



UNIVERSITY OF TORONTO  
OISE | ONTARIO INSTITUTE  
FOR STUDIES IN EDUCATION

**Critical Multicultural and Diversity Symposium**

# **Mindfulness and Psychotherapy** **Deepening our Theory and Practice**

## **Programme and Abstracts**

*Saturday, 1<sup>st</sup> May 2010 (9.00 - 4.30)*

*at*

*Ontario Institute for Studies in Education (OISE)  
Toronto, Canada*



**Centre for Diversity in Counselling and Psychotherapy**



# PROGRAMME

8.00 – 9.00     **Registration**     *(Library)*

9.00 – 9.15     **Welcome & Introductions**     *(Library)*

9.15 – 10.00     **Keynote Presentation**     *(Library)*

An Overview of Mindfulness in Psychotherapy  
*Dr. Ana Bodnar*

10.00 – 12.00     **Parallel Paper Presentations**     *(5<sup>th</sup> Floor)*

*Paper Session 1*     *(5-250)*

- Mindfulness and the cognitive science of wisdom - *John Vervaeke*
- Is 'mindfulness' universal? A look at Buddhism and Western contemplative traditions - *Sarah Horowitz & Mariya Kochetkova*
- Learning to stand still: The role of mindfulness in a clinical case  
*Dora D. Clarke-Pine*
- Altruism therapy: How ethical behaviour could promote client happiness  
*Andrew Jehan*

*Paper Session 2*     *(5-280)*

- Mindfulness practice at the cognitive behaviour therapy clinic: Reflections on the development of a new mindfulness program - *Joseph L. Flanders*
- Getting out of the chair: When and how to integrate yoga and psychotherapy - *Maya Hammer*
- Mindfulness and classical yoga - *David Friesen*
- Mindfulness meditation: Learning to reconnect to one's body as a treatment for women with disordered eating - *Raha Mirian*
- Pañña development in counseling process: a case study of Thai student  
*Supaporn Pradubsamut, Soree Pokaeo & Supang Chantavanich*

**Paper Session 3**

(5-150)

- Existential mindfulness - *Ken Walton*
- Mindfulness and the embodied practitioner: Mirror neurons in the intersubjective field - *Gordon Dalziel*
- Mindfulness and self-compassion for gay men living with HIV: Enhancing mindfulness-based stress reduction to better address internalized stigma  
*Bill Gayner*
- Mindfulness meditation: A new approach to working with sexual offenders  
*Terra Dafoe*

**12.00 - 1.00 Poster Session and Lunch (provided)**

(Library)

- Cultivating well-being and self-care in health care professionals through mindfulness-based medical practice - *Irving, J.A., Chen, A., Park, J., & Dobkin, P. L.*
- Spirituality: Cultural and individual differences in Korean and US samples  
*Deborah Greenwald, David Harder & Youngshin Kang*
- Transformative mindfulness and the 16 guidelines: The essential education tool box - *Craig Mackie*
- (Step)mothering, mindfulness and transformative change - *Jasjit Sangha*
- Mindfulness-based group intervention for university art students  
*Nadia Stolpner*
- Mindfulness and meditation for pregnant women - *Liana Voia*

**1.00 – 2.00 Keynote Presentation**

(Library)

Empirical, Theoretical and Clinical Issues in the Integration of Mindfulness Meditation and Psychotherapy  
*Dr. Tony Toneatto*

**2.00 – 4.00 Experiential Workshops**

(5<sup>th</sup> Floor)

**Workshop 1**

(5-150)

- Mindfulness and intuition: Implications and applications for therapist and therapy - *Katherine Opashinov*
- Developing focus in therapy: An introduction to various tools and

techniques designed to develop “informal” mindfulness in clients  
*Mary-Ann Hulick*

**Workshop 2** (5- 230)

- Focusing and the arts as a mindfulness tool in psychotherapy: Clearing a space for the therapist and patient - *Vivien Marcow Speiser*
- The mindful eye: The practice of mindfulness through the art of photography - *Joanne Duma*

**Workshop 3** (5-250)

- Modulating the inner dialog: How mindful reflection combines mindful awareness with reflective engagement - *Stephen Schettini*
- Creating space for mindfulness-based interventions in health care settings: The art, the science, and the role of psychologists - *Patricia Poulin*

**Workshop 4** (5-280)

- Integrating cognitive therapy into mindfulness  
*Kate Kitchen & Kirstin Bindseil*

**4.00 - 4.30 Plenary and Closing** (Library)

## KEYNOTE PRESENTATIONS

### **An Overview of Mindfulness in Psychotherapy – *Dr. Ana Bodnar***

Mindfulness Meditation has come to be recognized as a powerful force in deepening personal experience, as well as being effective in healing from a variety of life difficulties. Mindfulness approaches inform a variety of healing and psychotherapeutic techniques, including Mindfulness Based Stress Reduction, Mindfulness Based Cognitive Therapy, Dialectical Behaviour Therapy and Acceptance and Commitment Therapy, among others. Mindfulness based therapies have been developed for a wide variety of mental health problems, such as stress, anxiety, depression, eating disorders, addictions, and other emotional, physical, mental and spiritual difficulties. Mindfulness meditation is also a rich approach in enhancing therapist presence with the client and supporting therapist self-care and development. This keynote address will provide an overview of these issues as well as an introduction of specific kinds of mindfulness based clinical interventions.

#### **Biography**

*Ana Bodnar holds a doctorate in psychology from the University of Toronto and is a Registered Clinical Psychologist. Dr. Bodnar has been a Certified Yoga and Meditation Teacher for 20 years. She is Adjunct Faculty at the Ontario Institute for Studies in Education/UT and the Co-Director of the Institute for the Integration of Mindfulness Meditation and Psychotherapy. Dr. Bodnar teaches in the area of mindfulness and psychotherapy for mental health agencies, professional associations, community groups and yoga centres.*

### **Empirical, Theoretical and Clinical Issues in the Integration of Mindfulness Meditation and Psychotherapy - *Dr. Tony Toneatto***

As mindfulness interventions for a wide range of emotional disorders continue to proliferate in Western culture, they are increasingly being integrated into psychotherapy practice. This presentation will explore several unresolved and ongoing issues in what we know, what we don't know, and what we need to know in effectively integrating mindfulness meditation and psychotherapy. Specifically, the following issues will be addressed: empirical limitations in the efficacy of mindfulness interventions, theoretical challenges in integrating mindfulness into other clinical interventions, and the clinical implications, highlighting the dangers, in integrating mindfulness and psychotherapy.

### **Biography**

*Tony Toneatto received his doctorate in clinical psychology from McGill University. He is a registered psychologist in Ontario. Dr. Toneatto is currently an Associate Professor in the Department of Psychiatry at the University of Toronto and the director of the Buddhism, Psychology and Mental Health undergraduate minor program. He is also the director of the Toronto Institute of Mindfulness Meditation and Psychotherapy. Dr. Toneatto's research interests include mindfulness meditation, pathological gambling, and short-term psychotherapies.*

## **PARALLEL PAPER PRESENTATIONS**

### **PAPER SESSION ONE**

#### **Mindfulness and the cognitive science of wisdom**

*John Vervaeke, PhD*

This paper argues from a cognitive science perspective for a re-conceptualization of mindfulness that allows for theoretical integration with independently established psychological constructs such as insight, relevance realization, self-regulation, and neural network constructs such as internalization (Vervaeke, Lillcrap, and Richards, 2009). This will help to explain how mindfulness can function to enhance insight and self-regulation. It will also be argued that mindfulness practices need to be complemented with contemplative practices in order to improve the cultivation of insight and self-regulation. Finally this more complete understanding of mindfulness and its role will be used to provide an explanation of how mindfulness can contribute to the cultivation of wisdom and the role this plays in spiritual development.

#### **Is 'mindfulness' universal? A look at Buddhism and Western contemplative traditions**

*Sarah Horowitz, MA Candidate & Mariya Kochetkova, MEd Candidate*

Research on mindfulness in mental health increasingly acknowledges that mindfulness has roots in many spiritual, religious and contemplative traditions, rather than solely in Buddhism. However, the use of mindfulness in other traditions is often referenced in support of the universal applicability of mindfulness, without addressing those traditions in any detail – or demonstrating that 'mindfulness' as it exists in those traditions mirrors the concept of mindfulness in Buddhism or in contemporary psychotherapy research and practice. This paper presents a preliminary exploration of the meditative traditions within Christianity, Judaism and Hinduism that relate most closely to mindfulness, placing them in social and historical context, and comparing them to mindfulness in Buddhism and contemporary psychology research. Questions are raised as to what role, if any, other religious traditions might play in

the expanding field of mindfulness in psychotherapy, and the role of religion and spirituality in what is often seen as a secular practice.

### **Learning to stand still: The role of mindfulness in a clinical case**

*Dora D. Clarke-Pine, PhD*

A middle-aged female with diagnoses of panic disorder without agoraphobia and a debilitating personality disorder is presented. This client was not only well known to emergency room personnel in that she would visit the hospital, on average, 3-4 times a week convinced she was experiencing problems from an undiagnosed heart condition, but she was also well known to the psychiatry and neurology department where she sought periodic treatment over the years. When she returned for treatment during this clinician's tenure at the department, no mental health professional volunteered to take on her case (which was an obvious red flag to this author, an indication that numerous countertransferences existed). Thus, the case was *assigned* to two members of the clinical team—this psychologist (i.e., “the new kid on the block”) and a psychiatrist. Sadly, this is a case where past countertransferences appeared to play a significant role in a previously unsuccessful treatment process. When the case was appropriately conceptualized by the new team and an appropriate intervention applied, the client began to make significant treatment gains. Mindfulness (i.e., the ability to pay attention to details, remember information, display acceptance, and avoid judgment) played a pivotal role in this client's successful treatment outcome.

### **Altruism therapy: How ethical behaviour could promote client happiness**

*Andrew Jehan, BA (Hons)*

The aspect of Buddhist practice least investigated by Western psychology is ethical behaviour. In the west, ethical behaviour is a form of self-sacrifice rather than a formula for personal wellbeing. We see the beneficiary of kindness as its recipient, not its donor. But as unlikely it may seem, altruism may be a rich, untapped behaviour therapy. I first defend a contentious interpretation of the Buddhist claim that craving is the cause of suffering. I argue that all desires are necessarily accompanied by dissatisfaction. While recent findings on the benefits of mindfulness suggests that attempting to overcoming a negative emotion (such as desire) may be far less beneficial than simply observing the emotion, the benefits of this technique may nevertheless be due to its ability to mitigate the emotion. The reduction of negative emotions, therefore, may be the true goal of therapy even if that goal is hidden from the client for practical reasons. I then consider how ethical behaviour could function to decrease desire. I hypothesize that when a person who would typically behave selfishly instead chooses to act selflessly, cognitive dissonance is generated regarding the intensity of that person's desires. Much research

on how cognitive dissonance affects preferences suggests that a person's true desires will be reduced when she acts as though she does not desire. If the presented hypotheses are correct, a behavioural therapy that emphasizes altruism may be highly effective in increasing client happiness and subjective well-being.

## PAPER SESSION TWO

### **Mindfulness practice at the cognitive behaviour therapy clinic: Reflections on the development of a new mindfulness program**

*Joseph L. Flanders, PhD*

The Cognitive Behaviour Therapy Clinic at the Montreal General Hospital has been providing CBT services to the Montreal community for over 30 years. The clinic recently developed a Mindfulness program as a complement to its traditional strength. The response from the community has been enthusiastic. The proposed presentation will discuss the role of Mindfulness services in a CBT treatment setting, the need these services address in the community around the clinic, and the challenges of promoting Mindfulness in the unique cultural context of Montreal. I will review evidence for the effectiveness of Mindfulness-based treatments for the most common reasons for referral to our clinic including: depression, anxiety, and work-related stress. I will also include a practical demonstration of the elements of Mindfulness in CBT treatments. Finally, I will present plans for our research program comparing the impact of traditional Cognitive Therapy and Mindfulness Techniques on cognitive distortions commonly observed in our patients.

### **Getting out of the chair - When and how to integrate yoga and psychotherapy**

*Maya Hammer, MA*

Yoga is an integral part of mindfulness-based programs and is increasingly used in psychotherapy. Phoenix Rising Yoga Therapy is a healing modality that combines yoga and psychotherapy. This technique is helpful for clients who somatize experiences or do not understand the connection between physical and mental well-being. Often, this results from repression or trauma. Working with the body facilitates the release of emotions or past events that cannot be accessed through the mind alone. Clients report increased awareness of the mind and body, deep physical and emotional release, as well as feelings of peace and empowerment from successful treatment. This presentation will discuss how yoga and Phoenix Rising Yoga Therapy can be used alongside conventional western therapy. A demonstration and discussion will follow.

## **Mindfulness and classical yoga**

*David Friesen, MA, BEd, CYT*

The busy mind is one obstacle that arises time and time again for those beginning a mindfulness meditation practice. In less of a paper presentation and more of a talk, I will overview the classical system of yoga outlining time-tested practical suggestions for solving this problem. In this tradition, yoga is not seen as a physical practice or exercise routine. Rather, it is understood as the science of integrating mind, body and spirit. In his classic text, *The Yoga Sutras*, Patanjali recorded the activities and exercises that proved fruitful for yoga practitioners throughout a history dating back thousands of years. It is from this text that I draw the suggestions for taming the busy mind.

## **Mindfulness meditation: Learning to reconnect to one's body as a treatment for women with disordered eating**

*Raha Mirian, MA Candidate*

As the Western field of mental-health increasingly adopts a holistic approach to well-being, Mindfulness Meditation has gained favor and has become integrated in treatment plans for a growing range of ailments. Currently, there are over 70,000 people with disordered eating in Ontario alone, 90% of which are female. While mindfulness based programs have been implemented for this population, research has mainly focused on changes in distorted thoughts and eating behaviors. More recently, The Developmental Theory of Embodiment has offered additional insight into the factors and etiologies that cause and maintain eating disorders in women. Supported by over a decade of empirical research, this theory asserts that disordered eating stems from a disconnection between the person and their body. Since Mindfulness Meditation teaches one to become grounded in, and reconnected with, one's body, it is perfectly suited for working with eating disordered clients. This presentation highlights existing research on mindfulness programs for disordered eating, while investigating the promise of increasing embodiment exercises in such programs in order to augment their benefits for serving women with disordered eating.

## **Pañña development in counseling process: a case study of Thai student**

*Supaporn Pradubsamut, PhD Candidate, Soree Pokaeo, EdD, & Supang Chantavanich, PhD*

Pañña is the most important condition of mind because it helps us to live with understanding in the world and in life. Pañña helps eliminate misunderstanding of life and psychological suffering and facilitate people to live harmoniously with reality. A Buddhist counselor uses the Four Noble Truths as a map to bring people from the state of "not understanding" to

“understanding” to help them and able to live peacefully and happily”. A case study brought to this presentation will show the emergence of pañña in a client and will show the practice of a Buddhist counselor in facilitating the emergence of pañña in a client. The presentation is an excerpt dialogue between a Buddhist counselor and a client in an individual counseling session. An in-depth interview of the researcher shows the psychological process between a counselor and a client. A study shows that an emergence pañña in a client is in accordance with the steps of the Four Noble Truths.

### PAPER SESSION THREE

#### **Existential mindfulness**

*Ken Walton, MEd Candidate*

Mindfulness practices open up peoples’ consciousness to many psychic dimensions. Popular forms of mindfulness help people become aware of their negative thought patterns, and to realize their interconnected nature. However, mindfulness can also help people find acceptance of their existential nature. There are many benefits to mindfully embodying the existential experiences of separation, loss, and isolation. Mindfulness practices can help people deepen these experiences, and find resilience within a spiritual identification of their ‘fallen state’. This presentation will outline many important techniques in which to mindfully work with existential experiences. The importance of surrendering to the moment and the ability to accept conflicting psychic states is emphasized. This presentation will also highlight the many traditions which inform this practice. The Romantic era’s emphasis of psychically struggling with the integration of spirit and matter, and the humanistic tradition’s emphasis of staying in the here-and-now, both inform modern existential mindfulness practices. Existential mindfulness has great relevance to being able to therapeutically engage with the struggles of our postmodern world.

#### **Mindfulness and the embodied practitioner: Mirror neurons in the intersubjective field**

*Gordon Dalziel, EdD Candidate*

Despite the enormous growth in recent years of mindfulness based theory and intervention models and the growing body of research demonstrating the effectiveness of mindfulness based therapeutic approaches, the actual mechanisms that govern the effectiveness of mindfulness in psychotherapy remain largely unexplored. Though there has been some general theory proposed in this regard, published work to date contributing to the literature on the integration of mindfulness and psychotherapy has tended to focus on construct definition, intervention model characteristics, and outcome evaluations. In addition, this literature has tended to be

highly client focused, with intervention models that feature mindfulness based training as part of a treatment protocol. It seems in fact that very little research has been undertaken to explore in depth how therapist mindfulness, cultivated within the therapist's own personal practice, has impact on what actually takes place in the context of a therapeutic exchange. Mindfulness, in its concern for the cultivation of attention and non-judgmental awareness, would appear to reflect an intention that closely aligns with a traditional understanding of therapeutic empathy. In attempting to extend our understanding of the operations of mindfulness and empathy as mechanisms that affect the dynamics of the client/therapist dyad, I propose that recent discoveries in the field of neuroscience, particularly the neuroscience associated with *mirror neuron theory*, and *embodied simulation* might be explored from the point of view of a mindfulness-based clinician. To compliment the body of literature that currently centres on the delivery of forms of mindfulness training to the client, this paper will focus instead on the therapeutic potential associated with the embodied experience of the practitioner. Current findings and theoretical formulations in neuroscience are considered in an effort to produce a more comprehensive conceptualization of what happens in therapy, and how practitioner mindfulness and embodied empathy, combine to effect therapeutic outcomes.

### **Mindfulness and self-compassion for gay men living with HIV: Enhancing mindfulness-based stress reduction (MBSR) to better address internalized stigma**

*Bill Gayner, MSW, RSW*

We will explore an attempt to develop a multi-modal, mindfulness-based stress reduction (MBSR) group approach (Kocovski et al., 2009) to better address internalized stigma in gay men living with HIV, an approach that might be applicable to other stigmatized populations. An intent-to-treat analysis of our previous randomized controlled trial of MBSR for gay men living with HIV (n=117) found clinically meaningful improvements in psychosocial functioning, specifically, decrease in avoidance (IES) and increases in positive affect (PANAS) and mindfulness (TMS), including both TMS subscales, curiosity and decentering. However, there may be room for improvement—although increases in mindfulness in our study were of the same order as seen in the TMS validation study which included pooled data from MBSR groups for cancer patients and mixed medical patients (Lau et al., 2006), the baseline and post-group levels of mindfulness in our study were much lower. While HIV shares stressors with other illnesses such as functional losses and existential issues, HIV is highly stigmatized, as is homosexuality. Stigma internalized as self-criticism and shame can have serious psychological effects including difficulties in generating self-warmth and suppression of the attentional capacities mindfulness seeks to develop (Gilbert, 1998). We will explore an attempt to enhance problem formulation and treatment specificity for MBSR for gay men living with HIV by integrating social mentality theory and self-compassion practice (Gilbert & Procter, 2006). The

presentation will include clinical observations and feedback from clients.

### **Mindfulness meditation: A new approach to working with sexual offenders**

*Terra Dafoe, MA Candidate*

Traditional rehabilitation programs for sexual offenders are based upon the principles of Relapse Prevention (RP). This problem oriented approach focuses primarily on disorted cognitions and skill deficits, which results in feelings of inadequacy and a lack of motivation to engage in treatment goals. This presentation discusses how mindfulness meditation, a novel strength-based approach to correctional treatment programming, may be of use in working with sexual offenders. It is proposed that mindfulness meditation shifts the focus from individual skill deficits and concentrates on helping individuals to lead healthy, satisfying, offense-free lives. In addition, a review of the mindfulness literature suggests that mindfulness meditation has been succesful in promoting healthy coping and emotion regulation skills, two areas highlighted as being important treatment needs for sexual offenders. This presentation will focus on how mindfulness meditation can be used to help improve sexual offenders' specific regulation and coping difficulties, as well as their overall quality of life, leading to a reduced risk of sexual recidivism. Preliminary results of mindfulness meditation programs recently introduced in North American prisons will be discussed, with specific relevance as to how these outcomes may be uniquely beneficial for this specific correctional population.

## **POSTER PRESENTATIONS**

### **Cultivating well-being and self-care in health care professionals through mindfulness-based medical practice**

*Irving, J.A., Chen, A., Park, J., & Dobkin, P. L.*

The present study explores the potential of Mindfulness-Based Medical Practice (MBMP), an intervention modeled after MBSR, to foster well-being and self-care practices in health care professionals. Considering the risk of stress and burnout found in helping professions, and the deleterious consequences for both workers and patients, the comprehensive study of protective mechanisms that promote the well-being of health care professionals is becoming increasingly critical. Following a mixed-methods design, this research triangulates quantitative and qualitative pilot data from 51 participants, composed of physicians, psychologists and other healthcare professionals, enrolled in the 8-week MBMP program. In addition to demographic data collected at baseline, participants completed self-report outcome measures pre and post intervention, including the Maslach Burnout Inventory- Human Services Survey (MBI-HSS), Perceived Stress Scale-10 (PSS-10), Scales of Psychological Well-Being (SPWB), and Center for

Epidemiologic Studies Depression Scale (CES-D). Two process measures were also administered: the Mindful Attention Awareness Scale (MAAS), and the Self-Compassion Scale (SCS). With the exception of one dropout, all participants completed the study, and preliminary analyses of the pilot data yielded significant decreases in measures of burnout, perceived stress, depressive symptoms, and increases in mindfulness and aspects of self-compassion. Participants also reported having found the program to be beneficial in terms of enhanced awareness of and ability to disengage from ruminative thoughts. This pilot study suggests that a wide range of healthcare professionals enrolled in MBMP can benefit from the intervention in a number of areas related to individual well-being.

### **Transformative mindfulness and the 16 guidelines: The essential education tool box**

*Craig Mackie, MSW Candidate, MA*

This poster presents the various therapeutic modalities developed by Essential Education for individuals and groups. The “16 Guidelines for Life” are a modern secular adaptation of an ancient Tibetan doctrine that transforms conflict and aggression into compassion and wisdom at the individual and societal level. They have been piloted as the basis for a mindfulness-based model of character development and citizenship education for adolescents in addictions treatment at the Pine River Institute and youth at-risk at Trails Youth Initiatives. Transformative Mindfulness is a therapeutic modality that takes the self-awareness and cognitive skills developed in mindfulness based therapeutic intervention and incorporates embodied experience and wisdom as transformative properties. Given the right conditions, the result is a therapeutic modality capable of dealing with trauma, abuse and a range of acutely affective psychological states.

### **Spirituality: Cultural and individual differences in Korean and US samples**

*Deborah Greenwald, PhD, David Harder, PhD & Youngshin Kang*

Guiding people to mindfulness and spirituality is increasingly recognized as a powerful healing path, allowing for the release of negative responses and an increase in a sense of wholeness, purpose, and serenity. We assessed individual perceptions of spirituality by multiple methods, including a spirituality scale and a recounting of personal spiritual experiences, in two samples, a diverse U.S. sample of 290 and a South Korean sample of 246. Spiritual experiences were described in ways suggestive of mindful, vivid attention to an event, the opposite of mundane or routine experience. Factor analyses of scale responses revealed considerable overlap in dimensions of spiritual experience for the two samples, consistent with findings from the interview responses, as well as some differences. The Korean sample emphasized a factor labeled Happy/Peaceful/Calm to a greater extent than did the U.S. sample. The U.S.

participants showed a greater emphasis on Self-Effacing Altruism. Both samples characterized angry experiences as the opposite of spirituality. The specific spiritual experiences described by individuals showed considerable variation, including those that emphasized meaningful connections (to nature, close relationships, ancestors), mystical experiences, musicality, and numerous others. The differences between cultural conceptions of spirituality as well as the great variety of individual spiritual experiences strongly suggest that, to be maximally helpful, therapists should be mindful of what is culturally and individually compelling in the spiritual realm for their clients. Some specific examples will be included.

### **(Step)Mothering, mindfulness and transformative change**

*Jasjit Sangha*

Prema Chodron (1991) advises that accepting our life circumstances can be a “vehicle for waking up” by serving as a catalyst for spiritual transformation. Jon and Myla Kabat-Zinn (1998) relate this concept to parenting when they advise, “The challenge is to see if we really can embody, fully, the life that is ours to live, with the children that are ours to nurture, right here, right now...” For mothers, engaging in mindful parenting and mothering can be difficult when societal pressures to be a “good mother” cause feelings of inadequacy, self-doubt and resentment. For many mothers, the experience of mothering can “deteriorate into martyrdom” through a constant neglect of their own needs (Northrup, 2005). In this poster presentation I will examine how a practice of mindfulness, embedded within a larger spiritual practice can reverse this decline into “martyrdom” and restore a sense of self for mothers. I will draw on my recently completed doctoral dissertation *Meri Kahanee Sono (Listen to my story): A Step Mother’s Journey of Healing and Renewal*, informal interviews with mothers who are engaging in mindfulness, and appropriate academic and non-academic literature to further explore how this transformation can occur for mothers.

### **Mindfulness-Based group intervention for university art students**

*Nadia Stolpner, MSW, RSW*

Many Ontario College of Art and Design university (OCAD) students experiencing mental health challenges, learning disabilities, and chronic physical conditions would like to not be controlled by overwhelming thoughts and emotions, to reduce stress they experience, and to improve their ability to focus. The poster will present The Art of Peace and Power Within mindfulness-based group that has been meeting the needs of the students for two years. The Art of Peace and Power Within intervention is based primarily on Jon Kabat-Zinn and colleagues’ Mindfulness-based Stress Reduction group and Zindel Segal and colleagues’ Mindfulness-based Cognitive Therapy group, adapted for art and design university students ages 18 to 52.

The group is targeted for students registered with OCAD Accessibility Centre and is open to all OCAD students. The poster will share what has been working in running the group based on direct experience of running 4 semester-long groups. This will include adaptations to group curriculum to reflect a limited amount of time students have for formal practice in and outside the group. Incorporating guided imagery and using drawing as a means for participants to express and share experiences, as well as emphasis on maintaining an informal group environment and flexibility in exercises to allow for each student's unique expression. Furthermore, the presentation will share group curriculum as well as research results from pre- and post- group questionnaires demonstrating that participation in the group is associated with improvements in student well-being.

### **Mindfulness and meditation for pregnant women**

*Liana Voia*

The poster presents the current and other possible uses and benefits of mindfulness and meditation for pregnant women, in addition to other complementary modalities (i.e., hypnosis and yoga). Mindfulness and meditation have proved to be useful tools in helping the expectant women understand and cope with challenging thoughts and situations during pregnancy, labour and birth. Particularly, mindfulness can safely and successfully replace dissociative hypnotic techniques for childbirth-related stress, tension and/or pain. Mindfulness is still underused and often misunderstood both by the future moms and health practitioners. Mindfulness represents more than being in the here and now; it helps the expectant woman stay attuned to her body and mind, and to her child. Mindfulness assists the woman moment to moment, and it helps increase her confidence and self-control. Finally, the presentation addresses the need for more research in this area and it suggests future recommendations for mindfulness programs and research.

## **EXPERIENTIAL WORKSHOPS**

### **WORKSHOP ONE**

#### **Mindfulness and intuition: Implications and applications for therapist and therapy**

*Katherine Opashinov*

In a deep state of mindfulness a therapist can pickup intuitive information about their client. This information can lead to developing an exceptionally fast and strong empathic bond with a client. It can help fill in gaps in a client's story, in diagnosis, and in developing the most appropriate therapeutic response strategy. Workshop participants will have a chance to experience hands-

on the connection between mindfulness and intuition and to have insight into the process of developing therapeutic intuition. Time permitting there will be a question and answer period so participants can better understand their personal and unique form of intuition and how they can apply it to their therapeutic modality or particular therapeutic challenges.

**Developing focus in therapy: An introduction to a specific method to developing “informal” mindfulness in clients as a way of setting goals for therapy and becoming focused, engaged and empowered in their own therapeutic process**

*Mary Ann Hulick, MA, MEd*

“Informal mindfulness” is to apply purposeful, non-judgemental observation to our lives, to learn to pay attention to the moment, to develop self awareness, and to be open to the body-mind connection in health and healing. The tools and techniques presented will include specific ways of using divination cards, questionnaires and daily readings designed to assist clients in releasing perceived obstacles to change and to focus on their positive attributes, strengths and creativity. By doing so, goals in therapy become very specific and the client begins to realize that no matter what is going on in his or her live, change is possible and that each small step taken makes that change happen. Thus the creativity of the individual is awakened in the manner in which the card, question or reading is interpreted and often becomes the first step to finding an empowering solution or different way of looking at life allowing a new flow of energy to enter the client’s life. Once any one of these aides to healing is introduced, it often becomes an integral part of ongoing counselling sessions, as a way for the client to connect to inner guidance and direction, to engender a sense of encouragement and to feel empowered in the process.

## WORKSHOP TWO

**Using focusing and the arts as a mindfulness tool in psychotherapy: Clearing a space for the therapist and patient**

*Vivien Marcow Speiser, PhD & Phillip Speiser, PhD*

This workshop will introduce participants to the practice of “clearing a space” which is the first step in learning the practice of Focusing. Focusing, as developed by psychologist Eugene Gendlin is a Mindfulness practice that teaches the person to listen inwardly to the ongoing ‘flow of experience’ and direct/organize this experience towards a process of change. This practice serves to concretize this flow of experience and give us tools for accessing our bodily and creative intelligences. During this workshop participants will be taught to become aware of the inner space within the body and integrate simple arts activities that can be used in practice with our clients. The presenters use this technique in their clinical and academic work

with clients and students and will draw upon case examples as well as experiential structures to illustrate this method.

### **The mindful eye: The practice of mindfulness through the art of photography**

*Joanne Duma, EdD, R. Psych*

The visual art of photography lends itself well to the practice of mindfulness. By being fully attentive (in the present moment) to the inner experience of perceiving the visual elements of the external world, we can enter a state of mindfulness that allows for a more expansive sense of self in the world. The current presentation focuses on bringing together the practice of mindfulness and the art of photography in the interest of psychological and spiritual growth. Firstly, the experiential process of approaching photography in a mindful way is explored along with the important underlying attitudes such as receptivity and openness. Secondly, the presentation addresses how such an approach can facilitate psychological growth by accessing elements of therapeutic change. Through a mindful reflection, of both the image and the experience of taking the image, the more hidden parts of the self can be revealed and explored. Thirdly, mindful photography as a spiritual practice is discussed. By seeing beyond the surface appearance of things and experiencing a more expansive sense of self, the possibility arises for greater compassion and a deeper sense of unity. A personal example of practicing mindful photography as well as reflections and exercises will be included in the presentation to better illustrate how photography can promote the practice of mindfulness.

## **WORKSHOP THREE**

### ***Modulating the inner dialog: Using mindful reflection™ to enhance mindful awareness with reflective engagement***

*Stephen Schettini*

Mindful reflection applies mindfulness in the context of everyday life — not only in a meditative setting. Mindful reflection™ helps therapists:

- not become overwhelmed by the emotional expression or traumatic content of clients;
- establish a therapeutically appropriate distance from clients while reinforcing empathy;
- avoid compassion fatigue or burnout;
- be more present with clients;
- maintain more consistent attitudes of acceptance and non-judgment;
- teach clients to gain more distance from problem and change their perception of it.

*Mindful awareness* trains *non-conceptual* states of mind to establish present-moment, non-judgemental, attentive mental space, whereas *reflective engagement* uses *conceptual* states of mind (ideas) such as *impermanence* and *opportunity* to build motivation and trigger

mindful episodes during daily life, as traditionally taught in Buddhist traditions. The term *mindful reflection*<sup>TM</sup> integrates mindfulness with remedial introspection-*reflection*-reinforcing mindfulness while also acting therapeutically in its own right. This is of special interest for those unable to maintain a regular sitting schedule.

### **Creating space for mindfulness-based interventions in health care settings: The art, the science, and the role of psychologists**

*Patricia Poulin, PhD*

This workshop focuses on preparing students, interns, and health care professionals to become better advocates for mindfulness-based interventions in health care settings and beyond. While the evidence demonstrating the efficacy of mindfulness-based interventions continues to build, students, interns and health care professionals may face several challenges in their attempt to develop programs in hospitals and other health care settings. Workshop participants will be guided to reflect and discuss how to address concrete issues such as common misconceptions about mindfulness in various settings (e.g., it is “just relaxation”), scope of practice (e.g., integration of Asana practice by a psychologist in a hospital-based environment), developing a vision and action plan, fostering interdisciplinary collaborations, and budgetary constraints. Professionals operating in such milieu need to be good educators, communicators, clinicians, researchers, and leaders. Participants will have opportunities for self-reflection about personal strengths and weaknesses in each of these areas. Various resources and opportunities for raising awareness and developing space for mindfulness-based interventions will be explored.

## **WORKSHOP FOUR**

### **Integrating cognitive therapy into mindfulness**

*Kate Kitchen, MSW, RSW & Kirstin Bindseil, MSW, RSW*

As mindfulness meditation has integrated into secular Western culture, the utility of mindfulness as a partner treatment for common and vexing medical and psychological problems has been shown to be fruitful and exciting. This workshop explores the issue from the other side, focusing on the cognitive therapy skills and how they are used in the mindfulness paradigm to advance treatment for mental health and addiction issues. In this workshop, participants will experience the cognitive therapy exercises that are commonly used in mindfulness and cognitive therapy treatment groups. The workshop presenters have worked extensively in this area, leading Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR) groups. Further discussion of how to adapt these skills to specific populations groups will also be explored.

## ACKNOWLEDGEMENTS

Thanks and Appreciation to

### *Symposium Organising Committee*

Ana Bodnar, Paula Bude, Sarajh Horowitz, Mariya Kochetkova, Roy Moodley, Natalie Roach

### *Volunteers*

Terra Dafoe, Gordon Dalziel, Breanne Faulkner, Marianne Pelletier, Stephen Pugh, Amir Barez, Raha Mirian, David Friesen, Andrew Gehan, Jennifer Robinson

### *CDCP*

Todd Will, Jennifer O'Reilly  
Elke Goebel (Media Design) for programme

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