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Article in *Journal of Cognitive Psychotherapy* · November 2009

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Mindfulness and Cognitive Behavioral Therapy: A Commentary on Harrington and Pickles

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Harrington and Pickles (this issue) raise interesting and important questions about the nature of mindfulness and its relationships to scientific clinical psychology and cognitive behavioral theory and treatment. In this commentary, we address two primary questions. First, is mindfulness a meaningful concept within scientific clinical psychology or is it religious or mystical? Second, is mindfulness compatible with cognitive behavioral therapy? We argue that mindfulness can be conceptualized as a nonreligious construct suitable for scientific study and that it can be integrated with cognitive behavioral therapy in interesting and fruitful ways.

Keywords: mindfulness; cognitive behavioral therapy

Harrington and Pickles raise interesting and important questions about the nature of mindfulness and its relationships to scientific clinical psychology in general and cognitive behavioral theory and treatment in particular. Although the psychological literature on mindfulness is expanding rapidly, the origins of mindfulness in Buddhism raise unique issues that require careful thought. In this commentary we address the two primary questions raised by Harrington and Pickles. First, is mindfulness a meaningful concept within scientific clinical psychology or is it strictly religious or mystical? Second, is mindfulness compatible with cognitive behavioral therapy (CBT)? We argue that mindfulness can be conceptualized as a nonreligious construct suitable for scientific study and that it can be integrated with cognitive behavioral therapy in interesting and fruitful ways.

For the purpose of this commentary we define CBT as the broad spectrum of empirically supported interventions that are based on behavior therapy, cognitive therapy, or their integration. Behavior therapy is often described as the application of learning theory to the modification of problematic behavior (e.g., Zinbarg & Griffith, 2008) and usually includes methods such as contingency management, skills training, and exposure-based procedures. Cognitive therapy is based on the cognitive model (e.g., Beck, 1995) and typically includes methods for identifying and modifying distorted or maladaptive cognitions in order to change emotion and behavior (Dobson, 2001). Behavior therapy and cognitive therapy have recently been described as the first and second generations or waves, respectively, of the CBT tradition (Hayes, 2004) and have been widely integrated to form interventions that combine behavioral and cognitive components.

We define mindfulness-based interventions as those that include exercises, skills, and practices designed to cultivate the ability to attend to present-moment experiences in particular ways, which we describe in more detail later. In this category we will refer to several specific examples, including Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), Dialectical Behavior Therapy (DBT; Linehan, 1993a), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), and Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982, 1990). Although there are theoretical and methodological differences between these interventions, they share important common elements in their conceptualizations of mindfulness (see Baer & Huss, 2008, for more detail). Three of these mindfulness-based treatments (all but MBSR) have been described as rooted in or integrated with the cognitive behavioral tradition (Hayes, Follette, & Linehan, 2004). Mindfulness-based treatments are sometimes described as a third generation or third wave of CBT (Hayes, 2004). The CBT and mindfulness-based approaches are continually evolving, and therefore these definitions are necessarily imprecise.

IS MINDFULNESS A MEANINGFUL CONCEPT IN SCIENTIFIC CLINICAL PSYCHOLOGY?

Within the community of researchers, teachers, and clinicians who are committed to evidence-based practice and engaged in mindfulness-related work, it is clearly understood that mindfulness originates in Buddhism. Almost uniformly, however, it appears that members of this community place great importance on understanding mindfulness in secular and scientific terms. Both Kabat-Zinn (the developer of MBSR; 2000) and Linehan (the developer of DBT; 1993a, 1993b) have noted that mindfulness can be taught and practiced outside of any spiritual or religious context. In MBSR and DBT, mindfulness is taught with secular language and a set of meditation practices or behavioral exercises that use ordinary daily activities (e.g., eating, sitting, walking, breathing, stretching, seeing, hearing) to cultivate mindfulness without reference to religious or spiritual beliefs. Both MBCT and ACT have taken a similar approach. While recognizing the Buddhist roots of mindfulness, these interventions are entirely secular, focusing on nonreligious skills, practices, exercises, and concepts.

Although outcome studies of mindfulness-based interventions support their efficacy for a variety of disorders and problems in Western populations (Baer, 2003; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Lynch, Trost, Salsman, & Linehan, 2007), understanding how these treatments work requires clarification of what mindfulness is (in psychological terms) and how the practice of mindfulness influences psychological functioning. For this reason, much current work in the mindfulness area is devoted to discussion and investigation of how mindfulness should be defined, conceptualized, and measured, and how it relates to recognized psychological variables. A fundamental assumption by those engaged in this work is that the scientific study of mindfulness requires that it be defined in ways that are not mystical, supernatural, or religious. Most researchers engaged in this work would probably agree with Harrington and Pickles that defining mindfulness as “being one with present experience” is not useful, because it is difficult to specify in concrete terms what it means to be one with anything. However, although the precise definition of mindfulness and its elements remains a topic of debate and study, in most of the literature there is a general consensus that mindfulness is a particular type of attention or awareness in which qualities such as openness, acceptance, nonjudging, nonreactivity, curiosity, and compassion are brought to bear on present-moment experiences, regardless of how pleasant or unpleasant these experiences are. Present-moment experiences include both internal phenomena (sensations, cognitions, emotions) and external stimuli (sights, sounds, or smells in the environment). Much of the literature also suggests that the tendency to focus one’s attention in this

particular way varies within the general population (even in the absence of meditation experience), and that the capacity to be mindful in daily life can be cultivated through the practice of relevant skills.

If mindfulness is defined as a human attentional capacity, then like any human capacity it can be understood from multiple perspectives, including non-Buddhist ones. Kabat-Zinn (2003) argues that although the Buddhist tradition has contributed the most explicit and systematic descriptions of this type of attention and how to cultivate it, mindfulness itself, "... being about attention, is also of necessity universal. There is nothing particularly Buddhist about it. We are all mindful to one degree or another, moment by moment. It is an inherent human capacity" (pp. 145–146). Human attentional capacities are an entirely legitimate subject of study in psychological science. Thus, we disagree with Harrington and Pickles when they claim that "it is questionable whether mindfulness can be divorced from its religious origins" (p. 322) or whether "mindfulness should be presented as therapy without reference to the religious beliefs in which it is embedded" (p. 321). Indeed, a substantial amount of recent and ongoing theoretical and empirical work is dedicated to the explicit goal of studying mindfulness as a nonreligious construct (see Brown, Ryan, & Creswell, 2007 for a recent review). In our opinion, the literature strongly suggests that mindfulness can reasonably be conceptualized as a form of nonjudgmental attention to present-moment experience. The literature also suggests that skills, exercises, and practices that cultivate this type of attention can effectively be taught to a wide range of populations without reference to Buddhism, religion, mysticism, or supernatural phenomena of any kind, and that doing so results in improvements in psychological functioning.

We do not mean to imply that Buddhist thought is of no importance to the current understanding of mindfulness in scientific psychology. Because the Buddhist tradition historically has had more to say about mindfulness than any other source, scholarly work on Buddhist texts plays an important role in informing contemporary Western discussions of mindfulness, as do dialogues with teachers of mindfulness in the Buddhist traditions. However, Harrington and Pickles correctly note that within the Buddhist texts, mindfulness is embedded in a system of thought that predates science and includes supernatural and religious elements. Therefore, within scientific clinical psychology, mindfulness-based interventions will never be completely consistent with Buddhism. This has never been intended, and is not necessary, just as it is not necessary for cognitive therapy to be entirely consistent with Stoicism. We acknowledge the importance of ongoing discussions of whether anything is lost when mindfulness is translated into secular psychological terms (Dimidjian & Linehan, 2003; Grossman, 2008). However, we also argue that differences between Buddhist and cognitive behavioral views on the ultimate nature of suffering or reality are not critical to the study of mindfulness in clinical psychology. Within the mindfulness-based treatment literature, no one is denying that suffering is real, that thoughts are real, or that Buddhism and CBT have fundamental conceptual differences. These differences do not prohibit the scientific study of mindfulness as a human attentional capacity that can be cultivated through the practice of exercises and skills in a secular context. These differences also have no bearing on the scientific questions of whether (and how) engaging in these practices (as they are taught in DBT, MBCT, and other current treatments) reduces psychological symptoms and improves well-being.

We agree with Harrington and Pickles that if mindfulness were shown to be largely or entirely overlapping with established psychological variables, it would not be a useful construct. As Harrington and Pickles note, mindfulness is related positively to distress tolerance and negatively to experiential avoidance, and the effects of practicing mindfulness have been described in terms of exposure, attention, and other processes. However, the current literature describes mindfulness in ways that suggest that it is not synonymous with already recognized forms of attention. For example, Kabat-Zinn (2003) suggests that, in addition to present-moment attention, mindfulness includes nonjudgmental acceptance of observed experience or "a sense of

openhearted, friendly presence and interest" (p. 145). Thus, although relationships with other attentional processes require further study, mindfulness appears to be a type of attention that is not captured by any other single construct and has not been widely studied in Western science until recently. Similarly, mindfulness is not reducible to distress tolerance, although it appears to facilitate distress tolerance. There are probably many ways to tolerate distress, some of which may be harshly self-critical or avoidant and therefore inconsistent with mindfulness.

IS MINDFULNESS COMPATIBLE WITH CBT?

We disagree with Harrington and Pickles about the understanding of thoughts within mindfulness-based treatment approaches. It is not accurate to say that these approaches view thought content as "largely irrelevant to emotional disturbance" (p. 315). Important relationships between thoughts, emotions, and behaviors are widely acknowledged in mindfulness-based treatments. In MBCT, for example, the cognitive model is taught in an early session using an exercise in which participants imagine themselves walking down the street, waving at someone they know, and getting no response. They are encouraged to notice the thoughts that arise in this situation and the feelings and behavioral tendencies triggered by the thoughts. Discussion of this exercise illustrates that different thoughts lead to different emotions. For example, thinking "she doesn't like me, nobody likes me" will lead to different emotions than thinking "I wonder if she's preoccupied with her mother's illness." One of the primary goals in practicing mindfulness is to learn through careful observation of one's own internal experience that thoughts can trigger powerful emotions, which in turn can trigger maladaptive behaviors, and that this entire process sometimes occurs outside of conscious awareness. The practice of mindfulness cultivates awareness of these patterns. (For this reason, mindfulness meditation is also known as insight meditation.) The observed relationships between thoughts, emotions, and behavioral tendencies are real, not illusory.

However, mindfulness-based approaches emphasize the idea that the apparently causal relationship between thought content and emotional or behavioral disturbance is not an essential property of thoughts but rather relies on a social and verbal context in which most people, most of the time, believe their thoughts to reflect reality and behave in accordance with them (Hayes et al., 1999; Segal et al., 2002). In such a context, thinking "no one likes me" will probably lead to negative affect and behavioral withdrawal. However, if thoughts are viewed from a more distanced or objective perspective, they can be seen as transitory mental events that are not necessarily important, may not reflect reality or personal worth, and do not necessitate particular reactions or behaviors. Within cognitive therapy, adopting this perspective on thoughts is known as *distancing* or *decentering* (Beck, 1976). In ACT, a similar perspective is known as *defusion*. We will use the term *decentering* here because of its longstanding association with cognitive therapy.

Decentering has been recognized as an important concept since the early days of cognitive therapy. For example, Hollon and Beck (1979) described decentering as "the first, critical step" (p. 189) in cognitive therapy because it enables clients to recognize their negative thoughts as mental phenomena, rather than as facts. Thus, repeatedly asking participants to observe and identify their thoughts (and often to write them down) provides practice in decentering. However, in cognitive therapy, decentering is usually viewed not as an end in itself, but rather as a step in the process of changing the content of thoughts. The next steps in this process include identifying evidence for and against the thoughts and generating alternative thoughts that are more rational, realistic, or balanced. Although these steps for changing thought content are central to cognitive therapy, some authors have suggested that decentering may be the primary ingredient that gives cognitive therapy its long-term effectiveness and that changing the content of thoughts may not be necessary (Ingram & Hollon, 1986; Segal et al., 2002; Zettle & Rains, 1989).

Mindfulness training has been described as a way of teaching decentering. For example, in MBCT, decentering is a primary skill and is of central importance in the theory that underlies the intervention (Segal et al., 2002). Mindfulness-based cognitive therapy uses a definition of decentering that is both broader and more specific than is found in traditional cognitive therapy. It is broader because, instead of focusing on a decentered relationship to thoughts alone, MBCT teaches a decentered relationship to bodily sensations and emotional states as well as cognitions. That is, all of these phenomena are viewed as transient experiences that do not necessarily reflect on reality or personal worth and do not require particular behaviors in response. However, MBCT's definition of decentering is also more specific, because it encourages a particular attitude or stance toward the experiences to which it is applied. Decentering, in MBCT, is not a way of ignoring or distracting from problems and is not done for the purpose of fixing or eliminating internal experiences. Rather, MBCT teaches an attitude of openness and acceptance toward these experiences, even when they are unpleasant. Terms such as *allowing*, *welcoming*, and *embracing* with *friendly curiosity* are used to describe this attitude. The practice of mindfulness teaches this form of decentering in ways that other strategies within CBT do not.

Therefore, we argue that mindfulness is compatible with CBT in interesting ways. First, it teaches close observation of ongoing experience and relationships among cognitions, sensations, emotions, behaviors, and external events. This does not mean that mindfulness is synonymous with self-monitoring however, because self-monitoring can be done with a highly judgmental and self-critical attitude and with the purpose of getting rid of or changing particular types of experiences. Second, the practice of mindfulness teaches decentering, which has been recognized for years as a central component of cognitive therapy. However, the mindfulness literature proposes a definition of decentering that applies to a broader range of experiences (sensations and emotions as well as thoughts) while cultivating a particular attitude toward them (open, accepting, welcoming).

As noted earlier, mindfulness-based interventions are sometimes described as comprising a third wave of CBT (Hayes, 2004) because of differences with the first two waves (behavior therapy and cognitive therapy) about what should be changed and what should be accepted as it is and why. In traditional CBT, many strategies are designed to change internal experiences, including bodily sensations (e.g., reducing pain or tension), the content of thoughts (e.g., from irrational or distorted to rational, realistic, or balanced), and emotional states (e.g., reducing negative moods). Even CBT strategies that appear, at first glance, to overlap with mindfulness-based approaches, such as self-monitoring and decentering, are often used in traditional CBT for the eventual purpose of *changing* internal experience. In contrast, mindfulness-based approaches teach a new way of relating to such experiences by observing them closely with openness, acceptance, and friendly curiosity. Instead of changing the *content* of thoughts and feelings so that they lead to more adaptive behaviors, mindfulness-based approaches encourage a different *relationship* with thoughts and feelings so that their content does not have to be changed and more adaptive behavior can occur anyway, regardless of the thoughts and feelings that may be present. We suggest that this distinction, which lies at the heart of claims of a third wave, is of sufficient theoretical and practical importance to merit further study. Others have argued that mindfulness-based treatments are not distinct in important ways from traditional CBT (Hofmann & Asmundson, 2008; Leahy, 2008). Resolution of this issue awaits further empirical evidence and discussion (Hayes, 2008; Moran, 2008). In the meantime, we note that, within the mindfulness literature, we have found no published claims by any leading authors that CBT should be dismissed or replaced. Rather, it has been suggested that the development of mindfulness-based approaches can be seen as an expansion of the cognitive-behavioral tradition (Hayes, Follette, & Linehan, 2004).

We recognize an important point made by Harrington and Pickles when they note that changing our relationships to our thoughts involves learning to say new things to ourselves in response to our thoughts. For example, upon noticing the thought "I am an idiot and a failure,"

the skilled mindfulness practitioner is likely to say (covertly) "Ah, self-criticism is here" (or words to that effect). These words may be quite different from the words this person typically used in the presence of similar thoughts prior to mindfulness training. Thus, learning to say, "self-judgment has arisen," or "I'm having self-critical thoughts," or more simply "there's thinking," or more fancifully "good morning Mr. Self-Criticism, have a nice day" (Segal et al., 2002) when self-critical thoughts occur could be described as a change in the way we think about our thoughts. However, the purpose of using this type of language in response to self-critical thoughts is to encourage decentering from the thoughts, rather than to generate different thoughts that are more rational or balanced. Thus, mindfulness-based interventions do not teach people to shift from "I'm an idiot and a failure" to "I made mistakes on this occasion but am generally as capable as most people" (for example), because learning to decenter from thoughts is the primary goal, and if this can be accomplished then changing the content of thoughts is not necessary.

OTHER ISSUES

In the following paragraphs we address several other points raised by Harrington and Pickles in an attempt to provide additional clarity about the nature of mindfulness and its relationships with a variety of topics.

Mindfulness and Rationality. Harrington and Pickles argue that mindfulness is antirational and that its purpose is to dispense with argument and rational thought. We disagree and suggest a different way of thinking about mindfulness and rationality. First, we suggest that mindfulness is neither rational nor antirational. However, because the practice of mindfulness cultivates awareness of internal experience and the ability to direct attention as desired, it is likely to enhance attentional skills that could be applied to rationality. These include the ability to recognize rational thought when it is occurring ("Ah, rational thoughts are arising"), the ability to direct attention toward rational thought when desired ("Let me think rationally about this"), and the ability to direct attention away from rational thought when desired ("Let me listen to the Schubert now—I'll think rationally later"). Thus, if mindfulness is conceptualized as a set of attention-related skills, then rationality is only one of many phenomena to which these skills might be applied, and there is nothing antirational about studying the effects of regular use of these skills on psychological functioning.

Mindfulness and Judging. Although mindfulness is often described as a type of nonjudgmental awareness, mindfulness-based approaches do not advocate the elimination of judgment. We agree with Harrington and Pickles that making certain types of judgments is necessary in order to accomplish goals, and we note that mindfulness-based interventions involve goals, such as reducing maladaptive, emotion-driven behavior, increasing self-awareness and self-understanding, and encouraging adaptive behavior consistent with goals and values. Linehan (1993b) notes that judgment can be a shorthand way of describing or anticipating the consequences of particular actions, which is often adaptive. For example, noticing that drinking sour milk causes nausea, and making judgments about the condition of the milk in one's fridge is adaptive. This process may lead to a shorthand label of "bad" to describe sour milk. However, the milk is not bad in an absolute sense (it may be perfect for some recipes). Rather, it will cause sickness if consumed in its current state. In mindfulness-based interventions, the judgments seen as problematic are the ones in which particular internal experiences (sensations, cognitions, emotions), specific behaviors, or the self as a whole are labeled as good or bad. Thus, a DBT therapist will encourage a student to make a descriptive statement of behaviors and consequences ("I failed an exam because I got drunk instead of studying") in lieu of judgmental shorthand ("I am a bad student") because the former is more likely to lead to adaptive behavior changes. Similarly, participants who express the idea that "anger is bad" will be encouraged to refrain from

judging anger as good or bad and instead to observe the sensations and thoughts associated with anger and the consequences behaving in particular ways when anger is present. In our opinion, the mindfulness-based understanding of judging is largely consistent with the view described by Harrington and Pickles.

Mindfulness, Discontent, and Passion. Harrington and Pickles note that feelings of discontent and passion are important features of the human experience and we agree. However, they also suggest that the cultivation of mindfulness encourages a type of detachment that risks the loss of what defines us as human. We disagree with this concern. Mindfulness-based interventions are not designed to get rid of discontent or passion. On the contrary, these approaches are more likely to advocate embracing discontent and passion when they arise, which may happen frequently in many people's lives. A mindful approach to discontent is to observe it carefully, noting the thoughts, sensations, and emotions that comprise the experience with an attitude of acceptance, openness, willingness, and curiosity. Bringing mindful observation to bear on the experience of discontent is believed to facilitate adaptive responding to discontent, rather than mindless, impulsive, or automatic responding based on overlearned habits that may have maladaptive or undesirable consequences.

A similar point can be made about passion except that, unlike discontent, passion can be experienced as rewarding. A passion for painting, for example, may lead someone to spend many satisfying hours at the easel or exploring appealing environments looking for scenes to paint. Therapists who provide mindfulness-based treatments are unlikely to intervene with this process, except to point out that these experiences may be examples of times when the person is naturally in a mindful state, participating with awareness in their ongoing activity. On the other hand, passion can be experienced as problematic. People may engage in maladaptive behaviors in attempts to experience passion with greater frequency or intensity or to avoid unpleasant feelings that arise when passion wanes or when they are distracted from their passions by other demands. In such cases, the mindful approach to passion is to observe it carefully, experience the feelings and sensations fully as they ebb and flow (with acceptance and openness), and refrain from impulsive maladaptive behavior while reflecting on the choices available for responding to the situation. In such cases, the goal of practicing mindfulness is to develop the skills required to embrace and follow one's passions to the extent that this is adaptive or desired, rather than to be controlled by one's passions in ways that leads to regret, suffering, or harm to self or others.

Mindfulness and Listening to Schubert. To illustrate their concern that the concept of *being in the moment* is not meaningful, Harrington and Pickles question how a mindful individual would direct attention while listening to Schubert in a concert hall, noting that there are numerous choices. We agree that a live symphony performance can be a very rich experience. A mindful approach to this experience does not assume that there is a right way to direct one's attention. The mindful listener might attend to the melodies, the harmonies, the rhythms, the sound coming from a particular instrument, the movements of the violinists' bows or the conductor's baton, the feeling of the air in the hall, the scent of someone's perfume, the sound of rustling programs, the way the light reflects off the folds in the curtains or the rich brown wood of the cellos, or the sharp contrast of black tuxedos and white shirts. She might attend to the sensations in her body as the music progresses, or to the emotions, images, or memories it evokes. She may shift her attention among all of these things, or she may broaden the scope of her attention to include the experience as a whole as it washes over her. The mindful listener also may decide that, having no particular interest in Schubert, she will choose to let the music shift to the background and concentrate on a paper she is going to write after the concert or fantasize about her attractive companion in the next seat. That is, the mindful listener can choose how to direct her attention. The practice of mindfulness skills cultivates the ability to notice where one's attention is and to redirect it if desired. Thus, even if a difficult problem is competing for her attention, the skilled mindfulness practitioner may find that she can choose to attend to the Schubert (or to any aspect

of the concert experience), rather than obsessing endlessly and fruitlessly over the problem while sitting in the concert hall and later regretting that she paid for a ticket, attended the concert, but missed the music.

SUMMARY AND CONCLUSIONS

Mindfulness is a particular type of human attentional capacity that, although originally described in the Buddhist tradition, can be studied scientifically within psychology. The available literature strongly suggests that the study of mindfulness is likely to advance our understanding of human suffering, psychopathology, and treatment. Mindfulness-based approaches have interesting similarities and differences with traditional CBT strategies. Most of these are related to the important relationship between acceptance and change that has become a central topic in CBT (Hayes et al., 2004; Linehan, 1993a, 1993b). Several of the empirically supported treatment approaches mentioned in this commentary (ACT, DBT, and MBCT) have developed intriguing ways of integrating mindfulness training strategies with more change-oriented CBT strategies. We suggest that further study of these interventions and of mindfulness as a psychological variable will clarify the relationships between mindfulness and CBT, and that this is a very promising area for additional research.

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Acknowledgments. We thank Cassandra Vieten, PhD, for helpful comments on an earlier draft.

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