

**Conceptual paper**

# **Mindfulness and Well-Being**

## *Implications for TR Practice*

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### **Abstract**

Mindfulness training is a potentially powerful therapeutic recreation (TR) intervention that can enhance the well-being of clients. In addition to the direct, well-documented benefits of formal and informal mindfulness practices, mindfulness has become a central component of the new generation of mindfulness-based cognitive-behavioral therapies. TR practitioners can help clients acquire the mindfulness skills necessary to increase their positive emotion, decrease unnecessary suffering, and create a life of personal growth and meaning. The purpose of this paper is to delineate the theoretical and empirical relationships between mindfulness and well-being and discuss the implications for TR practice.

**Keywords:** *Emotion regulation, mindfulness, meditation, therapeutic recreation, well-being*

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A significant evolution is occurring in health and human services, and the positive psychology movement is at the forefront of this transformative change (Seligman, 2004). The focus of positive psychology is the understanding of “what makes life worth living: positive emotion, positive character, and positive institutions” and application of the science to the betterment of humankind (Seligman, 2004, p. xi). There has been a growing awareness that the elimination of problems or deficits alone does not result in healthy, competent, vibrant people or communities (Keyes & Lopez, 2002). As a result of this shift, health and human service professionals are focusing increasingly on helping individuals cultivate the strengths, capacities, and resources necessary to flourish (Joseph & Linley, 2006; Seligman, 2011). Paradoxically, strong, thriving individuals are much more capable of navigating and overcoming life’s problems and challenges when they do occur (Frisch, 2006; Seligman & Peterson, 2003). They are more physically and emotionally resilient. Therapeutic Recreation (TR) professionals have a vital role to play in helping individuals with disabilities acquire the capacities and resources necessary to thrive.

A recent TR service model, the Leisure and Well-Being Model (LWM), reflects this positive, strengths-based approach and proposes that the outcome of TR services should be the enhanced well-being of clients (Carruthers & Hood, 2007). Individuals with high levels of well-being experience more positive than negative emotion and high life satisfaction (i.e., subjective well-being), as well as personal growth and meaning in their lives (i.e., eudaimonic or psychological well-being; Pol-

lard & Rosenberg, 2003). Therefore, within the LWM, the foci of TR services are working with clients to (a) increase positive emotion and reduce suffering on a daily basis (emotion regulation) and (b) develop and express their full potential through the development of their psychological, social, cognitive, physical, and environmental resources (Hood & Carruthers, 2007). The LWM articulates the theoretical and applied mechanisms through which TR professionals can enhance the well-being of clients through leisure-based and other psycho-educational interventions.

Mindfulness training is a potentially powerful intervention that can be used by TR professionals to enhance the well-being of the clients they serve (Hood & Carruthers, 2007) and is defined as one of the components of TR service within the LWM. Mindfulness can be defined as the awareness that emerges through paying attention, purposefully and nonjudgmentally, to the unfolding of experience moment by moment (Kabat-Zinn, 2003). This mindful attention and openness to the present moment allows individuals to disengage from automatic thoughts, habitual reactions, and dysfunctional behavior patterns (Brown & Ryan, 2003), resulting in more autonomous, authentic choices and actions that are freer from internally and externally controlling forces (Brown, Ryan, & Creswell, 2007). Mindfulness is essential for healthy self-regulation and fully engaged living (Deci & Ryan, 2008). Mindfulness practices have as their focus the holistic well-being and “exceptional development” of the individual, both of which are foundational goals of positive psychology (Walsh, 2001, p. 83).

TR professionals have been teaching meditation as a relaxation technique to clients for many years. However, in recent years, mindfulness interventions, as well as the research on the benefits of mindfulness training, have grown exponentially (Kabat-Zinn, 2003; Kostanski & Hassed, 2008). This research demonstrates that mindfulness interventions and practices can increase subjective and psychological well-being, two articulated goals of TR practice. Moreover, research suggests that mindfulness is intimately connected with leisure in that mindfulness can serve as a meaningful form of contemplative leisure engagement, as well as enhance both the enjoyment and benefits obtained through leisure experiences (Gim, 2009). Mindfulness interventions have been found to be effective with a wide variety of clinical and nonclinical populations, and have assumed a central role in the new generation or “Third Wave” of cognitive-behavioral therapies (Kingdon & Dimech, 2008). The purpose of this paper is to delineate the theoretical and empirical relationships between mindfulness and well-being and discuss the implications for TR practice.

### **Mindfulness Meditation**

Meditative practices are used to cultivate the capacity to deliberately focus one’s attention on a phenomenon in the present moment (Kabat-Zinn, 1990), in other words, to train the mind (Brown, 2009). Mindfulness can be enhanced through dedicated practice (Carmody & Baer, 2008), both formal and informal (Kostanski & Hassed, 2008). Each time individuals notice their minds have wandered and gently bring themselves back to the present moment, the “mindfulness muscle” is

strengthened (Wagner, Rathus, & Miller, 2006, p. 178).

The two major classes of meditation, concentration and mindfulness, both begin with a restriction of attention to a single object or point, such as the breath, a sound (e.g., mantra), or a visual object (e.g., candle). In concentration meditation, that singular focus is maintained and any divergent mental activity is considered a distraction from the object of concentration and dismissed from awareness (Kabat-Zinn, 1982). According to Kabat-Zinn (1982), in mindfulness meditation, meditative practice begins with concentration on one primary object until attention is relatively stable and some stillness of mind is established. Then the meditator allows the objects to which she or he is mindfully attending to expand (usually in stages) to include all physical and mental events occurring in the present moment. When the meditator notices a “drift” from present-centered awareness, attention is gently redirected toward a stable object, such as the breath, to reanchor attention in the present. Then, “when the faculty of detached (i.e., defused, nonjudgmental, noninterpretive) observation becomes stable, the field of awareness is allowed to expand again” (Kabat-Zinn, 1982, p. 34). Within this process, thoughts, emotions, and sensations are brought to attention in open awareness and then released to make room for the “deep knowing” of the next moment (Hamilton, Kitzman, & Guyotte, 2006; Shapiro, Carlson, Astin, & Freedman, 2006).

There are a number of leisure activities that can be used to cultivate mindfulness. They include formal mindfulness practices, such as sitting meditation; movement-based medita-

tive practices, such as yoga, walking, tai chi, Pilates (Brazier, Mulkins, & Verhoef, 2006; Caldwell, Harrison, Adams, Quin, & Greeson, 2010; Carmody, Reed, Kristeller, & Merriam, 2008); and nature-based experiences (Borrie & Roggenbuck, 2001; Heintzman, 2010). Formal mindfulness practices usually require engagement for long periods (30-60 minutes sessions) and may include extended retreats (Baer & Krietemeyer, 2006; Roemer & Orsillo, 2003).

Leisure can also serve as a context for informal mindfulness practice. In informal practice, in the course of their daily activities, individuals direct their attention toward a focal object or experience, such as their breath or a task, and allow their minds to settle (Germer, 2005). When their mind “wanders” or gets distracted from the immediate experience, the thoughts and emotions are identified, observed, and labeled calmly; then attention is directed back toward the immediate experience (Germer, 2005). The meditation practice involves repeatedly refocusing one’s attention until the mind learns to “stay” (Brown, 2009). Pleasant activities, such as leisure, provide a useful context for early informal practice, as they typically are interesting and attractive, making it easier to focus (Kabat-Zinn, 1990). Leisure is also a context in which individuals have greater control over distractions and competing demands. In leisure, individuals can practice mindfulness by directing their undivided attention to day-to-day leisure experiences, such as playing with a child, watching a sunset, listening to music, eating a dessert, talking with a friend, or planting a garden (Kabat-Zinn, 2003). Leisure can provide an optimal context for contemplative practices (Gim, 2009). TR professionals

can help clients establish mindfulness practices, both formal and informal, that contribute to overall well-being.

There is much research indicating that formal and informal mindfulness training and practices have many benefits for both clinical and nonclinical populations, and the mechanism of change is increased mindfulness (Baer, 2003; Brown et al., 2007; Caldwell et al., 2010; Carmody & Baer, 2008; Greeson, 2009; Nyklicek & Kuijpers, 2008). Not surprisingly, meta-analyses of the efficacy of mindfulness training (which often includes sitting meditation, body scans, movement-based meditation, and informal meditation) parallel the outcomes of mindfulness, including increases in psychological, physical, and cognitive well-being (Baer, 2003, Baer & Krietemeyer, 2006; Grossman, Niemann, Schmidt, & Walach, 2004). Individuals with physical and emotional illnesses and disabilities may especially benefit from mindfulness practices as they have been found to reduce perceptions of physical pain, promote healing, and facilitate emotional and behavioral coping (Kabat-Zinn, 2003; Ludwig & Kabat-Zinn, 2008).

Research on meditation in motion practices, such as tai chi, yoga, and Pilates, indicates they too can be effective individually in enhancing well-being (Caldwell et al., 2010; Posadzki, Parekh, & Glass, 2010). Tai chi, a combination of meditation, controlled breathing, and gentle movement, contributes to increases in positive affect, life satisfaction, well-being, and health perceptions, and decreases in negative affect and psychological distress (Li et al., 2001; Posadzki et al., 2010). Yoga, the deliberate movement through postures that emphasize form and controlled breathing, brings focused, nonjudg-

mental attention to experience in the present moment (Salmon, Lush, Jablonski, & Sephton, 2009). Research suggests that the practice of yoga leads to increases in emotional and physical well-being and decreases in emotional and physical distress (Posadzki & Parekh, 2009; Salmon et al., 2009). Although much less research has been conducted on the benefits of Pilates, a combination of concentration, controlled breathing, and coordination of body and mind, or other types of mindful movement, there is evidence that it can result in increased mindfulness and enhanced well-being (Caldwell et al., 2010; Caldwell, Harrison, Adams, & Triplett, 2009; Cohen, Laskowski & Rambur, 2008). Indeed, engagement in any physical activity can be mindfulness practice if one's full nonjudgmental attention is brought to the experience (Lu, Tito, & Kentel, 2009). Any and all of these practices could be important components of TR services.

### **Mindfulness-based Cognitive Behavior Therapy**

Because the practice of mindfulness has a positive impact on well-being, it is being increasingly incorporated into cognitive-behavioral therapies. In the new mindfulness-based cognitive-behavioral therapies, mindfulness practices play a central role in the navigation of behavioral change and the thoughts that can derail the change process (Siegel, 2010). Although all of the mindfulness-based cognitive-behavioral therapies incorporate mindfulness, they differ on the extent to which they use formal and informal meditation to cultivate attention and awareness, as well as the role of mindfulness in the behavioral change process. Mindfulness-based Stress Reduction

(MBSR; Kabat-Zinn, 1990) and Mindfulness-based Cognitive Therapy (MBCT; Segal, Teasdale, & Williams, 2004) include both formal and informal meditation training, while Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999) and Dialectical Behavior Therapy (DBT; Robins, Schmidt, & Linehan, 2004) incorporate mindfulness practices through shorter and less formal activities and exercises (Baer & Krietemeyer, 2006). In MBSR, increased mindfulness is the primary focus of the intervention with the belief that mindfulness will lead organically to less distress, as well as greater well-being in everyday life (Kabat-Zinn, 2003; Roemer & Orsillo, 2003). Both MBSR and MBCT suggest that individuals need a disciplined, committed meditative practice to anchor effective, mindful engagement with life (Kabat-Zinn, 1990; Ma & Teasdale, 2004). ACT and DBT incorporate mindfulness as an important component of effective, systematic behavioral change, using mindfulness as a tool for navigating the emotions, thoughts, and urges that can interfere with creating a valued life (Baer & Krietemeyer, 2006; Roemer & Orsillo, 2003). TR practitioners often use cognitive-behavioral techniques to facilitate client change (Carruthers & Hood, in press). Therefore, it is essential that they have an understanding of the role of mindfulness in contemporary cognitive-behavioral therapies.

### **Mindfulness Training and Emotion Regulation**

Mindfulness is becoming central to many current therapeutic interventions targeting emotion regulation (Kostanski & Hased, 2008), an aspect of well-being addressed through TR interventions. According to the LWM,

the central goals of TR are helping clients cultivate positive emotion as well as cope with negative emotion, and navigate adversity. However, prior to TR practitioners' inclusion of mindfulness training in their practice, it is very important that they acquire a basic familiarity with the theoretical assumptions of mindfulness (Holmes, Georgescu, & Liles, 2006; Kabat-Zinn, 2003), especially as they relate to intentional client change.

**Mindfulness and positive emotion.** Positive emotion is extremely important to well-being (Diener & Biswas-Diener, 2008; Fredrickson, 2009). Fundamentally, mindfulness contributes to well-being by increasing the intensity and frequency of positive emotion (Brown & Ryan, 2008; Fredrickson, Coffey, Pek, Cohn, & Finkel, 2008). The practice of meditation appears to result in "significant increases in left-sided activation in the anterior cortical area of the brain" which is associated with positive affect and observed in individuals with "more dispositional positive affect" (Kabat-Zinn, 2003, p. 152). The content of meditation, such as the regular practice of loving-kindness meditation, with its focus on empathy and compassion for oneself and others, can elevate positive emotion (Fredrickson et al., 2008). Additionally, emotion regulation is enhanced by the capacity to selectively attend to positive stimuli in one's internal or external environment and experience fully the resultant positive emotion (Hamilton et al., 2006, p. 125). Thus, meditation can be used to direct attention toward positive experiences and become fully present for those experiences (Hamilton et al., 2006). When individuals are completely immersed in moment-to-

moment experience without psychic entropy (i.e., mindfully), they experience flow or true enjoyment (Csikszentmihalyi, 1990; Langer, 2005). Living in awareness allows us to be fully present for "what is most beautiful and meaningful in our lives" (Kabat-Zinn, 1990, p. 24).

Savoring "the capacity to attend to, appreciate, and enhance the positive experiences in one's life [is a] narrower concept than mindfulness" (Bryant & Veroff, 2007, p. 87). Savoring includes the intention to fully and actively engage in a pleasant experience with a restricted focus on the positive qualities of the experience and the resultant positive feelings (Bryant & Veroff; Germer, 2009). Savoring life's joys is associated with the intensity and frequency of happiness (Lyubomirsky, 2008). The positive emotions that result from savoring have many psychological, social, cognitive, and physical benefits and should be intentionally cultivated (Carruthers & Hood, 2004). However, it is important to place savoring and the intentional cultivation of positive emotion within a mindfulness context. Two central tenets of mindfulness are nonjudgmental, nonevaluative observation of present experience and nonattachment to positive over negative feelings (Kabat-Zinn, 1990; Langer, 2005). Individuals have a tendency to want to cling to positive internal experiences and avoid unpleasant internal experiences (Kabat-Zinn, 1990). When savoring, it is important to be mindfully aware of the positive experience when in it, then let it go and mindfully engage in the next experience in one's life (Germer, 2009). The positive anticipation of future events or reminiscence about past events can be a

very positive form of savoring as long as the person does not become overly attached to those experiences at the expense of living fully in the present moment (Hayes, 2004; Holmes et al., 2006). Similarly, it is important not to use an enjoyable activity as an avoidance strategy (i.e., distraction; Rappagay & Bystrisky, 2009). If a difficult emotion arises, “feel what one is feeling and then engage in activities that are likely to give rise to a second, more positive feeling” (Holmes et al., 2006, p. 318). The positive activities are then treated as anchors for one’s attention, rather than avoidance of internal experiences (Holmes et al., 2006).

In addition to being fully present for the pleasurable experiences in one’s life, positive emotion also arises from the cultivation of one’s strengths and capacities (Seligman, 2011). There is strong empirical evidence that mindfulness contributes to the cultivation of psychological, physical, cognitive, and social resources (Brown, 2009; Brown et al., 2007), all of which are intended outcomes of TR services (Carruthers & Hood, 2007). Mindfulness has long been associated with excellence in both being (i.e., traits and character strengths) and doing (i.e., peak performance; Brown, 2009). Research suggests that it is associated with authenticity, the “unobstructed view of one’s true, core self” (Lakey, Kernis, Heppner, & Lance, 2008); self-actualization, the satisfaction of one’s basic needs for autonomy, competence, and relatedness (Brown & Ryan, 2003); spirituality, meaning and peace in one’s life (Carmody et al., 2008); manageability (Dobkin, 2008); and quality of life (Roemer & Orsillo, 2007). Mindfulness contributes to the cultivation of physical resources, including func-

tional independence, health, and vitality (Grossman, Niemann, Schmidt, & Walach, 2004). Cognitive resources, including cognitive flexibility, creativity, problem solving, and neuroplasticity, are elevated (Alexander, Chandler, Langer, Newman, & Davies, 1989; Brown, 2009; Langer, 1997). Research also suggests that mindfulness is associated with a greater ability to experience flow (Kee & Wang, 2008), contributing both to the personal growth and evolving complexity (Csikszentmihalyi, 1990) and to the peak performance of the individual (Gardner & Moore, 2007). Mindfulness facilitates an approach orientation and openness to experience (Dobkin, 2008; Lyubomirsky, 2008), thereby expanding the boundaries of one’s life (Fredrickson, 2009). Mindfulness has great potential to contribute to the positive emotion, personal growth, and well-being of individuals (Fredrickson, 2009), all of which are intended outcomes of TR services (Carruthers & Hood, 2007).

**Mindfulness and the reduction of suffering.** In addition to enhancing positive emotion, mindfulness contributes to subjective well-being by reducing needless suffering (Luoma, Hayes, & Walser, 2007). Research indicates that mindfulness training reduces negative affect (i.e., dysthymia, anxiety, depression, emotional lability), as well as thoughtless, reactive coping (Brown & Ryan, 2003; Hamilton et al., 2006).

Mindfulness is attention toward and awareness of the body, emotions, thoughts, and phenomena in the present moment, whether pleasant or unpleasant, rather than ruminations about past or future experiences or other distractions from the present

moment (Jain et al., 2007; Orsillo, Roemer, Lerner, & Tull, 2004; Rappay & Bystrisky, 2009). Mindfulness creates unity with the actuality of the present moment (Kingdon & Dimech, 2008). In mindfulness, whatever crosses the field of consciousness (i.e., thoughts, emotions, and sensations) is recognized as impermanent, passing phenomenon; it is noticed with curiosity and neutral interest, rather than reactivity, whether avoiding or clinging (Kabat-Zinn, 2003). The focus of mindfulness is the acceptance of reality as it really is, rather than “phenomenologically spending time in an illusory world” of negative thoughts in which the body and mind react to “mentally constructed realities as if those realities were actually happening” (Borkovec & Sharpless, 2004, p. 211). When distressing thoughts emerge, they are identified, observed, and labeled calmly (Brown & Ryan, 2008; Wagner et al., 2006). When painful emotions or sensations emerge, they are allowed into open awareness, labeled, and accepted gently with self-compassion, while being recognized as temporary phenomenon (Germer, 2009). Individuals notice, rather than react, to their internal experience (Holmes et al., 2006). Mindfulness decreases the likelihood of becoming “hooked” by the content of consciousness (Brown & Ryan, 2003). Instead of feeding one’s own suffering by getting pulled into the illusory drama of these thoughts and feelings, individuals learn to create a “calm place from which it can be observed” (Segal et al., 2004, p. 55).

The new generation of mindfulness-based cognitive-behavioral therapies reflects this emphasis on mindfulness and acceptance, rather than avoidance of internal, personal experi-

ences (Kingdon & Dimech, 2008). Traditionally, cognitive-behavioral therapies have focused on helping clients change or control the content of their thoughts (e.g., “I am not worthwhile”, “If I try and fail, it will be humiliating”) through interventions such as thought stopping or judging and challenging the validity of a thought (Hamilton et al., 2006; Holmes et al., 2006). The new wave of cognitive-behavioral therapies recognizes that the content of the thought does not have to be changed or controlled directly if it is recognized only as a passing thought and noticed with neutral interest, resulting in less identification and fusion with, as well as reactivity to, those internal events (Hayes, 2004; Luoma et al., 2007).

This new focus on mindfulness and willing acceptance is based on recent theory and supporting empirical evidence that indicates attempts to control or avoid experience, whether internal or external, may exacerbate the problem and lead to maladaptive responses (Hayes et al., 1999). In the new mindfulness-based cognitive-behavioral therapies, these attempts to control or suppress thoughts are viewed as another form of avoidance of personal, internal experiences (Hayes, 2004; Strosahl & Robinson, 2008). The focus of mindfulness within cognitive-behavioral therapy is on helping clients manage their attention skillfully and changing their relationship with their thoughts and emotions to one of open awareness, rather than changing the content of their thoughts (Holmes et al., 2006). It encourages “a radically different relationship to unwanted experience—that of acceptance, allowing, and letting be” (Segal, Williams, & Teasdale, 2002, p. 219). Historically, TR specialists have used traditional cognitive

therapy strategies to help clients cope with distress by refuting their irrational thoughts or using leisure activities to divert their attention from uncomfortable thoughts and emotions (Carruthers & Hood, 2002). Recent theoretical and empirical evidence suggests that mindfulness-based approaches to emotional regulation may be more helpful.

### **Mindfulness as a CBT Tool to Create a Valued Life**

Although mindfulness, as a stand-alone practice, contributes to positive emotion and personal growth (Brown et al., 2007), the new third-wave of cognitive-behavioral therapies has integrated mindfulness as a central, intentional component of the therapeutic change process (Baer & Kreitemeyer, 2006). TR professionals that are members of treatment teams using mindfulness-based cognitive-behavioral therapies must have the mindfulness knowledge and skills necessary to cofacilitate this process.

In contemporary mindfulness-based cognitive-behavioral therapies, “mindfulness skills are not practiced solely for their own sakes, but to facilitate progress toward a life that is meaningful to the client” (Baer & Kreitemeyer, 2006, p. 26). Incorporating intentional behavioral change, however, presents a paradox for the professionals incorporating mindfulness-based cognitive-behavioral therapies into their practice that must be addressed theoretically and practically (Holmes et al., 2006; Roemer, Salters-Pedneault, & Orsillo, 2006). The basic orientation in mindfulness is nonstriving and the witnessing, knowing, and acceptance of reality as it is, rather than a focus on what it is not or what one

wants it to be (Kabat-Zinn, 1990). Attachment to something different than what one has, such as less pain and more pleasure, rather than acceptance and awareness of reality as it is, creates chronic dissatisfaction and unhappiness (Robins et al., 2004; Teasdale, Segal, & Williams, 2003). The ability to balance acceptance and change is essential to the success of mindfulness-based therapies from the perspective of both the practitioner and the client (Holmes et al., 2006).

Most of the mindfulness-based cognitive-behavioral therapies encourage awareness and acceptance of thoughts, emotions, and present realities, while simultaneously taking mindful action (behavioral change) in a valued direction (Borkovec & Sharpless, 2004; Hayes, 2004). Oftentimes, people avoid situations that generate uncomfortable thoughts and emotions, even though engaging in those experiences will bring them closer to what they most value in life (Hayes, Strosahl, Bunting, Twohig, & Wilson, 2004). They attempt to suppress negative internal events, such as thoughts, feelings, memories, and physical sensations, and no longer feel engaged or present for their lives (Hayes et al., 2004). The focus of mindfulness-based therapies is on the creation of a life of meaning consistent with one’s core values (i.e., “long-term desired qualities of self and life”; Luoma et al., 2007, p. 17; Roemer et al., 2006). Consistent with the strengths-based approach, the focus is on creating a life of meaning, not eliminating problems (Hayes & Smith, 2005). These therapies promote a commitment to “values-directed intentional action,” mindful awareness, and acceptance of the thoughts and emotions that will inevitably surface (Roemer et al., 2006,

p. 64), resulting in open, objective processing of environmental information, and nonreactive, flexible responses to life events (Gardner & Moore, 2007). Consistent with the focus on the non-judgmental acceptance of reality that is at the heart of mindfulness, individuals are encouraged to enter fully and mindfully into the values-directed activities of their lives without attachment to the outcomes or consequences (Roemer et al., 2006). The full engagement in the actions themselves is inherently valuable (Orsillo et al., 2004); happiness and contentment are found in each passing moment of day-to-day life, not when a goal is reached or they get somewhere else (Borkovec & Sharpless, 2004; Brown, 2009). The strengths-based approach of mindfulness-based cognitive-behavioral therapies is very consistent with the new strengths-based TR service models (Carruthers & Hood, 2007).

**Brief description of mindfulness-based cognitive-behavioral change processes.** Although the specific interventions used in mindfulness-based therapies are beyond the scope of this paper, the therapeutic programs share many of the same processes (Roemer et al., 2006) and have significant implications for TR practice. Although some foundational information is presented through the use of literal mechanisms such as lecture and discussion, most mindfulness-based therapies emphasize experiential activity, including exercises, homework, and metaphors, stories, and poetry (see Hayes, Strosahl, & Wilson, 1999; Luoma et al., 2007).

Typically, the therapeutic process begins with an introduction to the relationship between the avoidance of distressing internal experiences, the situations that create those ex-

periences, and the creation of a joyful and meaningful life (Hayes et al., 1999). Clients are helped to develop an awareness that attempts to control or extinguish problems (especially internal experiences) are often ineffective; setting one's direction in valued directions, and then mindfully navigating the thoughts, emotions, and environmental contingencies that emerge is the path to less suffering and greater well-being (Luoma et al., 2007).

Mindfulness is introduced as a vehicle for focusing one's attention, cultivating the willing acceptance of the reality of internal and external experiences, and fully engaging in the day-to-day moments of one's life (Kabat-Zinn, 1990). The concept of cognitive fusion, or becoming "hooked" into thoughts and emotions, is discussed and experienced (Gardner & Moore, 2007; Hayes, 1999). Formal and informal mindfulness techniques are introduced and practiced both in sessions and as homework.

The behavioral change component of mindfulness-based cognitive-behavioral therapies centers on right intentions or values-driven action (Hayes, 1999; Luoma et al., 2007). Central to this process is discovering what clients want their lives to be about (Gardner & Moore, 2007). The day-to-day choices and actions to be taken (behavioral change) will then be integrally connected to these values (Gardner & Moore, 2007).

In the next step of the change process, therapists discuss the importance of constructing a life based on what the client values most. Values are "chosen life directions" and should be uplifting and inspiring (Hayes & Smith, 2005, p. 155). They should be authentically valued by the individual,

not an adoption of socially sanctioned “shoulds,” otherwise they will not be inherently reinforcing (Deci & Ryan, 2008). Values are a choice of living a certain way, a quality of self and life, “potentially embodied in every living act” (Luoma et al., 2006, p. 131). Values are never fully attained, but can tie all of the actions of one’s life together into a coherent whole (Hayes & Smith, 2005). Examples of values may be to “relate to others lovingly,” “live joyfully and freely,” “contribute to the betterment of the world,” “learn and grow throughout life,” or “be healthy and vital.” They are not in the future and they are not an outcome; they facilitate living fully in the present moment. People do not have to be pain or problem free to begin the journey; they have to be willing to feel the discomfort and simultaneously take action to create the life they want (Strosahl & Robinson, 2008). Metaphorically, values set the direction for the trip (of life); however, it is the moment-to-moment experience of the journey that is worthwhile (Hayes & Smith, 2005). Once the direction has been set, “it is just a matter of living, moment by moment, day by day, staying true to your values as an act of self-fidelity” (Hayes & Smith, 2005, p. 162).

In mindfulness-based therapies, therapists work with clients to identify their values through values clarification exercises. They often begin with exercises to tap into overarching life values, such as writing a eulogy or epitaph, as well as to have clients identify values in important life domains, such as work, education, relationships, health, recreation and leisure (Strosahl & Robinson, 2008). These values are then prioritized and form the foundation for the establishment of goals and

actions (Hayes & Smith, 2005). Values clarification processes often generate uncomfortable internal experiences and serve as a context for awareness and acceptance of those experiences (Hayes, 1999).

Finally, clients are asked to identify their level of commitment to each of the prioritized values statements and necessary changes in behaviors (Hayes & Smith, 2005). Once clients have made a commitment, they develop goals and specific action items that will allow them to live in accordance with their prioritized values. Goals are the attainable events that keep individuals oriented toward their values, so they can live a meaningful life, moment by moment (Hayes & Smith, 2005). Goals should be stated as approach, not avoidance, goals. Multiple action items are generated for each goal. Action items are the concrete actions that one takes to move closer to that which one most values. They are objective and measurable. For example, if the value is to “live joyfully and freely,” the goal may be to “engage in leisure activities that express my true self,” and the action item may be to “participate in a drum circle one day a week.”

Committed action starts small and then builds to “larger and larger patterns of effective action” (Hayes, 2004, p. 22). Action items should be prioritized for each goal, be attainable, and be intrinsically reinforcing, leading to either positive emotion or the sense of accomplishment and satisfaction achieved through living in accordance with one’s values (Wilson & DeFrene, 2008). Clients identify potential barriers (including psychological resistance) and mindfulness skills that can be used to defuse from and accept their thoughts and emotions when they arise

(Hayes & Smith, 2005). As individuals take values-driven action, they practice mindful awareness and acceptance of internal experiences and full engagement in their lives.

Clients are also taught to mindfully deal with setbacks. Oftentimes after a setback or breaking of the commitment, individuals may respond with thoughts of "I can't do this" and feelings of sadness or disappointment, which may result in surrender (Luoma et al., 2007). Instead, when there is a setback, clients are encouraged to notice the thoughts, feel the feelings, and renew the commitment (Luoma et al., 2007). Committed action requires the "ongoing choosing and rechoosing of a direction," and is much like choosing to return to the breath in meditation; "when we wander from our committed action, we see it and return" (Wilson & DeFrene, 2008, p. 69).

The processes of cognitive-behavioral change, including values-clarification, goal setting, action plans, and barrier identification and resolution, are familiar to TR practice. The incorporation of mindfulness as a means of negotiating successfully desired behavioral change introduces a new, potentially powerful, element into the therapeutic process.

### **Implications**

TR practitioners, with their focus on helping clients increase positive emotion, reduce suffering, and cultivate strengths and capacities, may benefit from incorporating the theoretical and applied principles and processes of mindfulness-based cognitive-behavioral therapies into their practice. At the very least, it is important that TR practitioners be informed about the new mindfulness-based cognitive-behavior-

al therapies. Mindfulness- and acceptance-based cognitive-behavioral therapies are becoming a widely practiced and researched treatment approach (Baer & Krietemeyer, 2006; Siegel, 2010). TR practitioners must be able to understand the most current therapeutic approaches, especially when the approaches are practiced in a treatment setting with which they are affiliated.

Most fundamentally, TR practitioners can contribute directly to clients' acquisition of mindfulness skills by teaching clients formal (e.g., stationary and movement meditation) mindfulness practices. TR professionals are often introduced to formal mindfulness facilitation techniques, such as meditation, tai chi, qigong, yoga, and Pilates, as part of their academic preparation, but may benefit from obtaining specialized certifications for advanced practice (Austin, 2009; Dattilo & McKenney, 2011). Some scholars suggest that instructors should have their own formal mindfulness practice; minimally instructors should be well grounded in the philosophy and techniques of the practice that they are instructing (Dimidjian & Linehan, 2003). Much research evidence supports the contributions of formal mindfulness interventions to the subjective and psychological well-being of clients (Brown, 2009; Brown et al., 2007). TR professionals should be well prepared to implement these interventions.

TR practitioners can also incorporate the principles of mindfulness-based cognitive-behavioral therapy into their psycho-educational programs. TR practitioners are expected to have competence in the delivery of stress management interventions (National Council for Therapeutic Recreation Certification, 2011). TR coping skills and stress

management programs often focus on the reduction of suffering or distress and the elevation of positive emotion (Hood & Carruthers, 2002). TR practitioners well-versed in mindfulness-based cognitive-behavioral approaches can more effectively help clients identify how their internal experiences (i.e., thoughts, emotions, sensations) and their reactions to the experiences contribute to their suffering, as well as learn constructive, mindful approaches to navigate internal experiences. Additionally, TR practitioners can help clients elevate the positive emotion in their lives through the intentional use of informal mindfulness practices. Through TR, clients can learn to be more fully present for and savor the positive qualities of their leisure and other life experiences.

Finally, mindfulness and the “Third Wave” of mindfulness-based cognitive-behavioral therapies focus on cultivating the strengths of clients and their ability to experience rich and meaningful lives. They help clients develop the willingness and skills to embrace all of life’s experiences and to grow as a result, rather than attempting to control or avoid internal and external experiences. Mindfulness-based cognitive-behavioral therapies have significant implications for the design and implementation of TR leisure education programs. Through leisure education, clients can identify leisure activities and experiences they can put into their lives that will help them build happy, growth-filled, valued lives. Mindfulness can be used throughout the process. After clients identify mindfully what they envision for their lives and develop goals, they are assisted in identifying incremental actions that will move them toward their leisure

goals (Lejuez, Hopko, & Hopko, 2001). The initial actions or activities should be small and immediately reinforcing, helping the clients to savor the experiences. When internal experiences surface that threaten the accomplishment of the goals, clients practice their mindfulness skills (i.e., awareness, acceptance, equanimity, and compassion) to address these internal experiences and then redirect their attention back to their actions. Clients are also encouraged to be fully present for the activity and their authentic reactions to it in order to make open, flexible assessments and adjustments. Finally, TR practitioners can help clients learn how to mindfully return to their intended action if they become sidetracked or discouraged, maintaining their journey toward greater well-being through leisure.

Although mindfulness interventions are often a component of TR practice, there is very little research in the TR literature on the efficacy of the interventions. One of the few exceptions is a TR study examining the impact of involvement in a yoga program on the physical strength and coping of adult caregivers (Van Puymbroeck, Payne, & Hsieh, 2007). The authors reported an increase in physical strength and a trend toward improvement in coping. Van Puymbroeck and Hsieh (2010) examined also the impact of a TR mindfulness-based stress reduction (MBSR) program and found the program reduced the negative impact of caregiving on the psychological well-being of adult caregivers. The authors of these preliminary studies called for additional research on the efficacy of these and other mindfulness-based TR interventions. Specifically, they called for larger and longer studies with ade-

quate controls. Given the prevalence of the use of mindfulness practices in TR and the potential for therapeutic benefit, it is imperative that more research be conducted.

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