

MINDFULNESS



James N. Kirby, Ph.D.
The University of Queensland
Psychology Consultants

Email: j.kirby@psy.uq.edu.au

Website: www.jameskirby.com.au

James Kirby

[Home](#)[Research Interests](#)[Current projects](#)[Publications](#)[Teaching](#)[Videos](#)[Photography](#)[Blog](#)

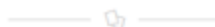
I work as a Clinical Psychologist, and completed my Ph.D. in the area of parenting and family psychology. My primary passion is how we can utilise **mindfulness and compassion to help create nurturing family environments**.

I currently hold the following positions:

- Research Fellow at The University of Queensland
- Consultant at UQ Business School
- Clinical Psychologist at Psychology Consultants

I am looking for participants to complete a shorty survey, about 10 minutes, on compassion and secrets. If you have the time to complete the survey I would be very grateful.

- [Compassion and Secrets Study](#)



My research is based at the [Parenting and Family Support Centre](#) (PFSC) at the [University of Queensland](#). The PFSC is the research hub for the evidence-based parenting program the [Triple P-Positive Parenting Program](#). As part of my Ph.D. I developed a new variant of the program for grandparents called, *Grandparent Triple P*. My program aims to help grandparents who provide regular child care to their grandchildren, and was found to be effective in a randomised controlled trial in Brisbane, Australia. It has since been translated into Mandarin and was found to be effective in a randomised controlled trial for grandparents in Hong Kong.

I completed my studies in psychology at the University of Queensland, where I was awarded:

- Ph.D. (Clinical Psychology)
- Bachelor of Psychological Science with Honours (Class 1)



To view my other positions and research output please click on the following links below:

- [Research Fellow at UQ](#)

- [Psychology Consultants](#)

LATEST POSTS

Day 5 Take Home
• May 1, 2015

Day 4 Take Home
• 30, 2015

Day 3 Take Home
• 29, 2015

Day Two Take Home
• April 28, 2015

Day 1 Take Home
• 28, 2015

OTHER LINKS

[Research fellow](#)

[Psychology Con](#)

[Google Scholar](#)


[My YouTube Ch](#)



What is
it?



Is it
worthwhile?



Can I do
it?





What is
it?

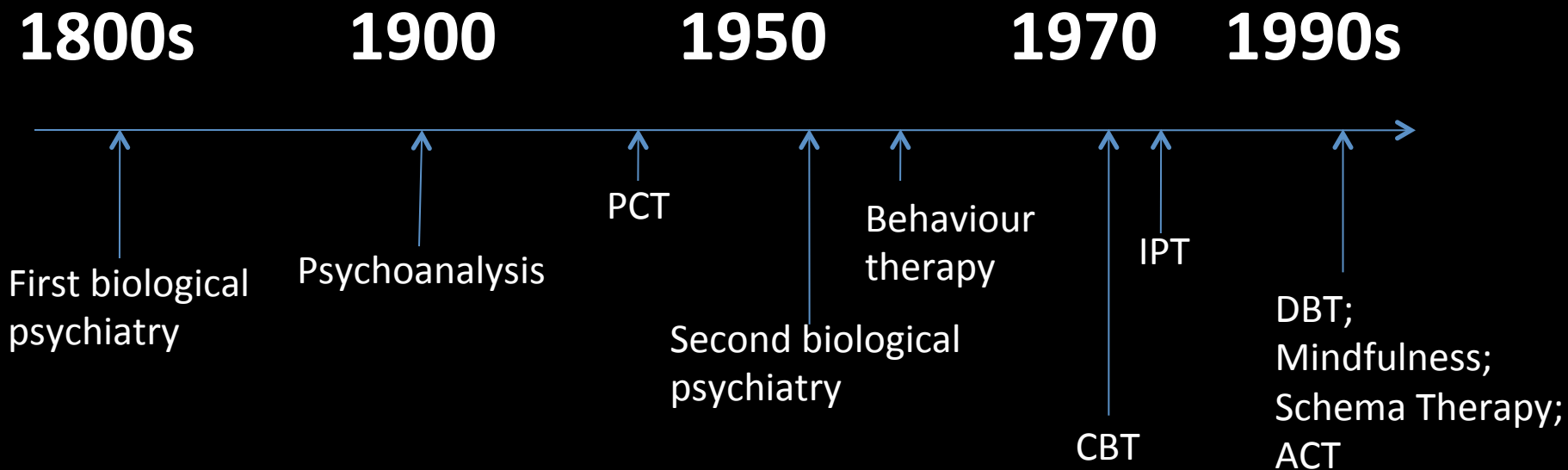


**"What day is it?" asked Pooh.
"It's today." squeaked Piglet.
"My favorite day." said Pooh.**

Mindfulness: What it is

- It does not require any particular *religious* or *cultural belief* system
- It is not something we *acquire*
- It is *simple*, but not easy
- Explosion of mindfulness research in the last 10-20 years

Timeline of psychotherapies



Definitions

“Mindfulness is the awareness of what is going on in us and around us in the present moment. It requires stopping, looking deeply, and recognising both the uniqueness of the moment and its connection to everything that has gone on before and will go on in the future.”

— Thich Nhat Hanh: The Mindfulness Survival Kit



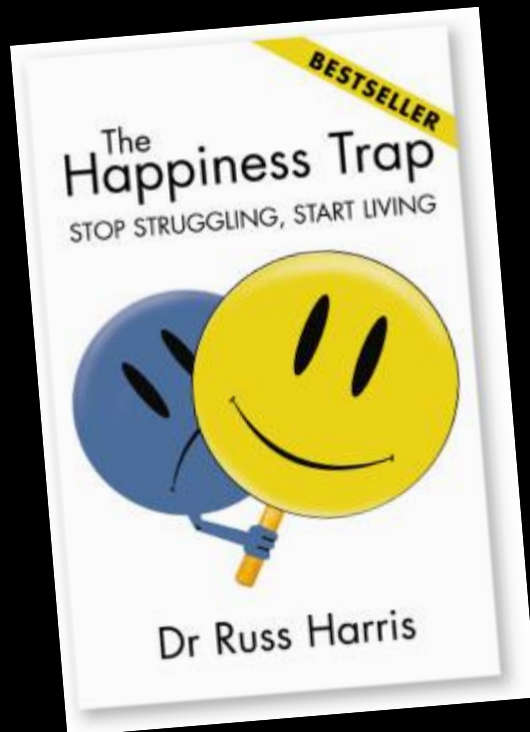
Other Definitions

- *“Mindfulness is paying attention, on purpose, in the present, and non-judgmentally, to the unfolding of experience moment by moment.”*
— Jon Kabat-Zinn: Full Catastrophe Living



Other Definitions

- *“Paying attention with openness, curiosity and flexibility”*
 - Dr Russ Harris: Author of the Happiness Trap



Other Definitions

- “Mindfulness is a process of achieving greater psychological *openness* to unwanted thoughts, feelings, memories, and sensations; improved flexible *awareness* of the present moment – including physical surroundings as well as the perspectives of others, and enhanced *activation* toward valued ends and desired changes”
 - Steven Hayes: Founder of Acceptance and Commitment Therapy



Mindfulness is:

- Becoming aware of experience moment to moment
- Showing up with curiosity and openness to the present moment
- Bringing your awareness to internal & external experiences as they occur in the moment

Mindfulness isn't:

- Automatic pilot
- Caught up in thoughts while in conversation
- Lost in thoughts while doing an activity
- Worrying, planning, dreaming, rehashing the past
- Replaying conversations



Mind Full, or Mindful?



FOOD

HAPPY

SAD

SEX

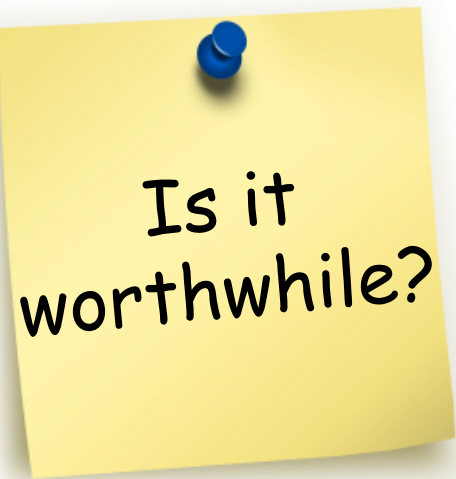
NERV

First Mindfulness Exercise



How did you find it?





A Wandering Mind is an Unhappy Mind

Killingsworth & Gilbert (2010)

- iPhone App asked 3 questions:
 - *How are you feeling right now?*
 - *What are you doing right now?*
 - *Are you thinking about something other than what you're currently doing?*









Hey!

Remember that thing you
did once that you're ashamed
of now?

Sincerely,

Your Brain



Mindfulness: Is it worthwhile

- **Meta-analysis**
 - Included 39 studies, 1,140 participants
 - Effect size of 0.63 for anxiety symptoms
 - Effect size of .59 for mood symptoms

Journal of Consulting and Clinical Psychology
2013, Vol. 81, No. 2, 166–180

© 2013 American Psychological Association
0893-3200/13/\$12.00 DOI: 10.1037/xcc0000155

The Effect of Mindfulness-Based Therapy on Anxiety and Depression: A Meta-Analytic Review

Stefan G. Hofmann, Alice T. Sawyer, Ashley A. Witt, and Diana Oh
Boston University

Objective: Although mindfulness-based therapy has become a popular treatment, little is known about its efficacy. Therefore, our objective was to conduct an effect size analysis of this popular intervention for anxiety and mood symptoms in clinical samples. **Method:** We conducted a literature search using PubMed, PsycINFO, the Cochrane Library, and manual searches. Our meta-analysis was based on 39 studies totaling 1,140 participants receiving mindfulness-based therapy for a range of conditions, including cancer, generalized anxiety disorder, depression, and other psychiatric or medical conditions. **Results:** Effect size estimates suggest that mindfulness-based therapy was moderately effective for improving anxiety (Hedges's $g = 0.63$) and mood symptoms (Hedges's $g = 0.59$) from pre- to posttreatment in the overall sample. In patients with anxiety and mood disorders, this intervention was associated with effect sizes (Hedges's g) of 0.97 and 0.95 for improving anxiety and mood symptoms, respectively. These effect sizes were robust, were unrelated to publication year or number of treatment sessions, and were maintained over follow-up. **Conclusion:** These results suggest that mindfulness-based therapy is a promising intervention for treating anxiety and mood problems in clinical populations.

Keywords: mindfulness, therapy, anxiety disorders, depression, efficacy

Derived from ancient Buddhist and Yoga practices, mindfulness-based therapy (MBT), which includes mindfulness-based cognitive therapy (MBCT; e.g., Segal, Williams, & Teasdale, 2002) and mindfulness-based stress reduction (MBSR; e.g., Kabat-Zinn, 1982), has become a very popular form of treatment in contemporary psychotherapy (e.g., Baer, 2003; S. R. Bishop, 2002; Hayes, 2004; Kabat-Zinn, 1994; Salmon, Lush, Jablonski, & Sephton, 2009). Several of the applications of MBT (such as MBCT) have been designed as relapse prevention strategies rather than to reduce acute symptoms. Other studies have examined MBT as a symptom-focused treatment. The present study is a review of MBT as a therapy to reduce acute symptoms of anxiety and depression.

Mindfulness refers to a process that leads to a mental state characterized by nonjudgmental awareness of the present moment experience, including one's sensations, thoughts, bodily states, consciousness, and the environment, while encouraging openness, curiosity, and acceptance (M. Bishop et al., 2004; Kabat-Zinn, 2003; Melbourne Academic Mindfulness Interest Group, 2006). M. Bishop et al. (2004) distinguished two components of mindfulness: one that involves self-regulation of attention and one that involves an orientation toward the present moment characterized

by curiosity, openness, and acceptance. The basic premise underlying mindfulness practices is that experiencing the present moment nonjudgmentally and openly can effectively counter the effects of stressors, because excessive orientation toward the past or future when dealing with stressors can be related to feelings of depression and anxiety (e.g., Kabat-Zinn, 2003). It is further believed that by teaching people to respond to stressful situations more reflectively rather than reflexively, MBT can effectively counter experiential avoidance strategies, which are attempts to alter the intensity or frequency of unwanted internal experiences (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). These maladaptive strategies are believed to contribute to the maintenance of many, if not all, emotional disorders (M. Bishop et al., 2004; Hayes, 2004). In addition, the slow and deep breathing involved in mindfulness meditation may alleviate bodily symptoms of distress by balancing sympathetic and parasympathetic responses (Kabat-Zinn, 2003). For example, in the case of MBSR (Kabat-Zinn, 1982), the three key components are sitting meditation, Hatha Yoga, and body scan, which is a sustained mindfulness practice in which attention is sequentially directed throughout the body (Kabat-Zinn, 2003).

A number of reviews have recently been conducted to examine

Mindfulness Programs

- **Mindfulness-Based Stress Reduction (MSBR)**
 - Jon Kabat-Zinn
 - MSBR 8-10 week group based program
 - Meta-Analysis included 20 studies
 - Effect size of .50 for mental health
 - Effect size of .42 for physical health



Journal of Psychosomatic Research 57 (2004) 35–43

Journal of
Psychosomatic
Research

Mindfulness-based stress reduction and health benefits A meta-analysis

Paul Grossman^{a,*}, Ludger Niemann^b, Stefan Schmidt^c, Harald Walach^{c,d}

^aFreiburg Institute for Mindfulness Research, Konradstr. 32, 79100, Freiburg, Germany

^bDepartment of Psychology, University of Freiburg, Freiburg, Germany

^cInstitute of Environmental Medicine, University Hospital Freiburg, Freiburg, Germany

^dSansoni Institute, European Office, Freiburg, Germany

Received 5 March 2003; accepted 8 July 2003

Abstract

Objective: Mindfulness-based stress reduction (MBSR) is a structured group program that employs mindfulness meditation to alleviate suffering associated with physical, psychosomatic and psychiatric disorders. The program, nonreligious and nonsectarian, is based upon a systematic procedure to develop enhanced awareness of moment-to-moment experience of perceptible mental processes. The approach assumes that greater awareness will provide more veridical perception, reduce negative affect and improve vitality and coping. In the last two decades, a number of research reports appeared that seem to support many of these claims. We performed a comprehensive review and meta-analysis of published and unpublished studies of health-related studies related to MBSR. **Methods:** Sixty-four empirical studies were found, but only 20 reports met criteria of acceptable quality or relevance to be included in the meta-analysis. Reports were excluded due to (1) insufficient information about interventions,

(2) poor quantitative health evaluation, (3) inadequate statistical analysis, (4) mindfulness not being the central component of intervention, or (5) the setting of intervention or sample composition deviating too widely from the health-related MBSR program. Acceptable studies covered a wide spectrum of clinical populations (e.g., pain, cancer, heart disease, depression, and anxiety), as well as stressed nonclinical groups. Both controlled and observational investigations were included. Standardized measures of physical and mental well-being constituted the dependent variables of the analysis. **Results:** Overall, both controlled and uncontrolled studies showed similar effect sizes of approximately 0.5 ($P < .0001$) with homogeneity of distribution. **Conclusion:** Although derived from a relatively small number of studies, these results suggest that MBSR may help a broad range of individuals to cope with their clinical and nonclinical problems.

© 2004 Elsevier Inc. All rights reserved.

Keywords: Chronic disease; Coping; Meta-analysis; Mindfulness; Psychosomatic disorders; Stress

Mindfulness Programs

- **Mindfulness-Based Cognitive Therapy**
 - John Teasdale, Mark Williams, Zindel Segal
 - Emerging results supporting the use of MBCT a group intervention to help reduce relapse/recurrence of depression (Teasdale et al., 2000)
- **Mindful Self-Compassion Program**
 - Christopher Germer & Kristin Neff
 - 2 small scale randomised controlled trials with promising findings
 - 8 week group program



Second Mindfulness Exercise



Can I do
it?



Mindfulness: Can I do it?

- **Formal vs. informal mindfulness**
 - **Formal:** Sit down, guided or unguided meditation
 - maybe set aside between 10-30 minutes
 - **Informal:** Noticing and being present in everyday tasks, for example, mindful eating or mindful walking

Mindfulness: Can I do it?

- **Mindfulness of the breath**
 - Try counting your breathing to 10
 - In 1, Out 1; In 2, Out 2; In 3, Out 3; etc
 - When your mind gets distracted that is OK, just return to 1 again
- **Mindful walking**
 - Two steps for the in-breath and three steps for the out-breath
 - Take more steps or less steps when needed, don't control your breathing, go with it.

Thich Nhat Hanh

Breathing in,

I am aware of my in-breath

Breathing out,

I am aware of my out-breath

"We're so busy watching out for what's
just ahead of us that we don't take
time to enjoy where we are."

- Calvin & Hobbes



Informal Mindfulness

- **Sense and savor walk**
 - The idea being you really take in what you are observing whilst walking, with open curiosity of the things around you.
 - When you find something delightful or pleasant, let yourself go into it.
- **Contemplation: The non-elements**
 - Walking example
- **Mindful eating**
 - Raisin example
- **Notice 5 things**
 - Sound, taste, feel, see, smell

Mindfulness Smart Phone Apps

- **Headspace**
 - Take 10
- **Smiling Mind**
- **Stop, Think, Breathe**



work



home

Third Mindfulness Exercise










What is
it?



Is it
worthwhile?



Can I do
it?





