

SAMPLE MEDITATION RESEARCH WINTER 2008-2009

Courtesy of Meditationlist [meditationlist@lists.wisc.edu]

Birnbaum, L. (2008). "The use of mindfulness training to create an 'accompanying place' for social work students." *Social Work Education* **27**(8): 837-852. Social work students experience emotional stress while having to perform and meet expectations from both academy and field. They may often feel physically and emotionally overwhelmed while struggling to make the time and space to fully process the varied experiences involved. There seems to be an unmet need for an 'accompanying place' where thoughts, feelings and dilemmas can be observed in a non-evaluative way. Mindfulness has evolved lately as an efficient therapeutic technique in therapy. This paper describes a technique that applies mindfulness meditation in a group format in order to create a broader and richer learning experience that answers students' emotional needs. The group met for eight weeks. Its goals were to enhance self-awareness and increase emotional support in handling field and academic stressors while experiencing different states of consciousness. Findings show that students were able to acquire new knowledge about themselves, experience autonomy in learning self-containment and regulation, and gain insights regarding their professional self-concept. Significance for social work training is discussed. (PsycINFO Database Record (c) 2009 APA) (journal abstract)

Brotto, L. A., M. Krychman and P. Jacobson (2008). "Eastern approaches for enhancing women's sexuality: Mindfulness, acupuncture, and yoga." *Journal of Sexual Medicine* **5**(12): 2741-2748.

Introduction. A significant proportion of women report unsatisfying sexual experiences despite no obvious difficulties in the traditional components of sexual response (desire, arousal, and orgasm). Some suggest that nongoal-oriented spiritual elements to sexuality might fill the gap that more contemporary forms of treatment are not addressing. Aim. Eastern techniques including mindfulness, acupuncture, and yoga, are Eastern techniques, which have been applied to women's sexuality. Here, we review the literature on their efficacy. Methods. Our search revealed two empirical studies of mindfulness, two of acupuncture, and one of yoga in the treatment of sexual dysfunction. Main Outcome Measure. Literature review of empirical sources. Results. Mindfulness significantly improves several aspects of sexual response and reduces sexual distress in women with sexual desire and arousal disorders. In women with provoked vestibulodynia, acupuncture significantly reduces pain and improves quality of life. There is also a case series of acupuncture significantly improving desire among women with hypoactive sexual desire disorder. Although yoga has only been empirically examined and found to be effective for treating sexual dysfunction (premature ejaculation) in men, numerous historical books cite benefits of yoga for women's sexuality. Conclusions. The empirical literature supporting Eastern techniques, such as mindfulness, acupuncture, and yoga, for women's sexual complaints and loss of satisfaction is sparse but promising. Future research should aim

to empirically support Eastern techniques in women's sexuality. (PsycINFO Database Record (c) 2009 APA) (journal abstract)

Chadwick, P., M. Hember, J. Symes, E. Peters, E. Kuipers and D. Dagnan (2008). "Responding mindfully to unpleasant thoughts and images: reliability and validity of the Southampton Mindfulness Questionnaire (SMQ)." *British journal of clinical psychology*, vol **47**(4): 451-455.

Objective. To assess the reliability and validity of the Southampton mindfulness questionnaire (SMQ), a 16-item measure of mindful awareness of distressing thoughts and images. Methods. A total of 256 people participated, comprising a non-clinical community sample of 134 (83 meditators and 51 non-meditators) and a clinical sample of 122 people with a current distressing psychosis. To assess concurrent validity, non-clinical participants and half clinical participants (total 197 participants) completed the mindful attention awareness scale (MAAS). Predicted links were assessed with affect, and 59 patients completed a validated measure to assess link between mindfulness and intensity of 'delusional' experience. Results. The scale has a single factor structure, was internally reliable, significantly correlated with the MAAS, showed expected associations with affect, and distinguished among meditators, non-meditators and people with psychosis. Conclusions. The data support use of the SMQ in clinical practice and research to assess mindful responding to distressing thoughts and images.; Reprinted by permission of the British Psychological Society

Choi-Kain, L. W. and J. G. Gunderson (2008). "Mentalization: Ontogeny, assessment, and application in the treatment of borderline personality disorder." *American Journal of Psychiatry* **165**(9): 1127-1135.

This article aims to review the development of the concept of mentalization, its applications in the understanding and treatment of borderline personality disorder, and the issue of its assessment. While conceptually derivative of theory of mind, Fonagy's concept of mentalization concerns more affectively and interpersonally complex understandings of oneself and others, reflecting abilities that enable an individual not only to navigate the social world effectively but also to develop an enriched, stable sense of self. The components of mentalization can be organized around self-/other-oriented, implicit/explicit, and cognitive/affective dimensions. Concepts of mindfulness, psychological mindedness, empathy, and affect consciousness are shown to partially overlap with mentalization within these three dimensions. Mentalization is assessed by the measure of reflective function, a scale to be used adjunctively on semistructured narrative interviews such as the Adult Attachment Interview. Its validity has not been fully tested, and its usage has been hampered by the time and expense it requires. Although the concept of mentalization is a useful heuristic that enables clinicians to adopt a coherent treatment approach, it may be too broad and multifaceted to be operationalized as a marker for specific forms of psychopathology such as borderline personality disorder. Research elucidating the relationship between reflective function, overlapping concepts, and features of borderline psychopathology is needed. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Cohn, S. (2008). "Making objective facts from intimate relations: the case of neuroscience and its entanglements with volunteers." *History of the human sciences*, vol **21**(4): 86-103. This article explores the way in which the practice of neuroscience, in the form of contemporary brain-imaging, has to actively define and isolate aspects of mindfulness as solely contained within the individual. Although hidden from final scientific accounts, at the centre of this process is the need for the researchers to forge brief but intimate and personal relationships with the volunteers in their studies. With their increasing interest in studying more and more complex mental processes, and in particular as researchers focus on what they term 'the social brain', a potential paradox arises from the commitment to the straightforward location of brain function and recognition of the more distributed and intersubjective nature of the objects of their study. Consequently, in order to elicit specific mental activities, such as empathy, the scientists inevitably employ a range of socially based resources, which includes establishing a personal relationship with the volunteers. The scientists themselves see this as ensuring that they can trust that the volunteers will participate in the ways intended. But in contrast, the article argues that the central feature is actually the creation of a sense of intimacy, which serves to align the expectations and experiences of volunteer and researcher. Yet, while this relationship is necessary in order to ensure the required mental state is generated, during the experiment itself a great deal of work is then done to ensure it can be excluded from the final conceptualization of mental activity.; Reprinted by permission of Sage Publications Ltd

Craigie, M. A., C. S. Rees, A. Marsh and P. Nathan (2008). "Mindfulness-based cognitive therapy for generalized anxiety disorder: A preliminary evaluation." *Behavioural and Cognitive Psychotherapy* **36**(5): 553-568.

Mindfulness training has been proposed as a potentially important new approach for the treatment of generalized anxiety disorder (GAD). However, to date only a few studies have investigated mindfulness training for GAD. The aim of this study was to further investigate symptom change and recovery in pathological worry after mindfulness-based cognitive therapy (MBCT) using an uncontrolled pre-post design. Twenty-three adults with a primary diagnosis of GAD participated in the study. The MBCT program involved 9 weekly 2-hour group sessions, a post-treatment assessment session, and 6-week and 3-month follow-up sessions. Intent-to-treat analysis revealed significant improvements in pathological worry, stress, quality of life, and a number of other symptoms at post-treatment, which were maintained at follow-up. Attrition was also low, and MBCT was perceived as a credible and acceptable intervention. However, when applying standardized recovery criteria to pathological worry scores, the rate of recovery at post-treatment was very small, although improved at follow-up. Overall, the findings suggest MBCT is definitely worthy of further investigation as a treatment option for GAD, but falls well short of outcomes achieved by past research. Possible reasons for the poor rate of recovery, implications, and limitations are briefly outlined. (PsycINFO Database Record (c) 2009 APA) (journal abstract)

Eisendrath, S. J., K. Delucchi, R. Bitner, P. Fenimore, M. Smit and M. McLane (2008). "Mindfulness-based cognitive therapy for treatment-resistant depression: A pilot study." *Psychotherapy and Psychosomatics* **77**(5): 319-320.

The paper report on a pilot study of mindfulness-based cognitive therapy (MBCT) for treatment-resistant depression (TRD). This pilot study was a nonrandomized, single-site, open study of MBCT augmentation of psychotherapy and medication treatment for currently depressed patients with TRD. All participants had failed to remit with at least 2 antidepressant treatments. The study took place at the Langley Porter Adult Psychiatry Clinic at the University of California, San Francisco. The participants were outpatients with a DSM-IV diagnosis of major depression at the start of the present episode and confirmed prior to entry to MBCT. There were 6 MBCT groups, which ranged from 7 to 12 members per group. The treatment consisted of eight 2-hour weekly sessions which were led by a psychiatrist and cotherapist. We estimated the correlation between the change in mindfulness measured by the Freiburg Mindfulness Inventory (FMI) and the change in Beck Depression Inventory (BDI) score and found a coefficient of -0.31 ($p = 0.11$). This was limited by our small sample size and could become significant with more subjects. We found no evidence that more severely depressed patients had difficulty learning MBCT. We found significantly decreased depression and anxiety levels as measured by the BDI and Beck Anxiety Inventory for individuals with TRD who completed MBCT. Increased mindfulness was associated with decreased depression levels. (PsycINFO Database Record (c) 2008 APA)

Franzblau, S. H., S. Echevarria, M. Smith and T. E. Van Cantfort (1800). "A preliminary investigation of the effects of giving testimony and learning yogic breathing techniques on battered women's feelings of depression." *Journal of Interpersonal Violence*, vol **23**(12): 1800-1808.

Researchers have shown that mood and sense of control over one's life are significantly affected by testimony and other forms of disclosure and that learning to control breathing has positive effects on mood and anxiety. This preliminary experiment tests whether African American and European American abused women who give testimony about their experiences of intimate partner violence and learn how to use yogic breathing techniques have reduced feelings of depression. Results indicate that learning yogic breathing techniques alone and combined with giving testimony significantly reduces feelings of depression. Recasting women as authorities on domestic violence and teaching them how to calm their minds by focusing on yogic breathing may be simple and effective ways to help women take control over their bodies and lives. [Author Abstract]KEY WORDS: IPV; abused women; domestic violence; depression; disclosure; testimony; yoga; yogic breathing; pranayama

Fredrickson, B. L., M. A. Cohn, K. A. Coffey, J. Pek and S. M. Finkel (2008). "Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources." *Journal of Personality and Social Psychology*. Vol. **95**(5): 1045-1062.

B. L. Fredrickson's (1998, 2001) broaden-and-build theory of positive emotions asserts that people's daily experiences of positive emotions compound over time to build a variety of consequential personal resources. The authors tested this build hypothesis in a field experiment with working adults ($n = 139$), half of whom were randomly-assigned to begin a practice of loving-kindness meditation. Results showed that this meditation practice produced increases over time in daily experiences of

positive emotions, which, in turn, produced increases in a wide range of personal resources (e.g., increased mindfulness, purpose in life, social support, decreased illness symptoms). In turn, these increments in personal resources predicted increased life satisfaction and reduced depressive symptoms. Discussion centers on how positive emotions are the mechanism of change for the type of mind-training practice studied here and how loving-kindness meditation is an intervention strategy that produces positive emotions in a way that outpaces the hedonic treadmill effect. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Ginsburg, L. M. (2008). "Meditation, the Freud family and poets." *The American Journal of Psychoanalysis* **68**(3): 295-300.

The savoring of yellow Tyrolean laburnum blossoms became a summer vacation rite of the Freud family. It was reminiscent of their paterfamilias's infantile "Dandelion in the Green Meadow" dream-scape. We may ponder whether Freud's adolescent olfactory memories were similarly "re-rooted" in Freiberg as a 17-year-old where many hours were "passed by him in solitary walks through the lovely woods" he had found once more. (PsycINFO Database Record (c) 2009 APA) (journal abstract)

Hanstede, M., Y. Gidron and I. Nyklacek (2008). "The effects of a mindfulness intervention on obsessive-compulsive symptoms in a non-clinical student population." *Journal of Nervous and Mental Disease* **196**(10): 776-779.

This controlled pilot study tested the effects of a mindfulness intervention on obsessive compulsive disorder (OCD) symptoms and tested the psychological processes possibly mediating such effects. Participants with OCD symptoms (12 women, 5 men) received either mindfulness training (N = 8) or formed a waiting-list control group (N = 9). Meditation included 8 group meetings teaching meditative breathing, body-scan, and mindful daily living, applied to OCD. The intervention had a significant and large effect on mindfulness, OCD symptoms, letting go, and thought-action fusion. Controlling for changes in "letting go," group effects on change in OCD symptoms disappeared, pointing at a mediating role for letting go. This may be the first controlled study demonstrating that a mindfulness intervention reduces OCD symptoms, possibly explained by increasing letting go capacity. If replicated in larger and clinical samples, mindfulness training may be an alternative therapy for OCD. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Howell, A. J., N. L. Digdon, K. Buro and A. R. Sheptycki (2008). "Relations among mindfulness, well-being, and sleep." *Personality and Individual Differences* **45**(8): 773-777. The current study tested predictions that well-being and mindfulness are positively associated with sleep quality and with a morning circadian preference. A model was also tested wherein mindfulness directly predicts well-being and indirectly predicts well-being through improved sleep quality. Results from a sample of 305 undergraduates revealed positive associations among measures of emotional, psychological, and social well-being, mindfulness, sleep quality, and morningness. A path analysis yielded support for mindfulness as a direct predictor of well-being and for mindfulness as an indirect predictor of wellbeing, mediated by sleep quality. Results are considered in terms of additional plausible relationships between mental

health and sleep, and in terms of suggestions for future work. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Kuyken, W., S. Byford, R. S. Taylor, E. Watkins, E. Holden, K. White, B. Barrett, R. Byng, A. Evans, E. Mullan and J. D. Teasdale (2008). "Mindfulness-based cognitive therapy to prevent relapse in recurrent depression." *Journal of Consulting and Clinical Psychology*. Vol. **76**(6): 966-978.

For people at risk of depressive relapse, mindfulness-based cognitive therapy (MBCT) has an additive benefit to usual care (H. F. Coelho, P. H. Canter, & E. Ernst, 2007). This study asked if, among patients with recurrent depression who are treated with antidepressant medication (ADM), MBCT is comparable to treatment with maintenance ADM (m-ADM) in (a) depressive relapse prevention, (b) key secondary outcomes, and (c) cost effectiveness. The study design was a parallel 2-group randomized controlled trial comparing those on m-ADM (N = 62) with those receiving MBCT plus support to taper/discontinue antidepressants (N = 61). Relapse/recurrence rates over 15-month follow-ups in MBCT were 47%, compared with 60% in the m-ADM group (hazard ratio = 0.63; 95% confidence interval: 0.39 to 1.04). MBCT was more effective than m-ADM in reducing residual depressive symptoms and psychiatric comorbidity and in improving quality of life in the physical and psychological domains. There was no difference in average annual cost between the 2 groups. Rates of ADM usage in the MBCT group was significantly reduced, and 46 patients (75%) completely discontinued their ADM. For patients treated with ADM, MBCT may provide an alternative approach for relapse prevention. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Leahey, T. M., J. H. Crowther and S. R. Irwin (2008). "A Cognitive-Behavioral Mindfulness Group Therapy Intervention for the Treatment of Binge Eating in Bariatric Surgery Patients." *Cognitive and Behavioral Practice* **15**(4): 364-375.

Binge eating is a negative indicator of post-surgical weight loss and health outcome in bariatric surgery patients (Hsu, Bentancourt, Sullivan, 1996). Cognitive-behavioral techniques and mindfulness-based practices have been shown to successfully treat binge eating (Agras, Telch, Arnow, Eldredge, & Marnell, 1997; Kristeller & Hallett, 1999). This report describes the development and implementation of a 10-week cognitive-behavioral mindfulness-based group intervention designed to reduce binge eating and address the specific needs of bariatric surgery patients. Posttreatment data showed improvement in binge eating symptoms, depressive symptomatology, and emotion regulation skills and increased motivation to change maladaptive eating behavior. (Contains 6 tables.)

Love, K. L. (2008). "Interconnectedness in Nursing: A Concept Analysis." *Journal Of Holistic Nursing*, vol **26**(4): 255-265.

Aim: Interconnectedness will be clarified and defined by providing a description and context and take an important step toward increasing use in nursing literature and research. Background: The literature is limited by focusing on relationships between people, but connection can be physical as with physics or spiritual by reflecting a higher power or purpose. Thorough examination will increase understanding of interconnectedness in nursing. Methods: Chinn and Kramer's method for creating

conceptual meaning includes definitions, visual images, popular/classical literature, music, poetry, and professional research across many disciplines. Findings: Interconnectedness reflects that people and the universe are connected in a powerful way. Its essential meaning reflects that regardless of the worldly barriers of politics, religion, or culture, people can share in a universal reciprocity of love and responsibility. Conclusion: Nursing maintains the values of compassion, responsibility, holism, and to greater meaning in experiences, and interconnectedness will likely have increased significance in nursing.

Manzaneque, J. M., F. M. Vera, F. M. Rodriguez, G. J. Garcia, L. Leyva and M. J. Blanca (2009). "Serum Cytokines, Mood and Sleep after a Qigong Program: Is Qigong an Effective Psychobiological Tool?" *Journal Of Health Psychology*, vol **14**(1): 60-67. Qigong is an ancient Chinese psychosomatic exercise that integrates movement, breathing and meditation into a single multifaceted practice. The present study was designed to assess the effects of qigong practice on serum cytokines, mood and subjective sleep quality. Experimental participants underwent a qigong training program for one month. Blood samples for the quantification of TNF- α and IFN- γ , and several instruments to assess anxiety and depression symptoms as well as SSQ, were obtained before and after the program. Our findings revealed that while the practice of qigong for one month did not alter serum cytokines, it enhanced psychological well-being, including sleep duration.

McCracken, L. M. and S.-Y. Yang (2008). "A contextual cognitive-behavioral analysis of rehabilitation workers' health and well-being: Influences of acceptance, mindfulness, and values-based action." *Rehabilitation Psychology*. Vol. **53**(4): 479-485.

Purpose: Rehabilitation settings can be extremely demanding, and sometimes stressful, places to work. It is important, therefore, to consider influences on rehabilitation workers' health and general well-being and on their ability to face emotional, physical, or mental challenges at work. The purpose of this study was to examine a set of psychological processes, including psychological acceptance, mindfulness, and values-based action, that may be relevant to this problem. Method: Ninety-eight rehabilitation workers at the Rehabilitation Centre, Tan Tock Seng Hospital, Singapore, completed measures of background variables, health, and functioning, in addition to the 3 psychological variables of primary interest. Results: Correlation analyses demonstrated significant relations of the acceptance, mindfulness, and values measures with the measures of stress, burnout symptoms, health, and well-being, particularly general health perception, vitality, social functioning, and emotional functioning. In regression analyses, the process variables accounted for significant, and in some cases practically meaningful, increments in explained variance in 10 key outcomes related to work experience and health. Conclusion: Acceptance, mindfulness, and values-based action deserve further consideration in relation to burnout, health, and well-being among rehabilitation workers. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Mitmansgruber, H., T. N. Beck and G. SchÅ¼Å¼ler (2008). "'Mindful helpers": Experiential avoidance, meta-emotions, and emotion regulation in paramedics." *Journal of Research in Personality* **42**(5): 1358-1363.

Three facets of the mindfulness/acceptance spectrum have been investigated in 134 experienced paramedics exposed to a number of potentially traumatic events. The contribution of (1) experiential avoidance, (2) mindful awareness and (3) meta-emotions in psychological well-being and satisfaction with life was analysed. Changes in these variables due to experiencing highly stressful incidents were explored by comparing experts with 105 novices. With accumulating experience, experiential avoidance remained stable, mindful awareness markedly increased at first and declined thereafter. Both positive and negative meta-emotions decreased with the number of stressful incidents. Experiential avoidance and meta-emotions explained 62% of the variance in psychological well-being, and patterns indicate that non-acceptance of thoughts and emotions might not be generally detrimental in this sample. Being stern and contemptuous about one's own feelings and having little self-compassion has been found to be beneficial for psychological well-being in these experts. Although this is contrary to contemporary theorizing it might perfectly reflect the role of paramedics and their need for control. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Mochon, D., M. I. Norton and D. Ariely (2008). "Getting off the hedonic treadmill, one step at a time: The impact of regular religious practice and exercise on well-being." *Journal of Economic Psychology* **29**(5): 632-642.

Many studies have shown that few events in life have a lasting impact on subjective well-being because of people's tendency to adapt quickly; worse, those events that do have a lasting impact tend to be negative. We suggest that while major events may not provide lasting increases in well-being, certain seemingly minor events--such as attending religious services or exercising--may do so by providing small but frequent boosts: if people engage in such behaviors with sufficient frequency, they may cumulatively experience enough boosts to attain higher well-being. In Study 1, we surveyed places of worship for 12 religions and found that people did receive positive boosts for attending service, and that these boosts appeared to be cumulative: the more they reported attending, the happier they were. In Study 2, we generalized these effects to other regular activities, demonstrating that people received boosts for exercise and yoga, and that these boosts too had a cumulative positive impact on well-being. We suggest that shifting focus from the impact of major life changes on well-being to the impact of seemingly minor repeated behaviors is crucial for understanding how best to improve well-being. (PsycINFO Database Record (c) 2009 APA) (journal abstract)

Oman, D., T. A. Richards, J. Hedberg and C. E. Thoresen (1119). "Passage Meditation Improves Caregiving Self-efficacy among Health Professionals: A Randomized Trial and Qualitative Assessment." *Journal Of Health Psychology*, vol **13**(8): 1119-1135. Relational caregiving skills remain seldom studied in health professionals. We evaluated effects on health professional relational caregiving self-efficacy from an eight-week, 16-hour training in self-management tools. Physicians, nurses, chaplains,

and other health professionals were randomized after pretest to treatment (n = 30) or waiting list (n = 31). Training used a previously researched program of Easwaran (1991/1978) derived from spiritual wisdom traditions. Changes were measured using a 34-item caregiving self-efficacy scale. Positive effects were observed at posttest, eight- and 19-week follow-up (ds = .38, .47, .37, all ps < .05), and were mediated by adherence to practices and stress reductions (p < .05), findings also obtained in qualitative interviews (n = 24). Evidence suggests this program enhances health professional caregiving self-efficacy, and may merit inclusion in training curricula. Paul, G. (2008). "The remote prayer delusion: Clinical trials that attempt to detect supernatural intervention are as futile as they are unethical." *Journal of Medical Ethics* **34**(9): [np].

Extreme rates of premature death prior to the advent of modern medicine, very low rates of premature death in First World nations with low rates of prayer, and the least flawed of a large series of clinical trials indicate that remote prayer is not efficacious in treating illness. Mass contamination of sample cohorts renders such clinical studies inherently ineffectual. The required supernatural and paranormal mechanisms render them implausible. The possibility that the latter are not benign, and the potentially adverse psychological impact of certain protocols, renders these medical trials unethical. Resources should no longer be wasted on medical efforts to detect the supernatural and paranormal. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Powell, L., M. Gilchrist and J. Stapley (2008). "A Journey of Self-Discovery: An Intervention Involving Massage, Yoga and Relaxation for Children with Emotional and Behavioural Difficulties Attending Primary Schools." *Emotional & Behavioural Difficulties* **13**(3): 193-199.

This study reports on an intervention involving massage, yoga and relaxation delivered to young children with emotional and behavioural difficulties. Children (n = 126) were invited to participate in the Self-discovery Programme (SDP) with parental consent. A total of 107 children aged 8-11 years completed the SDP and all measures. Children were allocated to a Control (n= 54) or Intervention (n = 53) group. The results indicate that children in the Intervention group showed improvements in self-confidence, social confidence, communication and contributions in class. Children in the Intervention group were noted by teachers to use skills learned on the SDP during the school day. (Contains 3 tables.)

Robinson, M. (2008). "Within/without: awareness and the practice of seeing." *Journal of visual culture*, vol **7**(3): 293-308.

My practice seeks to give visual expression to the experience of an inner world as it relates to the outer world. This experience has been explored through parallel practices of contemplation, including art making, meditation, and yoga asana. In this article, I describe art making as recording the experience of movement through space and time. I explore the themes of impermanence and interdependence as they have surfaced through contemplation. I also briefly discuss ethical implications and social responsibility as they relate to the notions of impermanence and interdependence.; Reprinted by permission of Sage Publications Ltd.

Roemer, L., S. M. Orsillo and K. Salters-Pedneault (1083). "Efficacy of

an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder: Evaluation in a Randomized Controlled Trial." *Journal of Consulting and Clinical Psychology* **76**(6): 1083-1089.

Generalized anxiety disorder (GAD) is a chronic anxiety disorder, associated with comorbidity and impairment in quality of life, for which improved psychosocial treatments are needed. GAD is also associated with reactivity to and avoidance of internal experiences. The current study examined the efficacy of an acceptance-based behavioral therapy aimed at increasing acceptance of internal experiences and encouraging action in valued domains for GAD. Clients were randomly assigned to immediate (n = 15) or delayed (n = 16) treatment. Acceptance-based behavior therapy led to statistically significant reductions in clinician-rated and self-reported GAD symptoms that were maintained at 3- and 9-month follow-up assessments; significant reductions in depressive symptoms were also observed. At posttreatment assessment 78% of treated participants no longer met criteria for GAD and 77% achieved high end-state functioning; these proportions stayed constant or increased over time. As predicted, treatment was associated with decreases in experiential avoidance and increases in mindfulness. (Contains 1 figure, 6 tables, and 11 footnotes.)

Roemer, L., S. M. Orsillo and K. Salters-Pedneault (2008). "Efficacy of an acceptance-based behavior therapy for generalized anxiety disorder: Evaluation in a randomized controlled trial." *Journal of Consulting and Clinical Psychology*. Vol. **76**(6): 1083-1089. Generalized anxiety disorder (GAD) is a chronic anxiety disorder, associated with comorbidity and impairment in quality of life, for which improved psychosocial treatments are needed. GAD is also associated with reactivity to and avoidance of internal experiences. The current study examined the efficacy of an acceptance-based behavioral therapy aimed at increasing acceptance of internal experiences and encouraging action in valued domains for GAD. Clients were randomly assigned to immediate (n = 15) or delayed (n = 16) treatment. Acceptance-based behavior therapy led to statistically significant reductions in clinician-rated and self-reported GAD symptoms that were maintained at 3- and 9-month follow-up assessments; significant reductions in depressive symptoms were also observed. At posttreatment assessment 78% of treated participants no longer met criteria for GAD and 77% achieved high end-state functioning; these proportions stayed constant or increased over time. As predicted, treatment was associated with decreases in experiential avoidance and increases in mindfulness. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Rogers, C. E., L. K. Larkey and C. Keller (2009). "A Review of Clinical Trials of Tai Chi and Qigong in Older Adults." *Western Journal Of Nursing Research*, vol **31**(2): 245-279.

Initiation and maintenance of physical activity (PA) in older adults is of increasing concern as the benefits of PA have been shown to improve physical functioning, mood, weight, and cardiovascular risk factors. Meditative movement forms of PA, such as tai chi and qigong (TC&QG), are holistic in nature and have increased in popularity over the past few decades. Several randomized controlled trials have evaluated TC&QG

interventions from multiple perspectives, specifically targeting older adults. The purpose of this report is to synthesize intervention studies targeting TC&QG and identify the physical and psychological health outcomes shown to be associated with TC&QG in community dwelling adults older than 55. Based on specific inclusion criteria, 36 research reports with a total of 3,799 participants were included in this review. Five categories of study outcomes were identified, including falls and balance, physical function, cardiovascular disease, and psychological and additional disease-specific responses. Significant improvement in clusters of similar outcomes indicated interventions utilizing TC&QG may help older adults improve physical function and reduce blood pressure, fall risk, and depression and anxiety. Missing from the reviewed reports is a discussion of how spiritual exploration with meditative forms of PA, an important component of these movement activities, may contribute to successful aging.

Tan, E. (2008). "Mindfulness in sexual identity therapy: A case study." *Journal of Psychology and Christianity* **27**(3): 274-278.

Presents a case study of a 25-year-old Caucasian male who came to therapy because he had feelings of anxiety and depression, which stemmed from internal tension regarding his sexual identity. He had experiences of same-sex attraction and had a history of engaging in same-sex behaviors. Use of mindfulness helped to increase Carl's awareness of thoughts, feelings, behaviors and motivations/intentions, and so on regarding his experiences of same-sex attractions and behaviors. He became aware that his feelings of not wanting to be alone had propagated a desire to act out sexually with other males. (PsycINFO Database Record (c) 2008 APA)

Tucker, C., S. K. Sloan, M. Vance and C. Brownson (2008). "Integrated Care in College Health: A Case Study." *Journal of College Counseling* **11**(2): 173.

This case study describes 1 international student's treatment experience with an integrated health program on a college campus. This program uses a multidisciplinary, mind-body approach, which incorporates individual counseling, primary care, psychiatric consultation, a mindfulness-based cognitive therapy class, and a meditation group.

Waelde, L. C., M. M. Uddo, R. Marquett, M. Ropelato, S. Freightman, A. Pardo and J. Salazar (2008). "A pilot study of meditation for mental health workers following Hurricane Katrina." *Journal of Traumatic Stress*, vol **21**(5): 487-500.

This pilot study examined the effects of a manualized meditation intervention (called Inner Resources) for PTSD, depression, and anxiety symptoms among 20 African American and Caucasian mental health workers in New Orleans beginning 10 weeks after Hurricane Katrina. They participated in a 4-hour workshop followed by an 8-week home study program. Complete follow-up data were available for 15 participants. Results of intention-to-treat analyses indicated that participants' PTSD and anxiety symptoms significantly decreased over the 8 weeks of the intervention; these improvements were significantly correlated with the total number of minutes of daily meditation practice. The majority of participants reported good treatment adherence

and improvements in well-being. These findings suggest that meditation may be a feasible, acceptable, and effective postdisaster intervention. [Author Abstract]
Young-Eisendrath, P. (2008). "The transformation of human suffering: A perspective from psychotherapy and Buddhism." *Psychoanalytic Inquiry*. Special Issue: Transformation: Psychoanalysis and religion in dialogue **28**(5): 541-549.
The transformation of suffering is at the heart of psychoanalytic and Buddhist practices. Our contemporary American dread of suffering goes against the grain of both methods and leaves the general public with little understanding of what suffering teaches. This article explores the similarities and differences between some psychoanalytic and Buddhist approaches to suffering, compassion, and transference. It also shows that a sophisticated theory of a relational self was developed as early as the 13th century by Zen master Dogen. (PsycINFO Database Record (c) 2008 APA) (journal abstract)

Yunesian, M., A. Aslani, J. H. Vash and A. B. Yazdi (2008). "Effects of Transcendental Meditation on mental health: A before-after study." *Clinical Practice and Epidemiology in Mental Health* **4**.

Background: Transcendental Meditation is a mental practice to put the body and mind into a state of relaxation and rest. The method was shown to reduce anxiety and stress in previous reports. This study investigates its potential benefits in enhancing mental health of an adult Muslim population. Methods: A before-after clinical trial was conducted to evaluate the effect of a 12-week meditation course on mental health of participants who were enrolled into the study by random sampling. 28-item General Health Questionnaire (GHQ) was administered on two occasions in conjunction with a background data sheet. Results: Mean age of participants was 32.4; they were 70% female and 55% married. GHQ scores improved significantly after the meditation course (p value: < 0.001). The difference was also significant in all subgroups of the population studied. In subclass analysis of the GHQ results, the before-after score improvement was significant only in the areas of somatisation (p value: < 0.001) and anxiety (p value: < 0.001). Conclusion: Transcendental Meditation may improve mental health of young adult population especially in the areas of somatisation and anxiety, and this effect seems to be independent of age, sex and marital status. (PsycINFO Database Record (c) 2009 APA) (journal abstract)