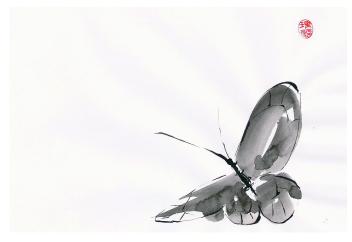
### Working with Anxiety: An Essay on Mindfulness and Psychology

By Salvatore Celiento

© 2015 by Salvatore Celiento. All Rights Reserved. Cover design © 2015 Vanessa Hutchinson. All Rights Reserved. Art © 2015 Salvatore Celiento. All Rights Reserved.

#### Disclaimer

This essay is intended to provide information and for entertainment purposes only. It is sold to you with the understanding that it is solely the opinion of the author and does not constitute any health, psychological, or any other kind of advice whatsoever. The author is not responsible for any specific health needs that may require medical or any other health professional's supervision and is not liable for any damages or negative consequences whatsoever from any action or application to any person by reading or following the information in this essay. References to any subject or author in this essay do not imply any endorsement whatsoever. The subject of this book does not constitute any advice or diagnosis whatsoever. You should seek the services and advice of an appropriately qualified professional before beginning any self-improvement activities. The individual author shall not be liable for any financial, physical, psychological, emotional, health, or commercial damages, including, but not limited to, special, incidental, consequential, or any other damages whatsoever. You are responsible for your own choices, decisions, behaviors, acts, actions, and outcomes by choosing to buy and read this essay.



About the Author

Salvatore Celiento is a professional counselor and educator. He obtained Bachelor of Social Science and Master of Counseling degrees from Australian Universities. Salvatore has been studying Ninjutsu since 1998 and studies the Shakuhachi bamboo flute. His Sumi-e paintings and poetry have been published in literary journals and his writing published on elephantjournal.com. Salvatore studied Tibetan Buddhism formally with Venerable Traleg Kyabgon Rinpoche IX until Rinpoche's passing in 2012, and continues his Buddhist studies with qualified Tibetan Buddhist teachers in Melbourne, Australia.

#### **Table of Contents**

Introduction •1. Mindfulness •Acceptance and Non-attachment •Mindfulness and Anxiety •Meditation, Anxiety, and the Brain •Body Scan and Breath Techniques •Movement-Based Mindfulness •Mindfulness Exercises •Buddhism, Anxiety, and Egolessness •2. Cognitive Behavior Therapy (CBT) •Behaviorism •Cognitions, Emotions, and Anxiety •Cognitive Distortions •Facing your Fears •Activity: Keeping an Anxiety Journal •Conditioning •Conclusion •Bibliography

### Introduction

Some people would love to have an anxiety free life. Anxiety, however, is a part of life. It signals that something is wrong, but an anxiety free life is not necessarily ideal because we can use anxiety to wake ourselves up. We can learn to work with intense emotional energies as an ally on the path to a happier life. Great masters of the past, along with psychologists, have shown that we can work with these uncomfortable energies in a way that softens our hearts and allow us to become more loving and compassionate. Countless people who find themselves with anxiety that causes significant occupational and relational dysfunction have been able to live happier, healthier lives. The wonderful news is that the anxious situation we find ourselves in is a workable situation. This essay will explore a mindfulness approach to anxiety, some common thinking and behavioral patterns that maintain anxiety, mindfulness exercises, movement based mindfulness, and Cognitive Behavior Therapy (CBT) approaches to anxiety, including awareness raising activities, facing fears systematically, and conditioning.

#### 1. Mindfulness

Mindfulness used as a healing response is effective for anxiety amongst other conditions. It is more than a set of techniques for treating a condition, but rather a path and way of life. A mindfulness approach involves bravely and gently bringing our consciousness and awareness to the phenomenal world, our pleasant and unpleasant sensations, as well as thoughts. Through the process of changing our attitudes towards anxiety and facing the feelings we normally avoid, we can learn to behave much more freely in the face of fear. Automatic mental processes that we are usually unaware of maintain anxiety. We may try to habitually escape and avoid anxiety-causing situations, for example, not realizing that this automatic process of avoidance enslaves us further.

Mindfulness has been defined as simply paying attention to the present moment, purposefully, and without judgment. It is also said that to be mindful, is to be mindful of something. In other words, being mindful is to bring a sense of conscious awareness to an object, body part, feeling, thought, image, physical sensation, or any other aspect of our worldly experience. It involves gently placing our attention on, and being aware of, a particular internal or external phenomenon with a clear mind.

The mental processes of attention and awareness are considered by some psychologists to be the two defining characteristics of our consciousness. In this way of viewing our conscious minds, mindfulness is a mental ability by which we can enhance, augment, and enrich our attention. We can become more conscious beings and relate to our ordinary pleasant, painful, and neutral experiences in a healthy, open, and expansive way.

Another way of viewing mindfulness is that it is a set of skills that we can learn. Some examples of these skills include: observing our experiences such as thoughts, emotions, or the sensations that come from our senses; behaving consciously as opposed to responding habitually and harmfully to our outer and inner lives; and non-judgment and acceptance towards our thoughts and emotions, without becoming engrossed or lost in them. These are the skills we practice in sitting mindfulness meditation.

The purpose of mindfulness training is not to change the content of our thoughts. Rather, we learn with practice, to have a non-judgmental attitude towards thoughts, emotions, and physical sensations. We human beings have the tendency to evaluate and label these as positive, negative, or neutral. A mindful approach however, is to simply bring our awareness to our experiences without evaluating them or interpreting them. In other words, it involves the attitude of observing our experiences in their raw, naked form, instead of adding our usual distorted interpretations and judgments.

Mindfulness can be defined therefore, as the skill, meditation practice, and cognitive ability of placing one's attention and awareness on a present internal or external stimulus, without judgement.

#### Acceptance and Non-attachment

One particular attitude of mindfulness is the orientation towards the allowance and acceptance of personal experiences, as opposed to struggling with, repressing, or rejecting them. The mindfulness approach is marked by a position of acceptance, both towards personal experiences, life in general, the present moment, and more specifically towards thoughts, feelings, emotions, and physical sensations. That is not to say we should tolerate abuse or other forms of harm others may attempt to inflict of us. Rather, acceptance in this sense is to realize that all of our experiences, thoughts, sensations, and so on, are a workable situation. We can work with them. We can bring our awareness, consciousness, and a sense of spaciousness to everything we encounter. In the practice of meditation, no attempt should be made to stop thoughts and feelings as if they were an enemy encroaching upon us. Rather, they are allowed, observed, and let go of, followed by a returning to the chosen point of attention, such as for example, the breath. This friendly stance facilitates a decentred relationship to our thoughts, emotions, feelings, and sensations. In other words, when they arise, we generate the ability to avoid automatically and habitually reacting to these events. We also learn to avoid becoming engrossed and swept away by them. The analogy that has been used is that this mindful awareness is like a stable mountain with fierce winds encircling it. We can learn to hold our seat with awareness despite the turbulence of thoughts and emotions. This awareness involves meta-awareness with regards to these thoughts and images - taking the position of observing, rather than being involved in ordinary consciousness.

Non-attachment, another mindfulness principle, relates to our tendency to grasp at certain objects, thoughts, emotions, and situations, considering them as necessary for happiness. This view is linked to the experience of uplifting and valuing pleasant experiences, whilst rejecting unpleasant ones. We ordinarily attempt to eradicate or repress negative, painful, or unwanted experiences. Mindfulness activity, on the other hand, is the practice of sitting with what is and of non-attachment; we let go of thoughts, emotions, notions, and situations that we normally desperately cling to, even pleasant ones. Non-attachment involves the ability to psychologically practice freedom. We are able to move freely in our body, speech, and mind without being compelled to behave compulsively through our attachment and fear of loss. In a similar fashion, referring to the relationship between Zen Buddhism and the art of the sword, it has been said that wondrous freedom of body and mind accompany the person unencumbered and unfettered by attachment. Nonattachment, hence, signifies being unattached to experiences; being able to behave and respond freely in relation to good and bad, positive or negative judgments, and to transcend being caught by fighting and struggling with the given experiences of life.

## -Mindfulness and Anxiety

Anxiety is a reaction to an apparent danger that is related to the uncertain nature of future events. This perceived danger may provoke a fight or flight response and involves multifaceted behavioral, physiological, and cognitive changes. Anxiety can cause significant mental suffering and damage in the social and occupational spheres. It is capable of causing significant levels of distress and life disturbance. Several automatic mental processes involved in an unhealthy coping reaction to anxiety include: bias towards threatening cues; self-critical thoughts; avoidance of or escape from threatening situations or thoughts; judging anxiety symptoms as negative; a fear of anxiety and related symptoms; and clinging and attachment to anxiety related thoughts and sensations.

A bias towards threatening cues for example, causes us to selectively view only the threatening aspects of anxiety producing situations, even when cues indicating safety are present. Mindfulness is helpful in responding to these kinds of biases by experiencing reality with equanimity. Equanimity (Skt. upeksha) refers to being grounded, not being robbed of our wholesomeness by mental states such as excessive desire, anger, or ignorance. When we are anxious, increasing awareness through mindfulness assists in allowing us to perceive these biases as distorted forms of thinking. It brings the knowledge that we are using this mental process into our awareness. Hence, it becomes a situation we can work with.

It is also common for a bias towards threatening cues to be accompanied by self-critical thoughts. A mindfulness approach helps with allowing a decentred relationship to these negative self-appraisals and self-critical cognitions as we, like a warrior of the martial arts, hold our balance despite the force of tempestuous thoughts pushing or pulling us around.

A common strategy that reinforces our anxiety and related patterns is to avoid the things that cause us anxiety. In terms of parenting, one effect of experiencing high levels of anxiety is that parents provide feedback and model maladaptive behaviors such as the avoidance of threatening stimuli that contributes to the increased anxiety of their children. Children can be rewarded for such escape-based behaviors. The use of experiential avoidance as a coping strategy is harmful. A braver, saner approach is to look at what is threatening us. With a mindfulness approach, the use of such maladaptive coping strategies is replaced with more useful responses through the attitude of acceptance and the bringing of awareness, presence, and attention to emotions, thoughts, and sensations experienced. We face it with friendliness and courage. Mindfulness assists in increasing the threshold of anxiety, reducing worry, decreasing anxiety, and involves better coping with problems through a focus on nonjudgement, observation of sensations, and greater acceptance of the difficult aspects of life. Using mindfulness, we are able to face our fears and anxieties by sitting with them, being with them, and bravely tasting anxiety. The acceptance-based orientation involved in this way of being is also related to exposure-based treatments in psychotherapy. Exposure to distressing anxious emotions, thoughts, and sensations through being in the present moment with them, leads to an increased tolerance of such psychological events.

The mindfulness attitudes of acceptance and non-judgement are useful in coping with the distress of experiencing anxiety. More specifically, a helpful mindfulness attitude towards the thoughts, behaviors, and sensations of anxiety involves not viewing them as negative events, in other words, accepting and observing the experiences in a non-evaluative manner. A non-judgemental stance towards the present moment decreases the distress of painful emotions and feelings and is helpful with regards to coping with them at high levels.

With regards to thoughts and emotions, we can become engrossed in them, cling to them, and further, believe these psychic events to be our true selves. In accordance with the Buddhist concepts of impermanence (Skt. annica) and emptiness (Skt. shunyata), the nature of thoughts and emotions is that they are transient and lacking independent inherent existence. That is, they do not last forever and are dependent on causes and conditions to arise. The fact that our anxiety, thoughts, and our selves are not solid, permanent, unchanging phenomena is great news. It means that we able to transform ourselves and relate to others and ourselves in a more constructive, kind, and happiness-inspiring manner.

These attitudes, as well as non-attachment defined as the practice of not clinging to cognitions and emotions but rather allowing them to surface, being present with them, and then letting them go, are potent responses to our habitual ways of responding to anxiety. Letting go in this way can also provide a sense of deep peace, happiness, relief, and healing in relation to stress and tension, as well anxious states.

The maladaptive coping with anxiety is also related to thinking patterns. For this reason, the use of mindfulness is helpful for anxiety by interrupting anxiety causing thinking patterns that lead to maladaptive coping strategies. This interruption is achieved through the repeated returning of our attention to the breath, anxiety, or other stimulus and the letting go of thoughts. The repeated returning to the chosen point of attention after it has wandered is a central instruction in the practice of mindfulness meditation.

#### Meditation, Anxiety, and the Brain

Meditation from a secular perspective, can be conceptualised under the notion of mind-body medicine, a term which implies that the mind and body are inextricably intertwined and able to influence each other. Regular meditation has an effect on grey matter volume and cortical thickness in the brain, which normally decrease as we age. These physiological effects of aging on the brain are reduced in meditators. There are significant differences in the activation of certain sections of the brain, especially those to do with attention and concentration, between expert and novice meditation practitioners. The effects of meditation on the brain in terms of increased coherence, has been shown to be a result of meditation. The changes in EEG brain frequencies seen in meditation practitioners signify an increased ability in terms of the brain's executive functions, neurophysiological integration, tasks involving attention, and mental flexibility.

Well-being and optimal functioning involve neural integration, structurally achieved through linkages or synaptic connections in the brain. Mindfulness meditation affects this neural integration and synaptic wiring. Mindfulness is accountable for the altering of neural networks in the brain, with new ones substituting older ones.

Anxiety can also be directly influenced by meditation at the neurochemical level. Serotonin levels in the brain increase with meditation, which consequently

have positive effects on anxiety. Meditation therefore, has definite neuroanatomical and neurochemical effects on the brain. It has a positive physiological, neurological, cognitive, behavioral, and emotional effect on practitioners.

#### Body Scan and Breath Techniques

The body scan, the mindfulness meditation exercise of systematically bringing one's attention to different parts of the body, produces a greater awareness of the body, which will lead to more effectively dealing with painful emotions such as anxiety. The body scan is effective in reducing anxiety and stress and increases well being, preventing secondary traumatic responses in people who are exposed to hearing about trauma, and influences the cardiovascular system. It is useful for developing both concentration and flexibility of attention, and also for reducing stress.

One reason that mindfulness is useful for responding to anxiety is because you regain psychological balance once you lose it. Having a mindful awareness of the breath for example, is useful for bringing you back to a centred state of balance once thoughts, emotions, or sensations have caused distraction. It brings you back into direct presence and awareness. Focused breathing is an effective healthy response to negative experience. Mindfulness of the breath is a process of waking up, a bringing of attention back to reality even in the midst of pleasant daydreams. Bringing mindfulness to the breath is available to everyone at all times and thus can be practiced especially when we are distressed!

### Movement-Based Mindfulness

The mindfulness based practice of placing one's attention on an internal or external phenomenon can also be practiced informally, outside of formal meditation, such as when walking, painting, playing a musical instrument, or practicing kinaesthetic activities such as the martial arts. Mindfulness-based movement oriented activity is particularly helpful for people with anxiety. These kinds of exercises encourage inner integration, growth, improve self-awareness and awareness of others, being in the moment, and improve the synchronisation between body and mind.

Walking meditation is one mindfulness-based movement activity that reduces stress. It involves bringing your attention to the process of walking, and noticing, observing, and letting go of thoughts as they arise. Ordinarily, walking has an aim or purpose to accomplish whereas in mindfulness-based walking meditation, no purpose exists other than being in the moment. This activity is easily transferable to other daily activities using the body.

Eating mindfully in everyday life also assists in controlling weight as well as having the added benefits of mindfulness mental training. It is useful and helpful for managing obesity and eating disorders involving binge eating. Eating with mindfulness using raisins has been used as an exercise in the mindfulness-based stress reduction (MBSR) programme of Jon Kabat-Zinn. Walking and eating mindfully are ways of incorporating mindfulness into everyday life.

Mindfulness and related principles such as non-attachment, letting go, patience, acceptance, and going beyond the ego have also been linked with the martial arts. Egoism has no place within the martial arts and the transcendence of egoism has also been seen as a result of mindfulness practice. Meditation and contemplation are essential in order to provide the mental development involved in and resultant from the martial arts. Japanese martial arts are also intimately intertwined with Zen Buddhism. The Samurai practiced Zen meditation in order to cultivate the mental acuity, fearlessness of death, bare awareness, and the stabilisation of concentration

that enabled them to face a person wielding a sword capable of cutting them in two pieces.

With regards to the Chinese tradition of Tai Chi on the other hand, mindfulness is an aspect of it in terms of bringing attention to the present, the breath, and observing the mind and body. It increases awareness of the intimate connection between body and mind and also involves the meta-awareness of being able to observe and be distant from emotional responses and triggers. Mindfulness and the martial arts are effective in increasing feelings of wellbeing, self-care, self-awareness, interconnection with nature, and less reactivity, a core component of the mindfulness strategy to dealing with anxiety.

Japanese martial arts, meditation, contemplation, and Zen Buddhism are also intimately linked to brush painting and calligraphy. Further, some forms of mindfulness intervention, mindfulness-based art therapies, involve increased presence in the moment and the non-verbal expression of unpleasant emotions through art. Painting or other creative pursuits, bringing your attention to the breath, your moving hand, your mind or the artwork, and observing thoughts, emotions or sensations, letting them go, and returning to the present moment is classic mindfulness training. An instruction given to me by a senior Buddhist teacher was to paint, and simply observe the mind.

Another mindfulness practice that increases synchronisation between body and mind, provides training in mindfulness skills and behaviors, improves bodily strength and flexibility, increases bodily, cognitive, and emotional awareness, releases stress, and improves general wellbeing is yoga. Yoga can be seen as meditation. Mindfulness-based yoga involves gentle stretching and postures with an awareness of the breath and sensations experienced. Yoga has been used in order to train the mind in awareness, compassion, and wisdom. Further, it increases emotional balance and concentration. Mindfulness-based yoga therefore, is a way of increasing the awareness of the breath and body, and the practice of active, movement-based meditation.

Playing a musical instrument is another example of a movement-based activity that has been combined with mindfulness. Drumming, for example, produces changes in the brain, altered states of consciousness, and the opportunity to coordinate movement and sound. This assists in the increased development of cognitive, physical, and emotional processes. Drumming increases body awareness, attention abilities, and reduces anxiety; processes and results characteristic of mindfulness activity. The combination of mindfulness and drumming provides a powerful form of healing expression. Musical instruments in general provide an opportunity to practice awareness and conscious movement. The monks of the Fuke school of Zen Buddhism for example, played the shakuhachi bamboo flute as a meditation practice.

### Mindfulness Exercises

A specific mindfulness meditation technique is to enter the present moment whenever you are anxious. What does being in the present mean? The masters recommend gently bringing your attention to the feelings you are having. Thus, when you feel afraid, you notice it without trying to change anything. You bring a sense of awareness and clarity to the fear. This is caring for your pain. This kind of practice is similar to exposure therapy for people living with phobias. You allow the anxiety, you notice the fear, and breathe - you turn towards it. You can also combine this practice with diaphragmatic breathing. Even after a short time, mindfulness of your anxiety creates a powerful energy that can protect your mind and heart from harm. Breathing well is an essential component to health. Babies can be observed breathing naturally from the diaphragm. As adults, we often breathe using our upper chest. It is said that incorrect breathing shortens our lives. Try this exercise; gently bring your attention to your centre of gravity four fingers below the navel. Breathe into this point, using the diaphragm, so that the stomach rises. Focusing on this region is grounding, whereas concentrating excessively on the upper regions of the body and head can cause imbalances of energy within the body. If you have also been doing excessive intellectual work and feel it in the upper parts of your body and head, this exercise is grounding. There is a Taoist saying: "A wise person breathes from their heels."

### **Buddhism, Anxiety, and Egolessness**

When we feel anxiety, it seems solid, unchanging, and self-existing. If we look with mindfulness and awareness however, we can observe that anxiety is dependent on a variety of causes and conditions. Such causes and conditions include our thoughts that a something is a threat, our mistaken notion of ego or sense of "I", and contact between a sense object, the sense organs, our consciousness, the environment, our karmic traces and dispositions, our physiological body, and sensations of anxiety in the body. If we observe with awareness, we can notice that anxiety is in constant motion, changing shape and form. Thus, anxiety can be said to be selfless or egoless – not self-existing. It arises and dissipates according to the circumstances.

The practice of intellectually breaking phenomena into parts as a Buddhist study discipline is a type of analytical meditation. According to Buddhism, the nature of conditioned reality has the quality of insubstantiality and emptiness (Skt. shunyata). In other words, if we analyze carefully using the intellect, we can reason that the phenomenal world is made up of aggregates of things coming together. They come together, and they fall apart. Another way of saying this is that phenomena do not inherently exist as permanent, self-existing entities. If that were true, things would be extremely static and there would be no possibility of change. A plum tree for example, is the product of nutrients from soil, rotting vegetation, water, sunlight, oxygen, carbon dioxide, and goes through various changes until final dissolution.

We can break phenomena down into individual parts to reveal their empty nature. We are better able to understand impermanence and emptiness by conceptually dismantling conditioned phenomena in this way. It must be noted that we can have an intellectual understanding of emptiness and impermanence, but spiritual practice leads to a realization of these - realization as deep, permanent experiential comprehension, as opposed to temporary impermanent experiences. This is the fruit of study, contemplation, and meditative practice.

Our ordinary mistaken notion of our self is that it is of a certain type and quality. According to Buddhism, ignorance (Skt. avidya) is the cause of our false belief in a permanent, self-existing ego. We say, "I am an anxious person" as if our personalities were fixed, permanent, and self-existing entities. This is, it is said, a misunderstanding. We can apply the reality of emptiness to our egos or selves by realizing that the entity we call, "I" or "me", is actually a collection of aggregates (Skt. skandha) dependent on causes and conditions. If we could realize the experience of this self as insubstantial and lacking inherent existence, we could liberate ourselves from our static, concrete, and mistaken conceptions and projections of the ego.

In terms of anxiety, this means that through a realization of egolessness, we can view the psychological schemas, emotions, sensations, and solid sense of personhood related to the threat we feel as transparent, empty by nature, and as a workable situation. The ego or self is by no means a permanent, concrete, or unchanging phenomenon. This is positive, because it means we can transcend our fears and restricted way of being. A mindfulness and Buddhist approach therefore, regards our anxiety as a situation that can be transformed and transcended due to its lack of solidity. We do this by looking deeply at our anxiety, analytically with reasoning and experientially through the bare awareness of mindfulness.

# 2. Cognitive Behavior Therapy (CBT)

### Behaviorism

With regards to behavioral psychology, a main theme is concerned with observable behavior; actions that we can see people doing. For example, smiling, yelling, breaking plates, leaving the room when we fear criticism, and so forth are examples of behavior. Measuring behavior, such as for example recording how many times we avoid a feared situation in a week, is an important part of this kind of approach in order to increase our awareness of our anxiety supporting patterns. Changing behavior is also a key idea. If we can change the way we behave, this can have a positive effect on our thoughts and feelings. An example of changing our behavior may be that we stay present with an anxiety-causing situation, even for a few seconds or minutes longer than we usually would, instead of instantly averting ourselves from it.

Behaviorists do not believe that we necessarily need to get to the root or cause of anxiety. Some psychoanalytic therapists may assume that by becoming aware of unconscious traumatic material related to an event that caused the anxiety, we can be freed from it. While this may work sometimes, it is also questionable. From a behavioral perspective, if we have changed our actions so that we no longer avoid a fearsome situation, or do not yell at our romantic partner anymore, then growth and change has taken place. There is no need to find the so-called cause, which may or may not be an accurate representation in any case.

## Cognitions, Emotions, and Anxiety

According to Cognitive Behavior Therapy (CBT), our thoughts, termed cognitions, affect how we feel. Thus, if we hold the belief that something is threatening, we will feel anxiety. Take the example of two people experiencing an earthquake. One person holds the belief that it is not a big deal and thus feels little anxiety. Another person in the same room thinks that they are going to die, and thus feels intense panic and fear. What we think affects how we feel. It is also true however, that our emotional states affect our thinking patterns. For example, if we feel anxious we may start to think that something is wrong - that we are in danger. Thus, thinking and experiencing emotions form a loop system that is mutually reinforcing. In the case of anxiety, our thoughts lead to anxiety, and our anxiety leads to thoughts that further enflame anxiousness.

### **Cognitive Distortions**

Becoming more aware of distorted thinking patterns, and changing and challenging our thoughts has a significant impact on feelings of anxiety. One kind of cognitive distortion is expecting a catastrophe. We may be expecting the worst and think that we will be unable to handle the inevitable disaster. For example, if you want to ask an attractive person out on a date you may be thinking: "I will make a complete fool of myself. They will think I'm an idiot because I will stumble over my words. I won't be able to handle the humiliation. I'll never be in a relationship". This kind of thinking pattern leads to feelings of panic, fear, and worry. Replacing these thoughts with more realistic ones helps with reducing these intense feelings. For example, once we are aware that we are using particular thinking distortion, we can use reason and experimentation to determine whether our beliefs are true. A more realistic approach is to think: "I can handle whatever happens. Even if I make a fool of myself, so what? All people are worthwhile, including myself. If I don't get a date with this person, I can try again with someone else. I've been turned down for a date before and I survived. It's not the end of the world if I don't get this date, even though I want it." Having a more realistic and kind approach leads to feeling more relaxed

and less anxious. This in turn helps us appear more attractive thus helping us achieve our goal of landing a date with someone we find attractive. CBT recommends writing down our cognitive distortions and answering them with a more reasonable, rational approach. Charts and tables such as these are a common tool for working with our thinking patterns.

### Facing your Fears

CBT employs a variety of evidence-based approaches to anxiety. One such approach comes under the category of gradually and gently exposing ourselves to our fears. This approach is called systematic desensitization. It sounds complicated but it's actually very simple. Looking at a particular anxiety and using a scale of one to ten, we develop a hierarchy from least anxiety producing to most. For example, if you have a fear of rats, number one on the hierarchy could be a picture of a cartoon rat. It causes anxiety, but not to the extent that a rat loose in the room does. Next could be a toy rat, causing slightly more anxiety, then a photo of a real rat, and so on up the ladder, perhaps ending in touching a live rat. The general philosophy is that we can start at the lowest level, and expose ourselves to the feared stimuli as often as we can, until we can to move up a step. This facing of our fears in a graduated, gentle style enables us to deal with the fear through facing it. The anxiety response, evidence shows, will decrease as we become accustomed to the feared phenomenon. Before working up the hierarchy, it is also common to learn to enter a relaxed state through the practice of various breathing exercises that can then be combined with the practice of facing our fears sequentially and gradually.

Placing yourself in the place of fear and discomfort can allow you to begin to operate in a much more spacious mental atmosphere. It can allow you to practice bravery, and cultivate positive qualities. Being too comfortable all the time can cause us to become complacent, whereas being thrown into challenging situations can bring out a sense of vigor, discipline, and resourcefulness. The rewards are great but it is very easy, as we know, to succumb to our desire to remain comfortable.

### Activity: Keeping an Anxiety Journal

A helpful technique used in CBT is to write down aspects related to our anxieties. It helps identify the specific thoughts and triggers. For instance, we can think of a situation that caused us distress and note down such points as: "What was I thinking before the anxiety arose?" "What thoughts did I have during and after the anxiety?" "Who was I with before, during, and afterwards?" "What exactly triggered the feelings I had?" "What triggered the thoughts?" "Where was I?"

This line of enquiry will raise our awareness of the patterns, thoughts, feelings, and situations that are related to our anxiety. An example of the discoveries you make through this exercise could include noticing that when you feel anxiety, the beliefs or thoughts you hold include thinking that you will end up homeless and never find a job if you do poorly in a job interview. Similarly, you may be thinking that it will be a catastrophe if the attractive Jane or John you want to ask out on a date says no. Through keeping this kind of journal, you can also discover which physical surroundings and relationships contribute as triggers to anxiety.

### Conditioning

Within CBT, there is the idea that our personalities have their particular characteristics to a great extent, due to learning and conditioning. Positive reinforcement refers to the phenomenon that occurs when we perform a behavior, and that action has a consequence that we find pleasurable. If it is pleasant, we are more likely to repeat that behavior, whereas if we do something and the result is unpleasant, we are more likely to decrease that behavior. We repeat behavior that stops painful experiences also, and that is called negative reinforcement.

These kinds of conditioning are related to anxiety as well, because we can condition ourselves in a way that perpetuates our anxiety. For example, if we are afraid of elevators, when we go near one and our heart starts beating quickly, we have unpleasant sensations, thoughts, and so on, we may avoid that situation by taking the stairs. This very act of avoiding makes us feel better so that we are more likely to keep avoiding that which scares us. We are rewarded for avoiding. The problem is that this avoidance further embroils, compounds, and ensnares us in our anxiety patterns and responses. An important point is that we are capable of reversing the conditioning process though facing our fears and anxieties. Our conditioned patterns are not set in stone.

### Conclusion

A CBT approach to anxiety involves turning towards our fears and taking action that works with these intense emotions. It also involves changing the way we think and behave, and increasing our awareness of the causes and conditions which perpetuate our anxiety. We raise our awareness through observing and measuring the circumstances, feelings, thoughts, and so on surrounding the experience of anxiety. We also, in this approach, change our self-limiting and distorted thinking patterns and attempt to think in healthier, more realistic, positive, and life affirming ways.

A mindfulness approach to anxiety on the other hand, involves seeing our minds more clearly, and applying an open, expansive awareness to ourselves. It allows for less reactivity and greater psychological freedom. In the spirit of acceptance, we can recognise that all aspects of ourselves are workable and can provide a way beyond our ordinary, limited ways of being. Anxiety, in this view, is not something horrible. Rather, if we practice caring for our anxiety in an accepting way, it can become the catalyst for a higher way of being in the world; one characterised not only by a greater tolerance of unpleasant feelings, but also by being woken up from self limiting mental habits.

In both the mindfulness and CBT approaches to anxiety, the idea is that we practice the archetype of the warrior and come into contact with the sensations of anxiety. We face, with gentle bravery, the unpleasant sensations and attempt to sit with them, experience them, and taste the experience of anxiety. We look at it, examine it, and bring our awareness and consciousness to it. The idea is that we can, like a warrior, face what we need to face and eventually, learn to be balanced and at home with unavoidable difficult energies and situations. Anxiety, as I have said, is a workable situation, by no means set in stone. The possibilities of human transformation have been demonstrated by many brave practitioners of meditation and

those who seek to improve themselves through the study of the mind. It is not only possible, but also achievable for human beings to live in a happier way.



## Bibliography

Agarwal, N., Rambaldelli, G., Perlini, C., Dusi, N., Kitis, O., Bellani, M., et al. (2008). Microstructural thalamic changes in schizophrenia: A combined anatomic and diffusion weighted magnetic resonance imaging study. *Journal of Psychiatry and Neuroscience*, 33, 440-448.

Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research and Therapy*, 44, 1849-1858.

Bach, P., & Hayes, S. C. (2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 70, 1129-1139.

Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., et al. (2008). Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. *Assessment*, 15, 329-342.

Beauchemin, J., Hutchins, T. L., & Patterson, F. (2008). Mindfulness meditation may lessen anxiety, promote social skills, and improve academic performance among adolescents with learning disabilities. *Complementary Health Practice Review*, 13, 34-45.

Berceli, D., & Napoli, M. (2006). A proposal for a mindfulness-based trauma prevention program for social work professionals. *Complementary Health Practice Review*, 11, 153-165.

Biggs, Q. M., Kelly, K. S., & Toney, J. D. (2003). The effects of deep diaphragmatic breathing and focused attention on dental anxiety in a private practice setting. *Journal of Dental Hygiene: JDH / American Dental Hygienists' Association*, 77, 105-113.

Block-Lerner, J., Adair, C., Plumb, J. C., Rhatigan, D. L., & Orsillo, S. M. (2007). The case for mindfulness-based approaches in the cultivation of empathy: Does nonjudgmental, present-moment awareness increase capacity for perspective-taking and empathic concern? *Journal of Marital and Family Therapy*, 33, 501-516.

Bögels, S. M., Sijbers, G. F. V. M., & Voncken, M. (2006). Mindfulness and task concentration training for social phobia: A pilot study. *Journal of Cognitive Psychotherapy*, 20, 33-44.

Bonadonna, R. (2003). Mediation's impact on chronic illness. *Holistic Nursing Practice*, 17, 309-319.

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., et al. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors*, 20, 343-347.

Brefczynski-Lewis, J. A., Lutz, A., Schaefer, H. S., Levinson, D. B., & Davidson, R. J. (2007). Neural correlates of attentional expertise in long-term meditation practitioners. *Proceedings of The National Academy of Sciences of the United States of America*, 104, 11483-11488.

Burtt, E., A (Ed.). (1982). *The teachings of the compassionate Buddha. Early discourses, the Dhammapada, and later basic writings*. Ringwood: Mentor.

Cardaciotto, L., Herbert, J. D., Forman, E. M., Moitra, E., & Farrow, V. (2008). The assessment of present-moment awareness and acceptance: The Philadelphia mindfulness scale. *Assessment*, 15, 204-223.

Carlisle, C. (2006). Becoming and un-becoming: The theory and practice of Anatta. *Contemporary Buddhism*, 7, 75-89.

Carmody, J., & Baer, R. A. (2008). Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and wellbeing in a mindfulness-based stress reduction program. *Journal of Behavioral Medicine*, 31, 23-33.

Carr, E., Brockbank, K., Allen, S., & Strike, P. (2006). Patterns and frequency of anxiety in women undergoing gynaecological surgery. *Journal of Clinical Nursing*, 15, 341-352.

Chan, R. C. K., Chen, E. Y. H., Cheung, E. F. C., & Cheung, H. K. (2004). Executive dysfunctions in schizophrenia: Relationships to clinical manifestation. *European Archives of Psychiatry and Clinical Neuroscience*, 254, 256-262.

Coffey, K. A., & Hartman, M. (2008). Mechanisms of action in the inverse relationship between mindfulness and psychological distress. *Complementary Health Practice Review*, 13, 79-91.

Cosoff, S. J., Julian, H., & Cosoff, S. S. S. J. (1998). The prevalence of comorbid anxiety in schizophrenia, schizoaffective disorder and bipolar disorder. *Australian and New Zealand Journal of Psychiatry*, 32, 67-72.

Creswell, J. D., Way, B. M., Eisenberger, N. I., & Lieberman, M. D. (2007). Neural correlates of dispositional mindfulness during affect labeling. *Psychosomatic Medicine*, 69, 560-565.

Cropley, M., Ussher, M., & Charitou, E. (2007). Acute effects of a guided relaxation routine (body scan) on tobacco withdrawal symptoms and cravings in abstinent smokers. *Addiction*, 102, 989-993.

Danion, J.-M., Huron, C., Vidailhet, P., & Berna, F. (2007). Functional mechanisms of episodic memory impairment in schizophrenia. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 52, 693-701.

Davis, L. W., Strasburger, A. M., & Brown, L. F. (2007). Mindfulness: An intervention for anxiety in schizophrenia. *Journal of Psychosocial Nursing and Mental Health Services*, 45, 23-29.

Ditto, B., Eclache, M., & Goldman, N. (2006). Short-term autonomic and cardiovascular effects of mindfulness body scan meditation. *Annals of Behavioral Medicine*, 32, 227-234.

Dowd, T., & McCleery, A. (2007). Elements of Buddhist philosophy in cognitive psychotherapy: The role of cultural specifics and universals. *Journal of Cognitive and Behavioral Psychotherapies*, 7, 67-79.

Drake, K. L., & Kearney, C. A. (2008). Child anxiety sensitivity and family environment as mediators of the relationship between parent psychopathology, parent anxiety sensitivity, and child anxiety. *Journal of Psychopathology and Behavioral Assessment*, 30, 79-86.

Dryden, W., & Still, A. (2006). Historical aspects of mindfulness and selfacceptance in psychotherapy. *Journal of Rational-Emotive & Cognitive Behavior Therapy*, 24, 3-28.

Dwivedi, K. N. (2006). An Eastern perspective on change. *Clinical Child Psychology and Psychiatry*, 11, 205-212.

Eliot, E. (2006). Meditation off the cushion: Helping clients using mind training. *Annals of the American Psychotherapy Association*, 9, 8-15.

Evans, S., Ferrando, S., Findler, M., Stowell, C., Smart, C., & Haglin, D. (2008). Mindfulness-based cognitive therapy for generalized anxiety disorder. *Journal of Anxiety Disorders*, 22, 716-721.

Follette, V., Palm, K. M., & Pearson, A. N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive and Cognitive Behavior Therapy*, 24, 45-61.

French, J. (2006). Self within the Matrix. Group Analysis, 39, 243-256.

Gaudiano, B. A., & Herbert, J. D. (2006). Acute treatment of inpatients with psychotic symptoms using acceptance and commitment therapy: Pilot results. *Behaviour Research and Therapy*, 44, 415-437.

Goodwin, R. D., Amador, X. F., Malaspina, D., Yale, S. A., Goetz, R. R., & Gorman, J. M. (2003). Anxiety and substance use comorbidity among inpatients with schizophrenia. *Schizophrenia Research*, 61, 89.

Gregory, A. M., Caspi, A., Moffitt, T. E., Koenen, K., Eley, T. C., & Poulton, R. (2007). Juvenile mental health histories of adults with anxiety disorders. *The American Journal of Psychiatry*, 164, 301-308.

Gross, C. R., Kreitzer, M. J., Russas, V., Treesak, C., Frazier, P. A., & Hertz, M. I. (2004). Mindfulness meditation to reduce symptoms after organ transplant: A pilot study. *Alternative Therapies in Health And Medicine*, 10, 58-66.

Hamilton, N. A., Kitzman, H., & Guyotte, S. (2006). Enhancing health and emotion: Mindfulness as a missing link between cognitive therapy and positive psychology. *Journal of Cognitive Psychotherapy*, 20, 123-134.

Hanh, T. N. (2006). *True love. A practice for awakening the heart*. Boston: Shambhala Publications, Inc.

Hansen, G. (1995). Schizophrenia or spiritual crisis? On "raising the kundalini" and its diagnostic classification. *Ugeskrift For Laeger*, 157, 4360-4362.

Harrison, P. J. (2004). The hippocampus in schizophrenia: A review of the neuropathological evidence and its pathophysiological implications. *Psychopharmacology*, 174, 151-162.

Hassed, C. (2002). *Know thyself. The stress release programme*. Melbourne: Michelle Anderson Publishing, Pty Ltd.

Hayes, S. C. (2003). Mindfulness: Method and process. *Clinical Psychology: Science and Practice*, 10, 161-165.

Hirst, I. S. (2003). Perspectives of mindfulness. *Journal of Psychiatric and Mental Health Nursing*, 10, 359-366.

Ivanovski, B., & Malhi, G. S. (2007). The psychological and neurophysiological concomitants of mindfulness forms of meditation. *Acta Neuropsychiatrica*, 19, 76-91.

Kabat-Zinn, J. (1990). Full catastrophe living: The program of the stress reduction clinic at the university of Massachusetts medical centre. New York: Delta.

Kabat-Zinn, J. (1994). Wherever you go, there you are: Mindfulness meditation in everyday life. New York: Hyperion.

Kabat-Zinn, J., Massion, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., et al. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *The American Journal of Psychiatry*, 149, 936-943.

Keefe, R. S. E., Poe, M. P., McEvoy, J. P., & Vaughan, A. (2003). Source monitoring improvement in patients with schizophrenia receiving antipsychotic medications. *Psychopharmacology*, 169, 383.

Kostanski, M., & Hassed, C. (2008). Mindfulness as a concept and a process. *Australian Psychologist*, 43, 15-21.

Koszycki, D., Benger, M., Shlik, J., & Bradwejn, J. (2007). Randomized trial of a meditation-based stress reduction program and cognitive behavior therapy in generalized social anxiety disorder. *Behaviour Research and Therapy*, 45, 2518-2526.

Kumar, S. M. (2002). An introduction to Buddhism for the cognitivebehavioral therapist. *Cognitive and Behavioral Practice*, 9, 40-43.

Ladoceour, L. (2007). Deep retreat. Yoga Journal(200), 136-137.

Lansky, E. P., & St Louis, E. K. (2006). Transcendental meditation: A double-edged sword in epilepsy? *Epilepsy and Behavior: E&B*, 9, 394-400.

Lau, M. A., & McMain, S. F. (2005). Integrating mindfulness meditation with cognitive and behavioural therapies: The challenge of combining acceptanceand change-based strategies. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 50, 863-869.

Lavey, R., Sherman, T., Mueser, K. T., Osborne, D. D., Currier, M., & Wolfe, R. (2005). The effects of yoga on mood in psychiatric inpatients. *Psychiatric Rehabilitation Journal*, 28, 399-402.

Leahy, D. (2004). How and why movement works: A movement workshop for adults with schizophrenic disorders. *Social Work with Groups*, 27, 113-127.

Leigh, J., Bowen, S., & Marlatt, G. A. (2005). Spirituality, mindfulness and substance abuse. *Addictive Behaviors*, 30, 1335-1341.

Low, S.-C. (2006). Romancing emptiness. *Contemporary Buddhism*, 7, 129-147.

Lu, J. S., & Pierre, J. M. (2007). Psychotic episode associated with Bikram yoga. *American Journal of Psychiatry*, 164, 1761-1761.

Luquette, J. (2007). Stress, compassion fatigue, and burnout: Effective selfcare techniques for oncology nurses. *Oncology Nursing Forum*, 34, 490-490.

Lysaker, P. H., & Salyers, M. P. (2007). Anxiety symptoms in schizophrenia spectrum disorders: Associations with social function, positive and negative symptoms, hope and trauma history. *Acta Psychiatrica Scandinavica*, 116, 290-298.

Margolin, A., Schuman-Olivier, Z., Beitel, M., Arnold, R. M., Fulwiler, C. E., & Avants, S. K. (2007). A preliminary study of spiritual self-schema (3-S(+)) therapy for reducing impulsivity in HIV-positive drug users. *Journal of Clinical Psychology*, 63, 979-999.

McKee, L., Zvolensky, M. J., Solomon, S. E., Bernstein, A., & Leen-Feldner, E. (2007). Emotional-vulnerability and mindfulness: A preliminary test of associations among negative affectivity, anxiety sensitivity, and mindfulness skills. *Cognitive Behaviour Therapy*, 36, 91-101. Michalon, M. (2001). "Selflessness" in the service of the ego: Contributions, limitations and dangers of Buddhist psychology for western psychotherapy. *American Journal of Psychotherapy*, 55, 202-218.

Miller-Lane, J. (2007). The loyal opposition & the practice of Aikido. *Journal of Asian Martial Arts, 16*, 64-81.

Mohandas, E. (2008). Neurobiology of spirituality. *Mens Sana Monographs*, 6, 63-80.

Monti, D. A., Peterson, C., Kunkel, E. J. S., Hauck, W. W., Pequignot, E., Rhodes, L., et al. (2006). A randomized, controlled trial of mindfulness-based art therapy (MBAT) for women with cancer. *Psycho-Oncology*, 15, 363-373.

Norbu, T. (2006). *A cascading waterfall of nectar*. Boston: Shambhala Publications, Inc.

Oken, B. S., Zajdel, D., Kishiyama, S., Flegal, K., Dehen, C., Haas, M., et al. (2006). Randomized, controlled, six-month trial of yoga in healthy seniors: Effects on cognition and quality of life. *Alternative Therapies in Health and Medicine*, 12, 40-47.

Oliveira, N., Chianca, T., & Rassool, G. H. (2008). A validation study of the nursing diagnosis anxiety in Brazil. *International Journal of Nursing Terminologies and Classifications*, 19, 102-110.

Ospina, M. B., Bond, K., Karkhaneh, M., Tjosvold, L., Vandermeer, B., Liang, Y., et al. (2007). Meditation practices for health: State of the research. *Evidence Report/Technology Assessment*(155), 1-263.

Ossoff, J. (1993). Reflections of Shaktipat: Psychosis or the rise of kundalini? A case study. *Journal of Transpersonal Psychology*, 25, 29-42.

Ott, M. J. (2004). Mindfulness meditation: A path of transformation & healing. *Journal of Psychosocial Nursing and Mental Health Services*, 42, 22.

Pagnoni, G., & Cekic, M. (2007). Age effects on gray matter volume and attentional performance in Zen meditation. *Neurobiology of Aging*, 28, 1623-1627.

Pallanti, S., Quercioli, L., & Hollander, E. (2004). Social Anxiety in Outpatients With Schizophrenia: A Relevant Cause of Disability. *American Journal of Psychiatry*, 161, 53-58.

Pelled, E. (2007). Learning from experience: Bion's concept of reverie and Buddhist meditation. A comparative study. *The International Journal of Psycho-Analysis*, 88, 1507-1526.

Poreh, A. M., Chapin, K., Rosen, M. D., & Youssef, I. (1994). Correlations between the MMPI and the scale for the assessment of positive symptoms and the

scale for the assessment of negative symptoms in schizophrenic patients. *Journal of Personality Assessment*, 63, 275.

Price, C. J., McBride, B., Hyerle, L., & Kivlahan, D. R. (2007). Mindful awareness in body-oriented therapy for female veterans with post-traumatic stress disorder taking prescription analgesics for chronic pain: A feasibility study. *Alternative Therapies in Health And Medicine*, 13, 32-40.

Richo, D. (2002). *How to be an adult in relationships. The five keys to mindful loving.* Boston: Shambhala Publications, Inc.

Ross, R., Sawatphanit, W., & Suwansujarid, T. (2007). Finding peace (Kwam Sa-ngob Jai): A Buddhist way to live with HIV. *Journal of Holistic Nursing*, 25, 228-235.

Roth, B. (1997). Mindfulness-based stress reduction in the inner city. *Advances*, 13, 50-58.

Sasser, H. (2008). Mindfulness meditation and 'normal stress.' *Alternative Medicine Alert*, 11, 99-101.

Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling and Development*, 86, 47-56.

Segal, V. Z., Williams, G. J. M., & Teasdale, D. J. (2002). *Mindfulness-based cognitive therapy for depression. A new approach to preventing relapse*. New York: The Guilford Press.

Semple, R. J., Reid, E. F. G., & Miller, L. (2005). Treating anxiety with mindfulness: An open trial of mindfulness training for anxious children. *Journal of Cognitive Psychotherapy*, 19, 379-392.

Sethi, S., & Bhargava, S. C. (2003). Relationship of meditation and psychosis: Case studies. *Australian and New Zealand Journal of Psychiatry*, 37, 382-382.

Siegel, D., J. (2007). *The mindful brain*. New York: W.W. Norton & Company, Inc.

Singh, N. N., Lancinoi, G. E., Winton, A. S. W., Fisher, B. C., Wahler, R. G., McAleavy, K., et al. (2006). Mindful parenting decreases aggression, noncompliance, and self-injury in children with autism. *Journal of Emotional and Behavioral Disorders*, 14, 169-177.

Singh, N. N., Lancioni, G. E., Singh, A. N., Winton, A. S. W., Singh, J., McAleabey, K. M., et al. (2008). A mindfulness-based health wellness program for managing morbid obesity. *Clinical Case Studies*, 7, 327-339. Singh, N. N., Lancioni, G. E., Singh, A. N., Winton, A. S. W., Singh, J., McAleavey, K. M., et al. (2008). A mindfulness-based health wellness program for an adolescent with Prader-Willi syndrome. *Behavior Modification*, 32, 167-181.

Smith, B. W., Shelley, B. M., Dalen, J., Wiggins, K., Tooley, E., & Bernard, J. (2008). A pilot study comparing the effects of mindfulness-based and cognitivebehavioral stress reduction. *Journal of Alternative and Complementary Medicine*, 14, 251-258.

Soho, T. (1992). *Immovable wisdom. The art of Zen strategy. The teachings of Takuan Soho* (N. Hirose, Trans.). Brisbane: Element.

Stanley, S., Reitzel, L. R., Wingate, L. R., Cukrowicz, K. C., Lima, E. N., & Joiner Jr, T. E. (2006). Mindfulness: A primrose path for therapists using manualized treatments? *Journal of Cognitive Psychotherapy*, 20, 327-335.

Steven, C. H., & Chad, S. (2004). Operationalizing Mindfulness Without Unnecessary Attachments. *Clinical Psychology: Science & Practice*, 11, 249-254.

Tardieu, S., Micallef, J., Gentile, S., & Blin, O. (2003). Weight gain profiles of new anti-psychotics: public health consequences. *Obesity Reviews*, 4, 129-138.

Tibbo, P., Swainson, J., Chue, P., & LeMelledo, J.-M. (2003). Prevalence and relationship to delusions and hallucinations of anxiety disorders in schizophrenia. *Depression and Anxiety (1091-4269)*, 17, 65-72.

Toneatto, T., & Nguyen, L. (2007). Does mindfulness meditation improve anxiety and mood symptoms? A review of the controlled research. *Canadian Journal* of Psychiatry. Revue Canadienne de Psychiatrie, 52, 260-266.

Travis, F., & Arenander, A. (2006). Cross-sectional and longitudinal study of effects of transcendental meditation practice on interhemispheric frontal asymmetry and frontal coherence. *The International Journal of Neuroscience*, 116, 1519-1538.

Trungpa, C. (1973). *Cutting through spiritual materialism*. Boston: Shambhala Publications, Inc.

Trungpa, C. (1981). *Training the mind and cultivating loving-kindness*. Boston: Shambhala Publications, Inc.

Trungpa, C. (1988). *Shambhala. The sacred path of the warrior*. Boston: Shambhala Publications, Inc.

Tyson, P. D., & Pongruengphant, R. (2007). Buddhist and Western perspectives on suffering, stress, and coping. *Journal of Religion and Health*, 46, 351-357.

Vujanovic, A. A., Zvolensky, M. J., Bernstein, A., Feldner, M. T., & McLeish, A. C. (2007). A test of the interactive effects of anxiety sensitivity and

mindfulness in the prediction of anxious arousal, agoraphobic cognitions, and body vigilance. *Behaviour Research and Therapy*, 45, 1393-1400.

Wada, S. (2008). Kendo & shodo in life: A long-lasting association between the way of the sword and the brush. *Journal of Asian Martial Arts*, 17, 50-53.

Wall, R. B. (2005). Tai Chi and mindfulness-based stress reduction in a Boston public middle school. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates and Practitioners*, 19, 230-237.

Waller, B., Carlson, J., & Englar-Carlson, M. (2006). Treatment and relapse prevention of depression using mindfulness-based cognitive therapy and Adlerian concepts. *Journal of Individual Psychology*, 62, 443-454.

Weems, C. F., Costa, N. M., Watts, S. E., Taylor, L. K., & Cannon, M. F. (2007). Cognitive errors, anxiety sensitivity, and anxiety control beliefs. *Behavior Modification*, 31, 174-201.

Williams, J. M. G., Alatiq, Y., Crane, C., Barnhofer, T., Fennell, M. J. V., Duggan, D. S., et al. (2008). Mindfulness-based cognitive therapy (MBCT) in bipolar disorder: Preliminary evaluation of immediate effects on between-episode functioning. *Journal of Affective Disorders*, 107, 275-279.

Winkelman, M. (2003). Complementary therapy for addiction: "Drumming out drugs". *American Journal of Public Health*, 93, 647-651.