during the second decade of life, especially regarding our regulatory or "control" systems. One of the regions of the brain that takes longest to mature is the prefrontal cortex, which is involved in self-awareness, planning, decision making, and self-control—all critical to emotion regulation. One the other hand, the limbic system, which is involved in emotion and reward, on average seems to mature earlier (Mills, Goddings, Clasen, Giedd, & Blakemore, 2014). From an evolutionary perspective, responding more strongly to both threat and reward may be helpful as teens have to face new challenges venturing out into the world. However, on the flip side, researchers have suggested that this "developmental mismatch" may also explain adolescent difficulties with regulating behavior (such as risk-taking, substance use, or acting impulsively) and emotion (such as anxiety or depression) (Steinberg, 2010). It has been suggested that this may lead to "a situation in which one is starting an engine without yet having a skilled driver behind the wheel" (Steinberg, 2005,

p. 70). We do not know exactly how these continued maturation processes affect teens' emotional and behavioral development. Brain scans alone can't tell us whether a slower development of prefrontal regions actually causes difficulties with emotion regulation. But in any case, a lot is happening during adolescence in the brain regions involved in emotion regulation. This can be eye-opening for teens to understand and may help them to see their struggles with emotion regulation with more compassion.

In a Nutshell

In summary, adolescence is a period of figuring out your relationship with yourself and with others, with some likelihood of experiencing setbacks, challenges, and in some cases trauma. All of this likely comes with stress, strong emotions, and worry, leaving teens with an increased vulnerability to suffering and emotional turmoil (Steinberg & Morris, 2001). In this next part, we will lay out the relevance and promise of self-compassion for teens.

 Introducing Self-Compassion

We now begin to explore what may help teens meet the challenges they face with more resilience and ease. How can we support them in finding a helpful, adaptive response to suffering? This is where we turn to the subject of self-compassion. In recent years there has been a remarkable increase in the interest and research in this area, including in the role of self-compassion during adolescence. In this section, we hope to provide the conceptual basics of self-compassion, including its relationship to mindfulness and how to differentiate it from self-esteem. We also introduce its relevance for teens, before turning in more detail to the inner workings of self-compassion during adolescence in Chapter 2.

What Is Self-Compassion?

Self-compassion is often described as compassion turned inward, whereas compassion can be defined as "a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it" (Gilbert, 2014, p. 19). In other words, self-compassion means being aware of our own struggles and meeting them with a kind, caring attitude and supportive action. A commonly used informal definition is treating ourselves as we would treat a good friend who is suffering.

Pioneering researcher Kristin Neff (2003b) further conceptualized self-compassion as comprising three components in the face of suffering and failure: (1) self-kindness (i.e., turning toward oneself with kindness and care), (2) common humanity (i.e., recognizing that imperfection and suffering are part of the shared human experience), and (3) mindfulness (i.e., meeting one's experience from the perspective of present-moment, balanced awareness). These three components are captured by the Self-Compassion Scale (SCS; Neff, 2003a), a self-report measure that is widely used in research on self-compassion. The scale also measures their negative counterparts: self-criticism versus self-kindness, isolation versus common humanity, and overidentification versus mindfulness.

The Promise of Self-Compassion for Teens

For all three components of self-compassion, a plausible claim can be made for their significance during adolescence. Self-kindness is crucial because teens often engage in overly harsh and critical self-judgments (Neff & McGehee, 2010). With self-compassion, teens can learn to soothe and comfort themselves. Common humanity is an important reminder to teens that they are not alone in their experience. They are particularly prone to believing that the difficulties they experience are unique to them, a phenomenon termed "personal fable" (Elkind, 1967). Finally, mindfulness allows teens to become aware of their own habitual patterns of thought and perception and how these patterns can lead to emotional dysregulation. With skills in self-awareness, teens can then choose to respond to their experience rather than flying off the handle. Mindfulness also supports a more balanced perspective rather than overidentifying with the storyline, which can lead to ruminative or catastrophic thinking.

The following example illustrates the three components with respect to a common struggle teens face: dealing with school pressure. Hannah was a 14-year-old teen who experienced a fair amount of anxiety before school exams or presentations. She would often lie awake the night before and worry about whether she had studied enough and was going to get a good grade. At times she wasn't able to perform as well as she could, because her mind would go blank and she couldn't think clearly when it mattered. Afterwards, Hannah would berate herself for her perceived failure. With self-compassion, Hannah learned to become aware of her worrying mind and notice how the anxiety manifested in her body. She began to appreciate that this was just her mind doing its usual thing—worrying about things going wrong in the future—notice where her mind was, and choose not to overidentify with the storyline. This is the mindfulness component. She also reminded herself that all teens face pressure at school and that she wasn't the only one worrying about not doing a good job. This is the common humanity component. This allowed her to be more accepting of the fact that she tended to worry rather than beat herself up for it. Lastly, Hannah found ways of soothing herself in moments of anxiety, taking slow, conscious breaths, giving herself a hug as a gesture of support, and finding words of kindness and encouragement for herself ("You are a good person whether or not you get good grades"; "I am here for you"). This is the self-kindness component. Self-compassion allowed Hannah to become less overwhelmed by moments of anxiety and to become less afraid of failure as she began to have her own back no matter what.

Mindfulness and Self-Compassion

Mindfulness and self-compassion are often discussed in similar contexts. Let's take a moment to discuss how the two concepts are related. Mindfulness has been famously defined by Jon Kabat-Zinn as "the awareness that emerges through paying attention, on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment" (2003, p. 145). We will describe the specific qualities of mindfulness in greater detail in Chapter 4. In short, mindfulness is a particular way of relating to experience—any experience. As Germer and Neff (2019) point out, therein lies the

difference between mindfulness as a component of self-compassion and mindfulness in general. When we are practicing mindful self-compassion, we are dealing with unpleasant, difficult thoughts and feelings. Mindfulness in general refers to all kinds of experiences.

What exactly does mindfulness entail in the context of self-compassion? Bringing the nonjudgmental attitude of acceptance to our suffering reveals the commonly cited paradox of self-compassion: "We give ourselves compassion not to feel better, but *because* we feel bad" (Germer & Neff, 2019, p. 203). If we try to make our suffering go away, we are no longer practicing self-compassion, we are engaging in resistance. And, as we will point out time and time again, resistance to pain is counterproductive, as it has the potential to increase suffering. This is why mindfulness is an integral part of self-compassion. It involves acceptance of our present-moment experience ("Pain is here") without getting swept up in it ("I am experiencing pain, but I am not my pain").

The other two components of self-compassion, self-kindness and common humanity, then further qualify how we are relating to our struggles and ourselves. We "warm up" our awareness with kindness and take compassionate action, such as soothing or protecting ourselves. With common humanity, we also appreciate our shared human experience—that we are all imperfect and so is life itself. Mindfulness "in full bloom" includes this compassionate, open-hearted quality, but self-compassion does so more explicitly.

As we ourselves are the recipients of compassion, self-compassion often involves a shift in focus from the experience (mindfulness) to the *experiencer* (Germer, 2009). For example, in mindfulness, the question is "What am I aware of in this moment?," whereas in self-compassion, the quintessential question is "What do I need in this moment?" The intention to meet our own needs is why self-compassion is considered "the heart of mindfulness when we meet personal suffering" (Germer & Neff, 2019, p. 5).

Tender and Fierce Self-Compassion

Remember that compassion entails the desire to alleviate suffering. As such, it involves action that can take on different qualities. Kristin Neff (2021) discusses the notion of tender vs. fierce self-compassion. Tender self-compassion is comforting, soothing, and validating. Fierce self-compassion is protecting, providing, and motivating. Both involve understanding and nurturing our emotional needs in a way that is typical of mammalian caregiving, like a parent looking after a child. Sometimes alleviating suffering isn't speaking soft, comforting words to ourselves. For example, when we are in the middle of a battle, we don't stop to place our hand on our heart and say, "May I be safe." Rather, a self-compassionate response may be to say no, to protect ourselves from harm, or to acquire resources for meeting our needs. It is through the practice of mindfulness—becoming aware of what's here—and listening deeply to our own wisdom that we can learn to use discernment to meet our needs.

Remembering the challenges teens face, such as peer pressure, bullying, and mental health, it is clear that they need both sides of self-compassion to thrive. They will also be the parents of a new generation, who will influence the consciousness of many generations to come. Teaching teens both tender and fierce self-compassion is an investment in everyone's future.

Self-Compassion and Self-Esteem

Self-esteem is another variable commonly associated with well-being and mental health that receives a lot of attention. Considering that self-criticism soars in adolescence and many teens grapple with low self-worth, you might wonder if we shouldn't focus on self-esteem rather than self-compassion. Conceptually, self-esteem is based on positive self-evaluation, often derived from comparing one's qualities or performances to others (Harter, 2001). This aspect of self-esteem may explain why it, unlike self-compassion, is also associated with more problematic behaviors and tendencies such as bullying, aggression, and narcissism (Salmivalli, Kaukiainen, Kaistaniemi, & Lagerspetz, 1999; Twenge & Campbell, 2009) and is relatively unstable over time (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). In individualist cultures, we need to come out on top and stand out, or our self-esteem suffers. This makes self-esteem dependent on external factors, such as social comparison, and hence volatile. Self-compassion, on the other hand, does not depend on favorable evaluation or personal success. On the contrary, it particularly applies to the suffering brought on by harsh self-judgment or failure, or when shame that has been lying dormant gets activated. This means self-compassion is there for us no matter what and has been shown to be more stable over time than self-esteem (Neff & Vonk, 2009). One study found that for a large sample of adolescents, for those with high levels of self-compassion, low self-esteem had little effect on their mental health (Marshall et al., 2015). In other words, self-compassion may be an important buffer for the otherwise harmful effect of low self-esteem on teen mental health. It also fosters a sense of connection through common humanity rather than separation via comparison. Research supports the idea that self-compassion and self-esteem are distinct constructs, as they are positively, but not perfectly, correlated (Neff, 2003a).

Conclusion

Checking in with yourself, notice how you feel now that we have reviewed the difficulties many teens face. You might notice that you are experiencing both appreciation and concern for the teens you are working with. This is empathic resonance. You may also become aware of a desire to ease their suffering. This is compassion.

Now that we have given you an overview, we turn to the inner workings of self-compassion in adolescence in Chapter 2. We will unpack the various ways in which self-compassion is related to positive outcomes for teens. In doing so, we once again turn toward the central role of emotion regulation. In Chapter 3, we will provide you with an overview of existing self-compassion interventions for teens.

THREE

the liberating power of mindfulness

You can observe a lot by watching.
—Yogi Berra

BY NOW I EXPECT you're beginning to agree: Despite our ability to transplant hearts and land robots on Mars, we humans remain struggling primates motivated by all sorts of biologically based instincts that were once important for survival and reproduction but now trap us in painful self-evaluative concerns. While, luckily, we also have other instincts that help us care for and get along with one another, these aren't always online. Given our biology, how might we get beyond our stress and worry about keeping up and being good enough? How might we learn not to stake our happiness on something as unreliable as thinking highly of ourselves, but to energize our other instincts instead so we can find more peace, love, connection, and meaning in our lives, liberating us to savor the present moment?

Of the many tools that can help set us free, some of the most powerful are mindfulness practices. Many different cultures have developed versions of these, in part because people all over the world, and throughout history, have been plagued by the same tendencies that currently torture us and get in the way of our well-being. These practices can help us transform all three *H*'s—our heads, hearts, and habits.

Mindfulness practices can help us notice the craziness of our endless self-evaluative thoughts: "I'm a failure—I gained two pounds." "I liked my job until you got a better one." "Why didn't more people text me on my birthday?" They strengthen our capacity to embrace emotions, so we can handle it when our heart sinks if we don't get invited to the party, and so we don't have to numb ourselves by visiting the fridge every time we feel dejected. And they can help us pause and choose new ways to respond to failures, to use disappointments as opportunities for insight into how we look for happiness in the wrong places, as well as using them to connect to others who are struggling, rather than just seeking some new success or reassurance.

Mindfulness practices can even help us reconsider our sense of who we are, which, as we'll see, can powerfully support our efforts to escape the self-evaluation roller coaster. In fact, in several of the cultural traditions that developed mindfulness practices, their principal purpose was gaining liberation from self-preoccupation. They were designed to help us experience life's ups and downs less personally, without believing that each one makes us winners or losers, lovable or unlovable, saints or sinners, worthy or inadequate.

I went on my first silent mindfulness meditation retreat as a young man because I was depressed. It's a long story, involving my lovely college girlfriend, me in Connecticut, and her former boyfriend on the West Coast. All you need to know is that she moved to California.

While there were several upsetting features to this situation, one was definitely my self-esteem collapse. "How come she wants him more than me?" "Wasn't I good enough?" The retreat was powerful. I watched these thoughts coming and going, each one followed by a wave of pain. Eventually, they started to seem more and more like just *thoughts,* rather than concrete realities. And instead of being sunk in depression, I connected with the underlying hurt, longing, shame, anger, and fear: "I wish you were here in my arms again." "I'd like to kill you—and him." "How will I live without you?" It wasn't easy, but by the end of the retreat I was definitely not depressed. I had a lot of emotions, and noticed a lot of thoughts coming and going, but I didn't feel so stuck anymore. And I was inspired to investigate the role of my broken self-image in my broken heart.

Mindfulness is a tool for freeing our hearts and minds. We'll be using it to support interwoven approaches to escaping self-evaluation traps and feelings of inadequacy throughout this book. This chapter will give you what you need to begin making mindfulness a part of your life.

What exactly *is* mindfulness?

Mindfulness describes an attitude toward whatever is occurring in consciousness at the moment—it's *awareness of present experience with loving acceptance*. While most of us know what it feels like to be aware or pay attention, loving acceptance can seem foreign. One way to understand it is to bring to mind the image of an adorable little puppy—let's call her Daisy. Imagine her face, her fur, her body (close your eyes and picture her for a few seconds before reading further). What feeling arises as you imagine her? Is it a sense of harsh, critical judgment? (If so, give me a call.) Unless we've had the misfortune to have been attacked by a puppy in the past, most of us feel something akin to the universal sound of compassion: "Awwwww." Even if Daisy pees and poops at the wrong time, even if she doesn't listen to instructions, we'll think: "She's young, she needs love, she needs training." And that's precisely the attitude we want to cultivate toward our own hearts and minds when we practice mindfulness. It's the attitude of the caring, loving wolf that we visited in the last chapter.

This is important because as you'll see when we try a little mindfulness practice in a moment, the mind *does* pee and poop at the wrong time and *doesn't* listen to instructions. The attitude we'd have toward that puppy is the attitude we want to maintain in these moments when our mind is unruly. It can require some practice to cultivate, since many of us are much more adept at beating ourselves up than we are at loving and accepting ourselves.

We can be mindful of whatever is arising in consciousness. This attitude not only can illuminate how our mind works, freeing us from automatic self-evaluation preoccupations, but also can help us heal past injuries—including those accumulated from rejections and failures.

Learning to be mindful

Here's a little riddle: What do swimming, making love, and eating a gourmet meal have in common? Some people say that they're all sensory experiences—which is true. Others say that they're all pleasurable, which might also be true, depending on whom we're making love with and how we feel about the water. But there's another answer that's relevant to our discussion—talking about them is very different from doing them. So, before we go any further talking about mindfulness practices, I invite you to experience one:

Exercise: Mindfulness of breath

This exercise can be done sitting, standing, or lying down, though most people will start by sitting. It can be helpful to have an erect spine, since this posture supports alertness. You might imagine a string tied to the top of your head gently pulling up toward the ceiling, allowing your spine to be straight without being tense. (Please read the rest of these instructions and then give them a try, or else do this as a guided meditation using the recorded instructions at *giftofbeingordinary.com* or *guilford.com/siegel4-materials*.) It's best to do this practice for 15–20 minutes to really taste its effects:

Start by closing your eyes and feeling the sensations in your body. If all is going well at the moment, you'll notice that you're already breathing. In fact, the breath is happening by itself. Allow the body to be relatively still, as this will make it easier to attend to sensory experiences.

All that we're going to do for the first part of this exercise is to pay attention to the sensations of the breath in the body. See if you can notice the various sensations of the inbreath and the sensations of the outbreath.

To develop some continuity of awareness, try following the breath through its full cycles, from the beginning of the inbreath to the end of the outbreath and on to the next.

Now it would not be unusual for thoughts to enter the mind. That's OK, they're our friends. In fact, the brain evolved to think. While we're not going to try to stop our thoughts, we aren't going to follow

them as we usually do either. Instead, as soon as you notice that your attention has been hijacked by a chain of narrative thought and has left the sensations of breathing behind, gently and lovingly return your attention to the breath.

This is where the puppy image comes in. We can think of mindfulness practice as being like puppy training. We try to accept whatever arises in our awareness, with love and care, as we gently train the mind to pay attention to sensations—in this case the breath—occurring in the present moment.

See if you can cultivate an attitude of interest, or curiosity, in whatever sensations arise. Should you feel some discomfort—say an itch or an ache—that's actually a very special practice opportunity. If this occurs, instead of doing what we'd normally do—scratching the itch or adjusting our posture to relieve the ache—turn your attention for a little while to the unpleasant sensation, leaving the breath in the background. Just stay with the sensations of physical discomfort and see what happens to them. (No need to be stoic—if you're very uncomfortable, go ahead and scratch or shift postures—just try the experiment first.)

Continue this practice for 15-20 minutes, allowing whatever occurs to occur.

What happened? While everyone is different, and every meditation session is different for a given individual, here are some typical observations:

"MY MIND WAS VERY BUSY—I COULDN'T STOP THINKING."

One of our most important survival mechanisms is our capacity to think. It allows us to analyze the past, strategize, and plan for the future. It's therefore not surprising to discover that the mind is very busy thinking much of the time. That's OK. Rather than trying to stop our thoughts, in mindfulness practice we cultivate what cognitive scientists call *metacognitive awareness*—the ability to observe thoughts as just thoughts. This can be a novel experience, since most of the time when we're living in our thought stream, we don't actually see thoughts as thoughts, but we believe that they reflect reality and define who we are.

The more we practice gently bringing our attention to sensations in the here and now, the more we see thoughts as mental contents that come and go—like clouds passing in a vast sky. This helps us not believe in them so much, which can be an enormous relief.

After all, it's mostly our thoughts that torment us. Take a moment right now to bring to mind something that you're upset about. If it weren't for the thought, would you be in distress here and now? Probably not. Unless you're reading this in a war zone, or have just had surgery, it's likely that it's your thoughts that are causing you distress. In fact, even if you're in physical discomfort, unless it's severe, the thought that it'll last forever probably creates more distress than the sensation itself.

Gaining this perspective on thoughts can be very helpful when dealing with distress around rejection, shame, or feeling not good enough, because here especially it's our thoughts—our interpretation of what's happening—that creates our suffering. Being mindful of our thoughts can also help us see the role of our instincts in our experience—we can begin to notice how many of our thoughts reflect the no-longer-very-useful concerns of our inner primate.

When Aaron first started practicing mindfulness, he was alarmed that his mind was "like a sewer." Not only were the thoughts nonstop, but they were mostly about sex and dominance. "I can't stop thinking about all the women I've ever wanted to date, and all the times I've felt put down." It took a while for him to learn to let these thoughts come and go and to realize that he was just tuning in to his evolutionary inheritance—he wasn't a terrible person.

"THE ITCH (OR ACHE) WENT AWAY BY ITSELF."

The more we practice mindfulness, the more skilled we become at tolerating discomfort. Seeing pain come and go on its own, as well as practicing sitting with it, makes us more comfortable with being uncomfortable. And being able to feel our emotions—including painful ones—is necessary to heal past hurts. On my retreat I was amazed by (1) the intensity of the waves of hurt, anger, sadness, and longing that came up, and (2) the fact that I could stay with these experiences and allow them to arise and pass.

This capacity to *be with* emotions opens a path to freedom, including freedom from the self-evaluation roller coaster. Recall the exercise in Chapter 1 where we sat with the physical sensations of feeling good and then bad about ourselves? If, through mindfulness practice, we become less afraid of the painful sensations of a disappointment or rejection, we'll feel freer to risk it. We won't feel as compelled to hold on to highs and ward off the lows. You'll learn how to use mindfulness and other practices to work with difficult emotions in later chapters.

"I'M NO GOOD AT THIS."

Is it any surprise that most of us turn mindfulness practice, like everything else in our lives, into a measure of our ability or worth? And that when our minds are frisky, or sleepy, or restless, we give ourselves a bad report card?

The biggest obstacle to benefiting from mindfulness practice is having the expectation that we should be able to focus our minds at will, which is based on the mistaken notion that we're somehow in charge of our consciousness. Especially once you begin to practice regularly, you'll come to see that the mind is indeed quite unruly. The Buddhist monk Bhante Gunaratana put it well:

> Somewhere in this process, you will come face to face with the sudden and shocking realization that you are completely crazy. Your mind is a shrieking, gibbering madhouse on wheels barreling pell-mell down the hill, utterly out of control and hopeless. No problem. You are not crazier than you were yesterday. It has always been this way, and you just never noticed. You are also no crazier than everybody else around you.

Shivani's first forays into mindfulness practice were rough. As a teacher and a mother of two young boys, she was always tired and never had enough time in her day. When she tried to sit still and follow her breath, her mind immediately went to her to-do list. She was wasting time—simultaneously failing to get things done and failing at meditation. Stressed out and frazzled, she nonetheless kept at it.

Shivani eventually found that if she could sit for longer periods—a half hour or so—her mind actually began to settle. Instead of just racing from thought to thought, she began to notice feelings arising and passing and to notice when she was holding tension in her neck and shoulders. She saw how frequently she judged herself harshly, thinking, "I'm just not cutting it at work *or* at home," "I'm a lousy meditator." It began to dawn on her that this constant self-pressuring was nuts—she was pedaling as fast as she could and needed to take some time to let go, let be, and open to her inner experience. As she practiced stepping out of the thought stream and bringing her attention to the sensations of the moment, her self-evaluative chatter became quieter. Rather than just believing it, she became curious about the critical, judgmental voice that had become her constant companion.

Narrative and experiential self

Cognitive scientists identify two types of self-reference, which they call *narrative* and *experiential* focuses. Narrative focus creates comparisons with others and self-evaluative highs and lows. It involves our judgments as we talk to ourselves about ourselves and consider our enduring traits. When in narrative focus, I think "I'm smart" or "I'm dumb," "I'm strong" or "I'm weak," courageous or timid, kind or mean, generous or greedy, attractive or not—you get the idea. And these shifting judgments about ourselves—which often come from feedback we receive or we imagine receiving from others—create our self-evaluation ups and downs.

Experiential focus is different. It's moment-to-moment awareness of what's happening in the mind-body. We taste experiential focus when we practice mindfulness. Our attention goes to the sensation of an inbreath, then to a sound in the street, then to an itch, back to the outbreath, on to a feeling of sadness, and back to the inbreath. Experiential focus is centered on sensations, including the bodily sensations that underlie emotions, as well as awareness of images and thoughts that pass through the mind. However, unlike in narrative focus, in experiential focus we don't believe our thoughts so much—we just watch them come and go.

In a now classic study, researchers randomly assigned people either to eight weeks of mindfulness training or to a control group that received no training. They taught both groups to respond to a list of adjectives with either a narrative focus (reflect on what the adjective means about you as a person) or experiential focus (just notice your moment-to-moment reactions to hearing the adjectives). They then put both groups of subjects in a functional MRI scanner to see what was happening in their brains when they responded to adjectives with one focus or the other.

It turns out that when people are involved in narrative focus, there's usually activation of a part of the brain called the *medial prefrontal cortex (mPFC).* While it has many functions, the mPFC is particularly active when we're thinking about our traits, the traits of people like us, and our future aspirations. It helps us create a narrative that links our subjective experiences over time.

The researchers found that the meditators, compared to the control group, were much better able to reduce activation of the mPFC when they moved into experiential focus. This meant that mindfulness practice actually trained their brains to be better able to step out of narrative focus—to step out of the approach that gets us caught in social comparison and self-evaluative highs and lows. It was an effective antidote to our hardwired instincts to compare ourselves with others, to worry about dominance or submission, desirability or rejection.

Developing a regular mindfulness practice

There's an old story about a tourist who's lost in Manhattan. He's getting frantic, late for a performance. Luckily, he spies a guy in a tuxedo with a violin case. He runs up to the musician and says, "Help me, please, how do I get to Carnegie Hall?" The musician stares at him and becomes pensive, looking him up and down. The tourist gets agitated, wanting an answer. Finally, after a long pause, the musician speaks: "Practice, practice."

Like most skills, mindfulness practices are dose related. If we do

a little bit of practice, we develop a little mindfulness. If we do more, we develop more. Since mindfulness is a valuable skill for getting beyond our self-evaluative concerns, and for activating the caring inner primate, it's worth putting in some time to cultivate.

There are many ways to practice. We can simply try to pay attention to sensory reality when doing daily activities like walking the dog, showering, or eating lunch. We might pay attention to the sensations of our feet contacting the ground, the droplets of water caressing our body, or the taste and texture of our food (this is called *informal* practice). But to experience more profound shifts in our consciousness, it's usually necessary to take some time out of our day to do *formal* meditation practice, like the breath awareness training described earlier. It's helpful to try to develop a routine—to do it every day, or most days, at a particular time. It can also help to join a meditation group, or have a meditation buddy, to compare notes on your experiences. Some people find apps like Headspace, Calm, or Insight Timer helpful. You can also listen to a variety of mindfulness practices on my website, *DrRonSiegel.com,* and can find more detailed suggestions about how to establish a mindfulness practice in my book *The Mindfulness Solution: Everyday Practices for Everyday Problems.* While longer periods will be more powerful, even 15 minutes of meditation a day can begin to increase our awareness.

Here's an application of mindfulness practice that I personally find very helpful for breaking free from self-evaluation concerns. It involves approaching fluctuations in our feelings about ourselves mindfully and can help us be less caught in our judgments throughout the day:

Exercise: Mindfully riding the self-evaluation roller coaster

As you develop your mindfulness practice, see if you can notice every time that a self-evaluation comes to mind, either during formal meditation or during the rest of your day.

Whenever a thought or feeling of "I'm doing a good job," "They like me," "That didn't go well," "They don't like me," or a comparison

with another person occurs, see if you can notice the sensations in the body that arise with it. Just try to observe the inner report card, the constant judgments that you're doing well or poorly, or that you're somehow better or worse than someone else. See if you can bring an attitude of *awareness of present experience with loving acceptance* to the bodily sensations that accompany each thought or feeling.

When negative judgments show up, instead of distracting yourself or trying to make them go away, experiment with bringing loving attention to any hurt that arises—lovingly care for yourself as you would care for a distressed puppy.

While this exercise is helpful, I also find it disconcerting, since I often notice self-evaluative or comparative judgments happening nonstop. But I also find that by staying with the bodily sensations associated with each high and low, I'm less possessed by the judgments and can take refuge in an experiential rather than narrative focus. And the more I practice mindfulness with a loving attitude, the better I'm able to tolerate the discomfort of crashes and the more I trust that they'll pass. Of course, some days are easier than others—the trick is to be as kind to ourselves when we're caught in the folly of our self-evaluative dramas and judgments.

In the coming chapters, you'll learn how to use mindfulness practices to see how we construct our stories about ourselves, to explore the amazing variety of our self-evaluation traps, to develop the courage to fully experience past injuries and feelings of inadequacy, to overcome addiction to self-esteem highs, to develop loving compassion for ourselves and others, to safely connect with other people, and to embrace our profoundly liberating ordinariness. As you'll see, they're versatile tools!

For our next step in this journey, let's look at some of the transformative insights that come from doing mindfulness practice regularly, including how, by helping us become grounded in an experiential focus, they can transform the way we see ourselves. You may discover that you're not who you think you are.

3.3 Mental Health and Mindfulness

Just as we can cultivate physical health through effort and practice, we can also enhance mental health and well-being. Mental health is an essential component of overall health. Just as working out to increase physical health is seen as a positive investment, there should be no shame or stigma in working to strengthen mental health.

Jamar, a sophomore business major, shifted how he viewed mental health as he became more mindful. "Prior to taking this course, I simply would have defined mental health as how happy someone felt on average. However, I now know that mental health is so much more than that," he observed. He found that mental health involves all of one's social, emotional, and psychological thoughts and behaviors. "Mental health is something that everyone including myself should watch out for. I care for my mental health through meditation and communication. Meditation enables me to take a few moments each day to gain clarity. I also am working on communicating my thoughts and feelings as opposed to oppressing them."

The National Alliance for Mental Illness (NAMI) reports that 75% of all mental health conditions begin before the age of 24. Young adulthood is a foundational time to build mental health tools.

When we sit in silence with our experiences, it can be overwhelming at times. In this case, it may be helpful to pause and try one of the following trauma-sensitive practices:

1. Pendulate between the emotion or thought, and then back to a neutral place. It may be too much to stay with an intense thought or emotion, and if so, alternate between it and a neutral home base, like the body, breath, or sound.
2. Bring to mind an image of someone supportive to visualize next to you as you practice. It can be a kind person in your life or a person from history or religion. You can also visualize being in a safe, calming place in nature like an ocean, lake, forest, mountain, or another place you feel secure in. Imagine the sights, smells, a gentle breeze, and the sun on your skin.
3. Use your senses to ground you with the GOBB technique. Ground yourself by bringing your attention to the soles of your feet. Orient yourself to the space you're in through your senses—what do you see, hear, feel, smell, or taste? Perhaps count colors or shapes of objects around you. Tune into your breath and body.
4. Use the RAIN technique to work through difficult emotions that arise. Recognize or label the emotion, allow it without resisting or pushing away, investigate how it feels in your body and where it might be sitting, try not to take it so personally (*the* emotion, rather than *my* emotion), and hold what arises with kindness.
5. Try to release judgment around the situation. Rather than judging yourself for feeling a certain way or trying to suppress the emotion, approach it with kind curiosity, knowing that each moment or state is temporary, and we do the best we can.

6. Discern what you have control of in the situation. In contrast to helplessness or imagining that a feeling or experience will impact every area of your life, try to find something you can take active control of, even if it might be your perspective, to find meaning in the experience. Try not to universalize or personalize the feeling with shame or blame. This is the difference between I made a mistake or *did* something bad versus I *am* a bad person.
7. Practice self-compassion. When faced with a difficult emotion, thought, or situation, hold it with kindness and recognize the shared humanity of all the other people who may be struggling with a similar experience.
8. Mix it up. If seated meditation is difficult, try standing, walking, or mindful movement. Switch up your surroundings and get some sunshine or go to a place you feel good about being in.
9. Take time to care for you. Spend time in nature, go for a walk, exercise, eat a nourishing meal, get a good night's sleep, or connect with a friend.
10. Seek help when needed. Know you are not alone and that there are people to support you. Reach out a therapist or trusted teacher or friend when needed. Remember that everyone is fighting their own battles, and we are all in it together.

Noah, a senior majoring in economics, found that mindfulness helped him build mental health and increase his capacity to work through challenges with kindness. He reflected, "I feel more equipped to handle times of bad thoughts or anxiety, and welcome and work through them with kindness." Likewise, Shandra, found that recognizing her emotions and experiences, rather than suppressing them, helped her build mental health resilience and open up to others. "For me, I'd say the biggest part of caring for your mental health is not trying to just brush off or suppress things that come to you, but learn to recognize and allow them. I feel like for my whole life, this is what I would do," she discovered. "I now feel comfortable speaking about the things that bother me with my mom and close friends and have even set up sessions to speak to professionals about my mental health."

Pause for a moment and take a breath

NAMI suggests these tips for students:

1. Know you're not alone. NAMI reports that one in five college students is navigating a mental health condition.
2. Exercise, nutrition, and sleep are important. Mental and physical health are connected and influence one another.
3. Know where and when to seek help and whom to talk to. Learn about resources and supports that exist. Contact the counseling center for help learning about them.

4. Understand your health privacy laws. Make a plan on whether and how you will allow your school to share information with your family or a trusted adult.
5. Know your warning signs. Listen to your body to know when you are getting overwhelmed or reaching a point when you need to pause and make a plan or reach out to a counselor, parent, or good friend for help. Common warning signs include:
    a. Feeling sad or withdrawn for two or more weeks
    b. Severe, uncontrollable risk-taking behaviors
    c. Sudden, overwhelming fear for no reason
    d. Not eating or throwing up for weight loss
    e. Seeing, hearing, or believing things that aren't real
    f. Repeated and excessive use of alcohol or drugs
    g. Drastic changes in mood, behavior, personality, or sleeping habits
    h. Extreme difficulty concentrating or staying still
    i. Intense worries or fears that get in the way of daily activities
    j. Trying to harm one's self or planning to do so

Reflect

1. What does mental health mean to you?

2. How do/can you care for your mental health?

3. What are things you do/can do when you're starting to feel overwhelmed?

4. Try it: try one of the strategies listed in this section and reflect on what you noticed. Practice first in a moment that isn't charged.

5. Poetry Connection: what theme is portrayed in Naomi Shihab Nye's poem "Shoulders?" How might this relate to mental health? To what extent do you agree or disagree?

6. Plan ahead: what might you do when you notice a mental health challenge arising for yourself or a friend?

9

Genuine Mental Health

Offering Up the Illusion of Self

"You *are* going to wait and write the last chapter *after* you return from meditation retreat. Right?" Those were the parting words of the last patient I saw before my week off. As I drove home the unspoken expectation of a revelatory retreat and equally extraordinary ending to this book lingered ominously. Thankfully I remembered my Dzogchen teachers insisting that the extraordinary lies in the ordinary. Or, as Mingyur Rinpoche is fond of saying, "Nothing special *is* the best special."

Although ordinariness is the felt-sense of *awakened presence*, its direct realization can feel extraordinary for a mind accustomed to unawareness. Because the sacred ground of awareness underlies all experiences (including the most devastating ones), unfavorable conditions do not pose an impediment to awakening. So when life unfolds as a depressive nightmare, a substance-abusing hell, or an anxiety-ridden prison, liberation from suffering is a mere wakeful moment away.

We are not helpless, and suffering is not inevitable. Embracing delusion as our precious teacher makes fearless reception of the actuality of self-suffering possible. Courageously know the empty transparency of ego wounding, self-fixation and all forms of discursive narration, and your mind will be freed from cognitive-affective enslavement. Liberation is our birthright. So offer up the illusion of the suffering self on the altar of *awakened presence*!

If genuine mental health is your goal (and I pray it is), then I invite you to liberate yourself from the ego's delusions of specialness. The self is just another phenomenon reflected in the mirror of awareness, and not-self is nothing special. If you still cling to the idea that healing resides in truly being seen, then please do the supreme seeing. *See beyond self-delusion.*

Vow that each time you get lost in self-distracting unawareness—misperceiving thoughts as anything other than just thoughts, emotions as anything other than just emotions, experience as anything other than just experience—you will choose to recognize self-delusion and rest effortlessly in the luminosity of awareness. This human life is precious. Don't waste it living in unawareness. Fearlessly, compassionately live in *awakened presence*!

Doing so will open your heart to you as you truly are—a *Bodhisattva*-in-waiting, one who knows suffering and is fully capable of recognizing the utter emptiness of all affliction and alleviation. You have always been that *Bodhisattva*. You have always been the liberating awareness. You have always been the fearless compassion. You have always been the timeless wisdom of an awakened heart-mind. Courageously love yourself and this life enough to recognize its sacredness and aim to liberate all beings by walking the path of *awakened presence*!

Offer up the illusion of being in the present moment! Awareness is not about being in the present moment. Awareness is beyond manifestation and cannot be contained within any particular moment. *Awakened presence* is the effortless, unperturbed, unelaborated reception of experience—not the effort of trying to be in a present moment.

Right now open your awareness to reading these words—the inner voice, the outer movement of the eyes. Rest in the actuality, the natural flow of these phenomena. Don't hold, fix or push away anything about the experience. If you notice ego narratives about who you are or how you are in the experience, shift your awareness back to reading. Or stop reading and rest in the field of mind, allowing awareness to naturally quiet discursive, habitual self-mentation. Rest effortlessly, abiding in the luminosity of knowing itself.

Ultimately, even the illusion of the enlightened self must be renounced. All forms of self sheathe the diamond sword of awareness in concepts. Encased in conceptualizations, perception remains dull and deluded. To bare the sword of nonconceptual awareness, all our concepts—especially those of enlightenment—must be let go. Question all your definitions and concepts of awareness, and give up the idea that it can be maintained indefinitely. Awareness is just another term for being undeluded. It arrives with the recognition of unawareness. When this occurs, leave your mind as it is, and rest effortlessly, wakefully present for the comings and goings of phenomena. "In the end what we learn on the path is there is only a dance between delusion and non-delusion. Recognizing delusion is the true non-delusion" (Thubten, August 15–16, 2013).

Just before his death, the Buddha implored the monks to be a lamp unto themselves. Each of us is that lamp. Luminous awareness lights the lamp. *Awakened presence* is the recognition of the dreamlike nature of illuminated appearances.

May every mind be liberated from all illusions of self-permanence, self-solidity and self-separateness, and may genuine mental health be a reality for all beings everywhere!

> *The dreamlike Buddha came to dreamlike beings.*
> *To show them the dreamlike path to dreamlike enlightenment.*

The dreamlike Buddha came to dreamlike beings.
To show them the dreamlike path to dreamlike enlightenment.

The dreamlike Buddha came to dreamlike beings.
To show them the dreamlike path to dreamlike enlightenment.[1]

Note

1 Source unknown (referred to by Tsoknyi Rinpoche during numerous retreats).

6

Living mindfully

The ultimate aim of learning to use mindfulness skills is not to turn us into effective meditators, but to help us to live each day more mindfully. This means being able to experience each moment through our senses, and being alive to the impact of whatever it is we are doing. Most people can remember the impact of 'special moments' like holding a newborn baby, or their first day in a new job, or buying those boots they saved up for. It can seem as though the rest of our time is the in-between bit; just 'filler' between key events. Some people talk about 'me-time', implying it is a limited commodity to be squeezed into an over-filled schedule, and as though the rest of the time is 'not-me'. At one level, this concept makes sense – our minds have the ability to both create and inhabit a 'virtual reality world', almost like an out-of-body experience. Your body can be in one place, but your mind has already leaped ahead to the next appointment in your diary. The function of mindfulness is to help us to have more *in*-body experiences. Marsha Linehan describes 'participating' as one of the three major skills in mindfulness. In this chapter, we are going to look at the factors that inhibit our ability to participate fully in the moment and explore how to be more open to our moment-by-moment experience.

Obstacles to mindful participation

Before we can engage in mindful participation, it is helpful to consider how being 'unmindful' might lessen the quality of our experience. The following examples might resonate with you:

Jeff is divorced from his wife, and their paths only cross when they meet up at family occasions, such as at their daughter's graduation. During these times, Jeff finds it impossible not to get fixated on memories of their split; he recalls in vivid detail the fights and the hurtful things she said to him. 'I realise that these memories spoil what should be a happy occasion. Instead of being able to focus on the happiness of the day, as soon as I see my ex-wife, I tense up, and then others around me can be affected too.'

Ayesha has her own business and three children at senior school; her life is a constant round of working, driving the children to various activities, helping with homework and looking after the house. She constantly multi-tasks: grabbing lunch at her desk, using the hands-free phone while driving, asking the children about their day as she prepares the evening meal. She feels as though she never gives anything her undivided attention as she juggles competing demands on her time. She recently had to visit the GP and found herself working on her notepad computer in the waiting room. She says, 'half the time, I am so busy I don't even know where I am.' Ayesha worries that she will never get to the end of her to-do list and start to reap the benefits of all her hard work, and that she is somehow missing out as her life rushes past her in a blur of obligations.

Becky told her mindfulness teacher how she had received a call from her friend one evening, who said 'A group of us from Uni were sitting in the coffee shop and you walked past; we could see you strolling along the pavement and we were banging on the window and calling out, but you were in a complete daze, one ear-piece in, listening to your music. By the time we made our way to the entrance, you'd gone, we even called your phone, but you didn't answer.' Becky was disappointed as her friend recounted the amusing stories from the reunion. She wondered how many other things she missed in the same way. 'The thing is', said Becky, 'I wasn't even really listening to the music. Sometimes I walk along in the same daze without my earphones.'

Do you recognise any of this? Has this ever happened to you? Can you think of an example of a time when you were unmindful when it would have been more effective if you could just have been in the experience of the moment?

Often when we point out what people are missing in this way, they tell us, 'But it is essential for me to multi-task; it is the only way I will get everything done.' In the case of Ayesha, if she did not do her computing in the GP waiting room, then when would she do it? And what is the point of 'participating' in being in the waiting room anyway, isn't it just dead time?

It is true that we can snatch moments here and there to cram things into our busy lives, and we do not want to change anything that is already working for you. We only want to enquire about *effectiveness*; what do we think was the quality of the computer work Ayesha did whilst waiting to see the doctor? What was the effect on her mood-state as she perched in the crowded seating area, writing? How do we think this might have affected her consultation with the GP, do we think she was more likely or less likely to recall all her symptoms or ask relevant questions?

It is sometimes incredibly difficult to hold your attention in the present moment. Try this exercise:

> The next time you go from inside a room or building to outside, see if you can hold your attention on that moment of transition. Feel the door handle as you open the door, focus on the weight of it swinging open, notice the change in air pressure, see how the temperature cools as you move from inside to outside. Notice how the sounds alter as you step outside, notice the feel of the surfaces under your feet as you walk from one to the other – the sounds your feet make as they are in contact with that surface. Notice the shapes and colours you can see. What can you smell as you walk along? What do you notice?

We have sometimes asked clients in our mindfulness group to do this as they leave our clinic. Some clients report back that they had already 'lost hold of their mind' before they even heard the click of the door closing behind them. Their minds were filled with images of the drive home, or their shopping list, or perhaps some of the things we had discussed in group. Either way they were not 'fully in' the moment being lived.

The time-travelling mind

Our mind has the capacity to reach forward in time to anticipate what is to come, or backwards to remember what's gone. Sadly, if we do not become more aware of this process, we end up missing out on a huge proportion of our current experiences.

Sometimes we refer to this as the 'time-travelling mind'. When were you last aware that your mind had 'gone' somewhere other than the present? Where was it that it went to? Sometimes we think about our mind visiting one of a group of 'islands':

The island of past memories – thinking about things that have happened. However, we do know that our memories are notoriously unreliable. Have you ever gone back to a place you used to live and been surprised by some component of it?

The island of future plans and predictions – beavering away on this island thoroughly believing that all our plans and predictions are like facts waiting to happen, rather than just ideas in our mind.

The island of the fantasy past – if only I had taken that job, if only I had remembered that important information. Our mind sometimes tricks us into believing that there is an alternative present that we would be living now had we just made the odd change. So

remember the next time you engage in saying, 'if only' that you might as well add in 'and then if only I had picked the correct lottery numbers'. People often make a distinction between something that nearly happened and something very unlikely to have happened, as though the first is more 'real' than the second. But we cannot change the past; in this current moment of history, the fictitiously accepted job or the fictitious lottery win are equally unreal.

The island of future catastrophe – has your mind spent many an hour in this island drumming up a storm about something to come, only to discover it didn't actually happen? And even if it did – was all that catastrophising really helpful?

We need to notice that all these islands are in a different timezone; when we hang out there, we leave the present moment.

This 'islands' metaphor prompted one of our mindfulness students to remark that whenever he had a holiday planned, he would spend all his time thinking about what he would do when he got there, and when he got there, he would spend all his time thinking about what he would do when he got back, so he was never actually *in* the experience of being on holiday.

Sometimes people object that if they are caught up in a memory or association of the past, and they unhook from it to bring their attention to the present moment, then this is somehow invalidating their trauma or their suffering. It is important for you to know that we are only suggesting you learn a skill, one that is designed to give the power back to you to decide where you put your attention. If you practise this skill, you can find that you are still able to access everything that happened to you – but at a time of your own choosing. The idea is that you are not way-laid by painful memories when you don't wish to have them. Then if you choose to remember, you can do that mindfully, too.

Participating in the present moment – how close can you get?

The following exercise is another metaphor, this time hopefully it will encourage you to think about how much you really experience your everyday life.

This exercise is about experiencing football. What would be the difference between you reading a newspaper article about a match that is due to be played next week versus listening to a friend describe a football match he went to? Well for a start, the match in the newspaper isn't a real match, right? It's just an idea of one. The other match did at least take place, but your experience of it is via your friend and what he recalled of the match.

What about listening to your friend talk about that match versus listening to a match live on the radio? Well now at least the match is in the present, and you are involved as it is going on, but you are still having the match interpreted for you rather than witnessing it for yourself. So what if you watch the match live on TV? Well now you can see some of the match for yourself, although you are still seeing it through an intermediary – as you cannot choose to look anywhere other than where the cameraman chooses to show you. Do you think you would be more mindful of the football match if you were watching live on TV or in the stands at the football ground? Most of us would agree that if you were in the crowd, you would get a much fuller experience – the feel of the crowd surging, the chanting, and the smell of the pasty that your neighbour is eating. You can choose to pay attention to the players or anywhere else in the ground, but you would probably be more mindful of what was going on by being physically present. So what if instead of being in the crowd, you were playing in the game? How mindful do you think you would be of the other players, their position, each pass of the ball?

The function of this exercise is to get you to be more aware of when you are joining in with an activity, and when you are simply listening to the commentary of your mind. The trouble is that sometimes we mistake the commentary for the actual event.

Yves was a landscape gardener, and one day, he was building a raised flower bed with a water feature for one of his customers. He had a clear idea in his mind of how he wanted it to look, but he could not get the materials together according to his plan. He ended up with a much less symmetrical pattern to the overall effect. He had to leave work before the homeowner came in from work. When his customer phoned that evening, he did not answer the call, fearing a critical comment. When he listened to the message the next day, the caller said, 'I loved the raised bed, the informal design really blends in.' Yves had mistaken the commentary of his own mind for the reality of the situation.

After one such discussion a member of our mindfulness group told us, 'I spend most of my life listening to a commentary by someone who never even went to the match, and doesn't like football!'

Sometimes when we are teaching this skill in a mindfulness group we have a number of exercises where we ask people to just throw themselves in, trying not to attend to the 'running commentary' of their mind. Here are one or two that you can do by yourself:

Put some music on and just dance, if you notice worry thoughts about how you look or whether you are doing it right, just refocus on the feel of your body as you move. This exercise works best if dancing around to music in the house is just not the kind of thing you would usually do!

Get one of those bubble-blowing kits that children play with, soapy liquid and a bubble wand. Blow bubbles

and just watch them as they float and disappear; if you notice any self-critical thoughts, just return your attention to the bubbles.

Set a timer for 5 minutes and count all the circles you can see in the room.

When doing these unusual activities, the reactions of your mind are likely to be more noticeable as you reflect afterwards – it is much harder to spot your mind's influence in an everyday situation. But when you get used to identifying 'mind-chatter', you can transfer this skill to more routine tasks.

What follows is an example of a typical exchange between a mindfulness teacher and her student after a practice of this type.

Karen *(mindfulness teacher): So what did you notice during that exercise (batting a balloon in the air)?*

Sean *(student): I got really competitive; there was no way I was going to let it drop.*

Karen: *And what happened when you had that thought?*

Sean: *I was up on my toes and my heart was racing every time it went near the floor.*

Karen: *So you didn't get distracted by anything outside of the exercise.*

Sean: *No, I was right in it till the end, I enjoyed it.*

Karen: *What happened to those worry thoughts you had when you arrived?*

Sean: *They went. But I was just distracting myself with this game. I mean, you can't do that all the time. I can't go around batting a balloon over my head all day.*

Karen: *That's true. So if you had spent this 5-minute period worrying, what do you think the outcome would have been? Do you think you'd have solved the problem you are worrying about?*

Sean: *No, my worries are not about stuff you can solve like that.*

Karen: *Hmmm, this is like that chess-board question – is it black squares on a white board or white squares on a*

black board? Did the exercise where you batted a real balloon distract you from your thoughts, or do you think your worry thoughts often take you away from the actual experience of the moment?

Sean: *I see what you mean, but I had something to physically do in this exercise, I'm often not too bad when I keep occupied . . .*

Karen: *Maybe you can start to notice that you are always occupied doing something, even if it is just walking, or just eating, or just sitting. You could try bringing your mind to whatever your arms and legs are doing, instead of batting that 'worry balloon' around inside your head!*

Sean: *It would help if I could, I'll have a go.*

Sometimes you might find that the injunction your mind gives you to NOT do something is so strong that you can't get yourself to do it.

Leah couldn't get herself to dance, even in her kitchen alone. She kept having the thought, 'dancing's not my thing, I'm uncoordinated.' Then she thought, 'Actually, I don't like dancing, so I'm not going to do it. It's completely pointless.' As she left the kitchen she noticed that on the table was an application form for a job that she had tried two or three times to complete and then just abandoned. She realised that thoughts like 'I'm not good enough' had prevented her from filling in the form, and she remembered saying to herself, 'I'm not really bothered, I don't want the job that much, it's pointless filling it in.' She reflected, 'It's true that I don't like either dancing or filling in forms, but I can see that there's a pattern to my thoughts that are not helping me here.' Of all the things that she became aware of during mindfulness practices she reported that this was one of the most helpful.

Real-life practices

At the other end of the spectrum from being mindful in unusual situations is the idea of being mindful in those that

are the most mundane. Here is a description of someone mindfully filling the kettle to make a cup of tea:

> *I am lifting the kettle off its stand and I hear a slight click as I do so. I can feel the coolness of the metal handle under my fingers, and the weight of the empty kettle as I lift it. I hear my footsteps on the tiles as I walk to the tap. I flick open the lid of the kettle and it makes another click. I see the shiny silver sink and draining board. I reach in front of me, feeling the coldness and the knobbly ends of the tap, with a degree of resistance as it turns. I hear a slight high-pitched squeak and then the gushing sound of the water, I see it coming out of the tap in a swirly column of bluish grey and feel the kettle getting heavier as the water rushes inside.*

We urge you to start being mindful of activities that you do regularly – can you make a bowl of cereal mindfully? Have a shower mindfully? Get dressed mindfully? How many things do you do without even thinking about them? When you make the complex movement to get yourself into a car, are you aware of the twisting of your body, the transfer of all your weight onto one leg, the number of muscles involved in your sideways motion as you position yourself squarely in the seat? It's a feat of human engineering, but we don't give it a second thought.

Being open to all experiences, desirable or not

As you begin to live your life more mindfully it is inevitable that you will be more aware of *all* your experiences; some that are pleasant, but others that cause you pain. You might ask, 'Why would I want to be more aware of being in a situation that I don't like?' The following story is a very gentle introduction to the concept of openness.

Before I trained in mindfulness, I took my daughter, aged 5, on the bus. She was thrilled. She loved the jostling sensation,

the disused tickets on the floor, the condensation on the windows, the smell of the diesel, she was fascinated by the other passengers, looking intently as each person pushed past us to get to a seat. In fact, she loved everything that I had come to hate about bus travel. What she loved, to sum it up, was the 'bus-ness' of the bus.

How sad that it should come to this. I would approach this experience with a list of what I considered desirable, and what was undesirable. This notion of judging the experience is not something that we are born with; children start with an interest in everything, they seek out sensations and novelty. But as we age we begin to become choosy, and if we are not careful, we gradually avoid a whole range of activities until only the comfortable ones are left. Our life becomes like a symphony without the low notes.

Here is another example:

I told a friend that I would love to visit the Taj Mahal. She had been there already and told me, 'You don't really want to go there; the terrible heat, the awful smells, the trinket sellers pestering you to buy stuff . . .'

But isn't that the **real** experience of going to the temple? Being there with whatever the sights, sounds and smells truly are? This is the difference between someone who has visited the real thing, and someone who has only seen it in a book or on film.

For many people, the experience of their actual life is not pleasant. At times, everyone has to deal with painful things.

Harold was severely depressed as his wife was dying of cancer. He was admitted to hospital briefly with depression brought on by the stress of it all. When leaving hospital, he was referred for mindfulness sessions. He learned to notice

when his mind was wandering to the future, and to bring it back to this current moment, even though this was a moment of acute sadness. In doing so, he was able to stay with his wife through her last days. He later recounted that some of his most tender moments with her were during that time.

You might be thinking, why would anyone want to be awake and alive to moments of pain and sadness? Isn't it better to mentally distance yourself?

These are four reasons for staying with an experience, even if it is painful:

- We cannot maintain avoidance in the longer term. And when avoidance falters, as it inevitably must, we experience the impact of our pain more acutely.
- We cannot build our resilience without exposure to the situations and emotions that we dislike. When we fight our experience our pain gets bigger, when we experience it, we notice it passing.
- Pain is a natural part of life, and if we try to reject it we also miss out on meaningful activity, our world gets smaller as we try to stay in our comfort zone.
- We cannot solve our problems if we are mentally absent.

Sometimes we practise mindfulness of something unpleasant, deliberately choosing something that will produce discomfort:

Hold out your arms in front of you (if you don't have any physical health problems that would stop you doing this practice). Notice the urge to let them drop down, but keep them straight. Instead of reacting against the discomfort, notice what it is like and see if you can stay with it longer than you would ideally like.

Sit entirely still for 5 minutes. Notice any urges to move, even to swallow, and try to accept them willingly, but without acting on them straight away (it is ok to blink and to breathe!).

The next time you notice it is raining, stand for 2 minutes with the intention of just getting wet. Don't use an umbrella or cover your head or let your face pucker up or your shoulders rise. Just experience the feel of the rain.

When emptying the household waste-bins, do so willingly without trying to rush through to get it done quickly, or distracting yourself with other thoughts.

In each exercise, the active ingredient is willingness to accept the experience without rejecting or escaping from it. Here are some more examples to help you understand why this is necessary:

One summer there seemed to be a particularly large number of wasps around. Whenever a window was opened to let in some fresh air in the stifling heat, within minutes a wasp would fly in. Whenever Jess and her family took a picnic to the river bank, wasps would buzz around investigating all their sugary items. Jess hated wasps and was terrified of being stung, so she spent a lot of her time ducking and shrieking and generally being pretty miserable. One day she was at work and didn't notice a wasp that flew in behind her, stinging her on the shoulder. At first she was mortified, but as the pain of the sting subsided, she said to herself, 'Is that it? This tiny amount of discomfort that fades in minutes? I have spent hours of my summer trying to avoid just 3 minutes of pain.' After that, she made every effort to participate fully in the activity of the day, wasp or no wasp.

Greg was going through a court case with his previous employers. The interviews, statements and court appearances seemed to drag on forever, and when he attended court, all he could think of was 'I don't want to be here.' He found that his muscles were tense, and his answers were curt. He was consumed by the injustice of his position. Drawing on

his mindfulness practice, he decided to fully participate in the court case, despite the fact that he'd rather be anywhere else. When he noticed himself tensing against the situation he allowed his muscles to relax and said to himself, 'I **am** here, there is nowhere else for me to be right now.' Instead of having to drag his mind to the proceedings, he willingly turned his attention to the person who was speaking, and listened mindfully. In his own answers he gave as full and frank account as he could. He released his attachment to things being a different way, and did each task to his full capacity. He noticed that people reacted to him differently, and he felt a sense of peace with himself that really surprised him.

Our final step in this journey of living more mindfully is developing the ability to discern the *richness* of our lives.

Henry was a war veteran. He was describing to his care-worker some of his wartime experiences in great detail, and she was engrossed in his account. He described some very traumatic incidents. As she turned to go, he thanked her for listening and told her, 'Those years were the worst years of my life, and also the best. We lived with the threat of death yet I have never felt more alive. We valued everything, even the ache in our muscles felt good somehow, like we were really working at something.'

Linda picked up her 5-year-old son from school, and they walked home together. She felt his slightly sticky hand in hers, hearing his fast excited voice recounting the day's activity. She felt a spot of rain on the back of her hand, and noticed the smell of the still-damp poster-paint on the picture he had handed her to carry. He stopped to stroke a cat sitting on a wall, and to point at a lorry going past. She reflected that in the past, these things might have irritated her, and she would have said, 'Come on, no dawdling, we need to get home.' But in this moment of insight, she realised that even though tomorrow would be another school-day, these exact circumstances would never happen again.

Living mindfully is the recognition that what is past has gone, and what is to come may never happen. This moment is fleeting, and by being mindful, we can allow ourselves to fully experience everything it has to offer.

Key tasks

- Notice when you are 'unmindful' in everyday life
- Notice when your mind wanders into the past or future
- Notice the capacity you have to be present in your experience or to avoid it
- Do practices that foster mindful participation
- Notice the commentary of your mind pulling you off track
- Be open to the moment even if it is not pleasant
- Accept your current experience