WEEK 3: FINDING FREEDOM THROUGH FEELING TONE

MTPC PATIENT WORKBOOK WEEK 3: FINDING FREEDOM THROUGH FEELING TONE

Home Practice:

Formal Practice:

- Alternate each day between practicing mindful movement for 30-45 min OR practicing the body scan for 30-45 min using recordings provided.
- Other option: Practice mindful movement for 20 minutes each day AND also practice the body scan for 25 minutes each day, using recordings provided.

Informal Practice:

- Practice at least 1 informal practice each day
- Fill out the Pleasant and Unpleasant Event Diamond for <u>at least one pleasant</u> and unpleasant event this week.
- STOP ACHE GO Observing with Openness, while attending to Pleasantness, unPleasantness, and Neutrality of experience: Apply STOP-ACHE-GO to the pleasant and unpleasant events, and can also apply it to autopilots or stress if desired.

Handouts:

- Mindful Movement Guided Recordings (Standing and Floor Postures)
- Pleasant and Unpleasant Events Worksheets

Poem:

Guest House poem by Rumi

Optional Handouts:

- 5 Challenges
- Model of Mindful Self-Regulation—Schwartz and Shapiro
- Insula and Interoceptive Slides

The Guest House

Rumi

This being human is a guest house. Every morning a new arrival.

still, treat each guest honorably.

He may be clearing you out
for some new delight.

A joy, a depression, a meanness, some momentary awareness comes as an unexpected visitor.

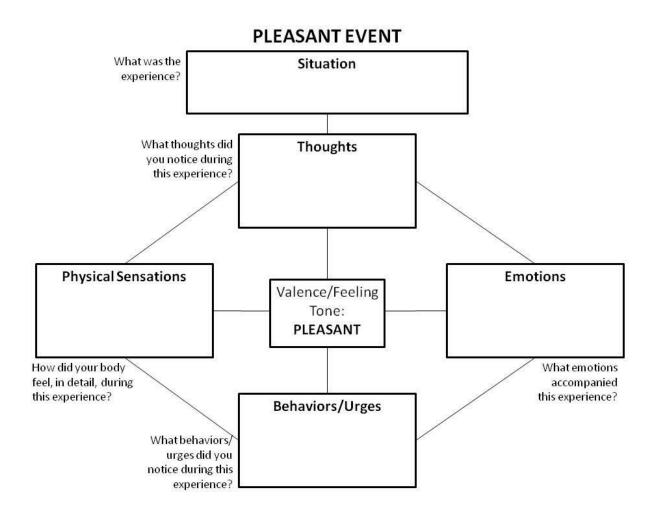
The dark thought, the shame, the malice.
meet them at the door laughing
and invite them in

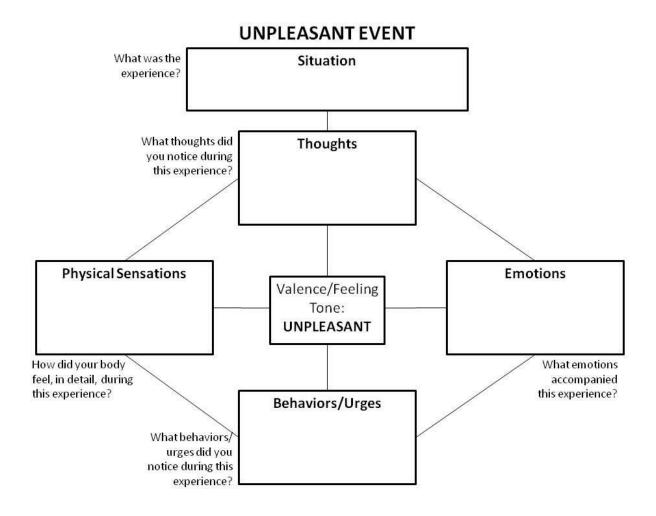
Welcome and entertain them all! Even if they are a crowd of sorrows, who violently sweep your house empty of its furniture,

Be grateful for whatever comes, because each has been sent as a guide from beyond.

PLEASANT/UNPLEASANT EVENT DIAMONDS

Fill out the Pleasant and Unpleasant Event Diamonds for at least one event each this week.





WEEK 3 OPTIONAL HANDOUTS

THE FIVE CHALLENGES

Restlessness/Agitation

Fatigue/Tiredness

Craving/Wanting

Aversion/Avoidance

Skeptical Doubt

Five Common Challenges in Meditation Practice

Changing habits, especially deep-seated ones, is like trying to turn around a very heavy boat: it takes a lot of steady pressure, and there can be a lot of resistance at first. As we work on changing our habits in this mindfulness training, learning to recognize the different types of resistance can help us work skillfully with them rather than being defeated by them.

1. Aversion/Avoidance

When feelings/thoughts/body sensations arise that are unpleasant our habit is to want them go away. This is the experience of aversion—wanting something to go away or be different. This can be especially strong when we first start to become aware of all that is coming up in the mind and body each moment, or when we start to cut down on the number of cigarettes we are smoking.

2. Craving/Wanting

When feelings/thoughts/body sensations that arise are pleasant, our habit is to want to hold on to them or get more. This is the experience of "wanting." It can be as subtle as wanting to feel relaxed, striving for some effect, or as extreme as an intense urge to smoke.

3. Restlessness/Agitation

This often comes up as a can't-sit-still or agitated feeling in the body and mind. This can also be experienced as worry.

4. Fatigue/Tiredness

This might be physical drowsiness or mental sluggishness. It might be in the mind, the body or both.

5. Skeptical Doubt

Doubt might be experienced as a sense of personal doubt ("I can't do this") or doubt about these techniques and its utility ("How is this going to help me stop smoking?). It is an especially tricky challenge because it can come masquerading as wise advice and thus can be very convincing. It can stop us in our tracks and keep us from trying anything new.

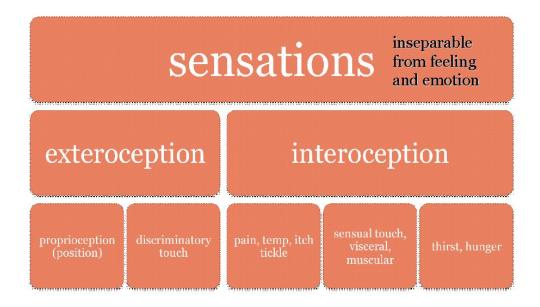
Working with the challenges

As these hindrances come up, we can start by first simply reminding ourselves that this is a natural part of changing any habit. Then we can mentally make a note "oh this is aversion" or "this is craving" and use STOP-ACHE-GO to help observe and investigate what it feels like in the body and mind to help us watch whatever it is arise and pass away without reacting to it. We can use this practice to prevent getting swept up by the experience and prevent ourselves automatically trying to change things to make the situation "feel better".

Adapted from Brewer et al. (2010)

INSULA AND INTEROCEPTIVE SLIDES

Interoception



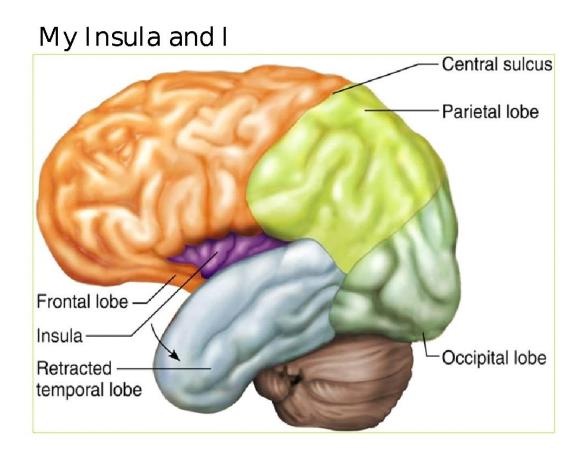
With permission from Kasat-Shors and Schuman-Olivier

As we begin to pay attention to our bodies with the body scan, we may start to notice new two major types of sensations beyond the 5 senses everyone learned about in school. The first is proprioception, which is the feeling of our body in space. While you were practicing mindful stretching, you were able to know where you arm or legs were even with your eyes closed. That's proprioception.

The second is called interoception. Interoception refers to a group of sensations that are monitoring the homeostatic state of the body--they are monitoring from each moment if we are ok and if we have what we need. If you experienced pain, tickle, itch, heat or coolness, sensual touch, visceral feelings (such as your bowels moving and stretching, heart beating, blood pumping through arteries, etc.), muscular sensations (like the burn after a workout), the feeling of being thirsty or hungry, or the feeling of air hunger in the moment before your body knows to take breath, the you experienced an interoceptive sensation.

From moment to moment, our mind generates predictions about how it should feel in our bodies to be OK. When our interoceptive state is different from that prediction, there

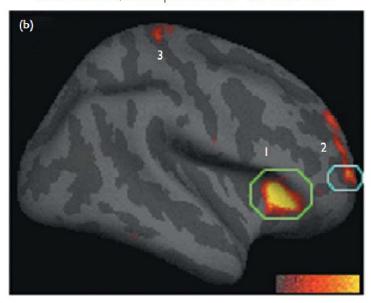
is often a seemingly automatic impulse move to fix it. Importantly, neuroimaging studies, suggest that major emotions are generally accompanied by an interoceptive component, and it is theorized that it is our reaction to this interoceptive component that plays a role in motivating us and other animals to move into action to make our internal status feel ok again.



Amazingly, until about 10 years ago, no one had really understood that interoception was a real phenomenon. This is because we used to measure "real" brain activity with EEG leads placed on the outside of the head, and these have difficulty picking up a hidden brain area called the insula. Insula means island and it refers to this little island of cortex tucked between the frontal and temporal lobes. When this area started to light up on the brain imaging tasks related to emotions and craving (N.B. the first was the feeling of disgust by the way), scientists began to realize that the insula is where all these interoceptive sensations are integrated and experienced into a moment-to-moment assessment of how I feel in my body right now?

Meditation experience is associated with increased cortical thickness

Sara W. Lazar^a, Catherine E. Kerr^b, Rachel H. Wasserman^{a,b}, Jeremy R. Gray^c, Douglas N. Greve^d, Michael T. Treadway^a, Metta McGarvey^e, Brian T. Quinn^d, Jeffery A. Dusek^{f,g}, Herbert Benson^{f,g}, Scott L. Rauch^a, Christopher I. Moore^{h,i} and Bruce Fischl^{d,j}



NEUROREPORT

Vol 16 No 17 28 November 2005

Sarah Lazar showed that people who have a lot of experience practicing mindfulness meditation get increased cortical thickness in the right anterior insula, which is the final place where all the interoceptive information is integrated and where the experience of "I am" is established from moment-to-moment.

Anterior insular and experience of pain

Altered anterior insula activation during anticipation and experience of painful stimuli in expert meditators

Antoine Lutz a.c.e.*, Daniel R. McFarlin a, David M. Perlman a.b.c., Tim V. Salomons a.b.d, Richard J. Davidson a.b.c

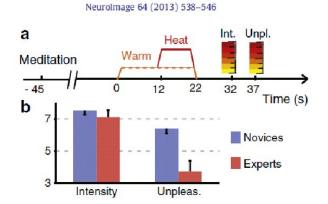
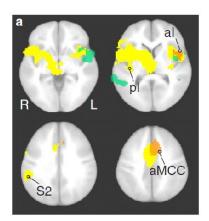
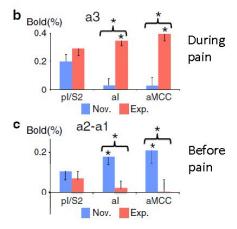


Fig. 1. Experimental design and behavioral results, a. Trial structure, Each trial consisted of a visual cue followed by a 45 s meditation period, a 12 s warm thermal stimulation followed by either a warm or painful thermal stimulation. After each trial, subjects rated pain intensity and unpleasantness on a visual analog scale. b. Pain intensity and unpleasantness ratings for novices and experts performing OP. Error bars are SEM. Experts rated less unpleasantness than novices but rated intensity as comparable.





What we have come to realize is that mindfulness practice, the body scan in particular, helps us become aware of our interoceptive sensations. This enhances emotion regulation and also helps reduce pain and suffering. For instance in this study conducted by Lutz and Davidson, they compared those with extensive mindfulness experience with those with no experience. After 45 seconds of meditation, they delivered 12 seconds of warm thermal stimulation and then followed it by either 12 seconds of really hot stimulation or just another 12 seconds of warmth. What they found is that mindfulness practitioners rating the heat as the same intensity but it was less unpleasant than controls. Interestingly, during the actual very hot stimulation, the insula showed higher levels of activation in the meditators than controls. In contrast, during the warmth but before the hot, the controls showed higher insula activation than the meditators who had no activation. The meditators experience the pain while it was there and then let it go, while the non-meditators were already experiencing the emotional reaction to the pain before it even came. This is suffering, which is why the thermal sensation was so much more unpleasant for them. In this way, we can see how our emotions and our internal body reaction can take over. By practicing mindfulness and learning to be in the moment and to experience the coming and going of each interoceptive sensation without getting caught up with it, we are able to just notice the sensations and let them pass without allowing our brains to build a permanent house of

suffering around it. By noticing the changing nature and feeling tone/valence of sensation (pleasant, unpleasant, neutral) from moment-to-moment, we are able to avoid getting swept away by it, automatically reacting to it, and perpetuating our suffering. This is freedom.

MODEL OF MINDFUL SELF-REGULATION

Intention leads to attention
Attention leads to connection
Connection to regulation
Regulation to order
And order to "ease"

Dis-intention leads to dis-attention

Dis-attention leads to dis-connection

Dis-connection to dis-regulation

Dis-regulation to dis-order

Dis-order to "dis-ease"

When "ease" is opposed to "disease" Generally it's referred to as "health"

Adapted from Shapiro, S.L. & Schwartz, G.E. (2000).