

RESEARCH INTO PRACTICE

A Christian Model of Mindfulness: Using Mindfulness Principles to Support Psychological Well-Being, Value-Based Behavior, and the Christian Spiritual Journey

Scott H. Symington & Melissa F. Symington
Private Practice, Pasadena, California

Mindfulness was first introduced into health psychology at the Massachusetts Medical Center in the late 1970s by Jon Kabat-Zinn. At the hospital's Stress Reduction Clinic, Kabat-Zinn originally developed mindfulness-based stress reduction (MBSR) to treat those suffering from chronic pain (Kabat-Zinn, 1990). Due to the early success of MBSR, other mindfulness therapies emerged and the application of mindfulness expanded to other symptoms and disorders, including depression, anxiety, borderline personality disorder, cancer side-effects, eating disorders, and sexual dysfunction (Althof, 2010; Kabat-Zinn et al., 1992; Kristeller & Hallett, 1999; Linehan, 1993; Segal, Williams & Teasdale, 2002; Speca, Carlson, Goodrey, & Angen, 2000). Several of the most widely used mindfulness therapies have received increasing empirical support for their efficacy, such as Acceptance and Commitment Therapy (ACT; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Juarisco, Forman, & Herbert, 2010; Ost, 2008; Twohig et al., 2010), Mindfulness-Based Cognitive Therapy (MBCT; Foley, Baillie, Huxter, Price, & Sinclair, 2010; Hoffman, Sawyer, Witt, & Oh, 2010; Segal et al., 2010; Williams, Russell, & Russell, 2008), and Dialectical Behavior Therapy (DBT; Kleinn, Kroger, & Kosfelder, 2010; Lynch, Trost, Salsman & Linehan, 2007; Ost, 2008).

Mindfulness-based treatments are helping people overcome debilitating disorders and behaviors. The practice of mindfulness has reached such a level of acceptance in the United States that it is even being used in the public school system (Biegel & Brown, 2011). Aware that the term mindfulness is associated with Buddhism, however, many Christians are cautious or resistant to

mindfulness practice. As such, there is confusion about the nature and practice of mindfulness in psychology and there are questions about its compatibility with Christianity. Christian therapists and consumers, as well as the Church, need a well-informed understanding of the mindfulness practiced in the field of psychology. Therapists and clients want to ensure they are using the most effective treatments available, while not jeopardizing Christian values and Biblical principles.

A Christian model of mindfulness we have used to treat anxiety disorders, depression, compulsive behaviors, life transitions, relational difficulties, and sexual dysfunction will be presented. It will be demonstrated that the underlying principles of mindfulness are not only compatible with Christianity but also can enhance the Christian spiritual journey and increase value-based behavior.

Defining Mindfulness

In the literature one will not find a singular definition of mindfulness; however, most accepted definitions include the principles of presence of mind, acceptance, and non-judgmental detachment. In this article mindfulness is defined as *the process of keeping one's mind in the present moment, while staying non-judgmentally detached from potentially destructive thoughts and feelings.*

The Mindfulness of Buddhism

The term mindfulness comes from Buddhist tradition. This discipline of mindfulness, which is a form of meditation, emphasizes attentiveness to activities of the body, sensations and feelings, and mental activities. One of the most popular mindfulness practices is the breath meditation, where the practitioner attends solely to his or her breath (Rahula, 1959).

Mindfulness meditations, in a Buddhist context, allow for detachment from sensory experience and the realization of enlightenment or Nirvana. Accordingly, the individual is freed from the "thirst" of the pleasure senses and sees that the idea of self or soul is a mere illusion. Consequently, the enlightened Buddhist is free from worries and selfish self-protective behaviors. Such an individual lives in the present moment and acquires an internal equanimity.

We would like to thank Dr. Siang-Yang Tan for his guidance and helpful editorial feedback with an earlier draft of this article. Correspondence concerning this article should be addressed to Scott Symington, Ph.D., Penners, Loewen & Symingtons, 200 East Del Mar Blvd, Suite 126, Pasadena, CA 91105. Email: symington1@earthlink.net.

In Buddhism the notion of 'self as an illusion' is core to its philosophical system. According to the Buddhist, the belief of an "I" behind sensory experience is responsible for much of the evil in the world. "According to the teaching of the Buddha, the idea of self is an imaginary, false belief which has no corresponding reality, and it produces harmful thoughts of 'me' and 'mine', selfish desire, craving, attachment, hatred, ill-will, conceit, pride, egoism, and other defilements, impurities and problems" (Rahula, 1959, p. 51).

Mindfulness in Psychology

This presupposition of 'self as an illusion' within Buddhist philosophy is not maintained within the psychological practice of mindfulness. The developers of mindfulness-based treatments speak of the "wise mind" and the "I" behind sensory experience (Linehan, 1993; Luoma, Hayes, & Walser, 2007). The importance of solidifying and strengthening a sense of self is accentuated, which is diametrically opposed to the goal and function of mindfulness in Buddhism. Instead of trying to see the impermanence of self, as in Buddhism, most mindfulness-based treatments consider the recognition and anchoring of self to be foundational.

At the same time mindfulness in psychology is interested in realizing some of the same goals as the mindfulness of Buddhism. The practitioner develops the ability to keep consciousness more in the present moment and learns how to accept that which is beyond his or her control. And a neutral stance towards internal experience is encouraged.

Despite these commonalities, the pioneers of mindfulness in psychology emphasized that mindfulness was removed from its Buddhist context and was not dependent on any religious or philosophical worldview. Kabat-Zinn states, "In fact one of its major strengths is that it is not dependent on any belief system or ideology, so its benefits are therefore accessible for anyone to test for him or herself" (1990, p. 12).

Mindfulness for the Christian

Many Christians will rightly observe the commonalities, in terms of principles and practice, between mindfulness-based treatments and the mindfulness of Buddhism. Both utilize the breath meditation, for example. While this is true, Christians need to evaluate the adopted principles and practices of mindfulness from a Christian perspective rather than being distracted by its historical roots. Christians are free to extract and employ a

truthful principle while not embracing the religious or philosophical tradition to which it is attached. Scripture states that God knows and looks at the heart of the individual (1 Sam. 16:7). God has gifted humans with higher cognitive capacities to assign meaning and intention to activities. Both a Buddhist and a Christian can be engaged in a breath meditation, where he or she is following and focusing solely on the breath. Each assigns a different meaning to the same exercise. The Buddhist is reminded of the self being an illusion. The Christian, on the other hand, reflects on the breath of life God has gifted and His loving presence. Thus, the intention of the practitioner can change the meaning and function of the same mindfulness exercise. In both cases research suggests that anxiety and stress levels will decrease (Hoffman et al. 2010; Ost, 2008; Kabat-Zinn et al., 1992). Beyond the physiological, however, the Christian can use the exercise to draw near to God while the Buddhist uses the practice to embrace the impermanence of life.

Tan (2011), in a recent article, reviewed mindfulness-based therapies from a Christian perspective, highlighting areas of compatibility and caution. In terms of caution, he emphasized the importance of contextualizing mindfulness interventions within the Christian contemplative tradition. As such, the Christian recognizes the sacredness of the present moment and surrenders his or her thoughts and feelings to God rather than taking a purely passive stance toward internal sensations. Christians should also recognize that mindfulness therapies may stress value-based living but these values can be secularly based rather than biblically based. Additionally, he pointed out that the goal of present-moment living in mindfulness should be balanced with the Christian hope of what is to come.

In terms of compatibility, Tan (2011) argued that mindfulness-based treatments could be helpful to Christian clients, especially those who have an obsessive or ruminative thinking style. He also pointed out that mindfulness therapies encourage a compassionate, loving disposition towards self and others and focus on value-based behaviors; goals that are consistent with the Christian faith.

We contend that mindfulness principles are not only compatible with Christianity but they also can empower the Christian to more fully live out deeply held values and beliefs. The client is guided into a new relationship with internal sensations, where he or she is less controlled by intense feeling states. Less controlled by the

immediate internal experience, the individual is better equipped to pursue core values and live out his or her faith.

A Christian Model of Mindfulness

Three Pillars. The proposed model of mindfulness is supported by three pillars: Presence of Mind, Acceptance, and Internal Observation. These three pillars create a platform for a strengthened sense of self and increased value-based behavior.

Presence of Mind. A primary feature of mindfulness is presence of mind. Throughout the day people are mentally adrift. Life activities are performed in a robotic fashion. The body is there, going through the motions, but the mind is somewhere else. The mind is anticipating the next event or ruminating about the past or dreaming of a different reality.

Neuroscientists describe two forms of experiencing a sense of self known as “self-referencing”: narrative focus and experiential focus. Through brain imaging distinct neural patterns have been identified with each form of self-referencing (Farb et al., 2007). When the individual leaves the present moment and engages in mental reflection he or she enters the narrative focus. This is the place where memories are pondered and plans are made. While the narrative focus is essential to being a human person it is also the mental space where psychological symptoms are exacerbated and disorders strengthened. The anxious person, for example, gets stuck in an anxious loop where thoughts, feelings, and physiology build in intensity and feed off each other. The person is flooded with internal sensations that are frequently from the past or entirely separate from the present moment. Similarly, depression is perpetuated by a pattern of going away in the mind. The individual, caught in a one-person psychological system, enters a negative reflective state that only reinforces the depressed mood and sense of hopelessness.

In contrast to the narrative focus is the brain pathway activated by presence of mind exercises, which is called the experiential focus (Farb et al., 2007). Mindfulness meditation, which activates this here-and-now experience of self, can interrupt and shift negative ruminative processes that feed psychological disorders. In essence, mindfulness exercises can function as a reset button in the brain releasing the individual from the negative feedback loop.

Mindfulness has the capacity to increase the individual's sense of aliveness and pleasure in living. Langer and Moldoveanu (2000) argue that mindfulness is “best understood as the process of drawing novel distinctions” (p. 1). In each moment there are new things to discover which are usually missed because the mind is not present. When the mind is fully present the color of life is enhanced and each moment is new, holding potential discoveries. This is not unlike the child with awestruck sensibilities. A baby will stare with amazement at a wet leaf reflecting light. In contrast, the nearby adult may treat the same leaf with boredom. He or she calls up a cognitive template entitled, “leaf with dew” and assumes that it is a known and ordinary experience. This gives the individual permission to mentally check out. Adults fail to see how each moment is unique and that an enlivening sensory experience awaits those with a wakeful mind.

Acceptance. Mindfulness plays a primary role in the current “third wave” of behaviorism (Hayes et al., 2006). The “third wave”, as seen in ACT and other mindfulness-based treatments, de-emphasizes mastery of one's internal experience and embraces the principles of non-resistance and the acceptance of unwanted thoughts and feelings (Forsyth & Eifert, 2007). It is argued that much of the suffering people endure is not the emotional state of anxiety or depression by itself, for example, but rather the internal struggle against these feeling states (Luoma et al., 2007). In fighting or trying to escape the internal threat or pain, the individual grafts a new layer of suffering on to his or her experience. By radically accepting one's experience, the suffering created by the internal fight is removed.

A second pillar of mindfulness is, therefore, about accepting and not being self-critical of the thoughts and feelings that enter consciousness. This does not mean the individual invests in the thought or feeling or finds it agreeable. Rather, the individual learns how to let go, accept, and not expend energy managing thoughts, feelings, and sensations that are beyond his or her control. This is important for two reasons. First, an internal disposition of acceptance is the quickest way to diffuse charged thoughts and feelings. Internal sensations are energized by reactivity. The more one fights and struggles the more powerful the given thought or feeling becomes. By not engaging in a tug-of-war, the fuel line is cut off and the feeling dissipates. Secondly, through acceptance the person discovers an

increased ability to tolerate a range of emotional states. Instead of being controlled by powerful affect or engaging in unhealthy suppression, mindfulness skills allows for internal integration and wholeness.

Internal Observation. The third pillar of mindfulness is that of internal observation. There is a part of oneself that is separate from internal sensations. Thoughts, feelings, and physiology can be watched. And the individual becomes empowered when he or she learns how to observe a feeling rather than be the feeling. The internal sensation does not go away but there is a keen sense that the thought or feeling is not in control and only represents a part of the individual's experience. With this comes a new internal freedom. The individual becomes less reactionary and is able to make a conscious choice in how to respond to internal states. It is the difference between "I am having the feeling of anxiety" which implies distance between one's center and the feeling state, and "I am anxious." In the latter the anxiety defines the person and implies that there is no separation between one's center and the emotion.

Self, Clusters, and Fusion

At the center of one's internal experience is Self. There is an "I" that sits behind and can observe internal experience. Surrounding and interacting with Self are three spheres of influence: feelings, thoughts, and physiology. Throughout the day each of these spheres is actively bringing information to consciousness. Thoughts and feelings and physiology are aspects of one's person but these internal sensations do not define Self. There is a part of self that is capable of being detached from inner experience, where thoughts, feelings, and physical sensations are transcended. ACT and DBT, both mindfulness-based therapies, refer to this part of self as the "wise mind" or "observing self" (Linehan, 1993; Luoma et al., 2007).

Ideally there is space between one's center and the surrounding spheres. This allows for psychological freedom and flexibility and the ability to pursue deeply held values. Self is often threatened, however, as thoughts, feelings, and physical sensations do not operate in isolation. Instead they tend to form clusters where no clear division between the spheres can be made. For example, when someone is anxious he or she will have anxious thoughts, the physiological sensation of anxiety, and the emotional experience of fear.

The activation of one sphere, such as rapid heart-beat, sparks the activation of the other two spheres which in turn encourages the increased activation of the original spheres and the cycle continues. (If this escalation continues the individual may well experience a panic attack). When a cluster is highly charged the person is in danger of losing his or her center.

This highlights the problem of fusion, which is a term borrowed from ACT. Fusion occurs when one or more clusters collapse on Self. With fusion the person becomes the feeling. At this point the anxious individual becomes the anxiety and Self is temporarily held captive. The feeling or cluster will guide behavior instead of an anchored self. The feeling will tell the person what he or she can and cannot do. During fusion one's life is delegated to a powerful feeling state and choices are made that often conflict with deeply held values, beliefs, and goals.

It is important to note that not all fusion is negative, such as romantic intimacy between a husband and wife. For a period of time they both are gladly taken over by an emotional experience (fusion). This type of fusion is life giving and does not conflict with the Biblical principle of marital intimacy.

Mindfulness is an antidote to negative fusion. By practicing the three pillars (Presence of Mind, Acceptance, and Internal Observation) space between one's center and the surrounding spheres is created and maintained. In addition, the application of these principles diffuse or de-energize a charged cluster, making fusion less likely to occur.

The combined effect of an anchored center and less fusion is an increased ability to pursue deeply held values. Clients are taken through a systematic process of identifying and clarifying core values. For the Christian client these values are Biblically based rather than generated solely from personal preference. Values in the proposed model are used in two primary ways. First, the client is encouraged to regularly invest in deeply held values as a lifestyle. Secondly, core values are used in the counterconditioning process. When the individual is prone to fusion these values act as lamp posts or anchors. When a client begins to feel angry or anxious, for example, the feeling becomes a reminder to move toward a previously defined value. The energy from the potentially destructive thought or feeling is used to move toward a core value or belief.

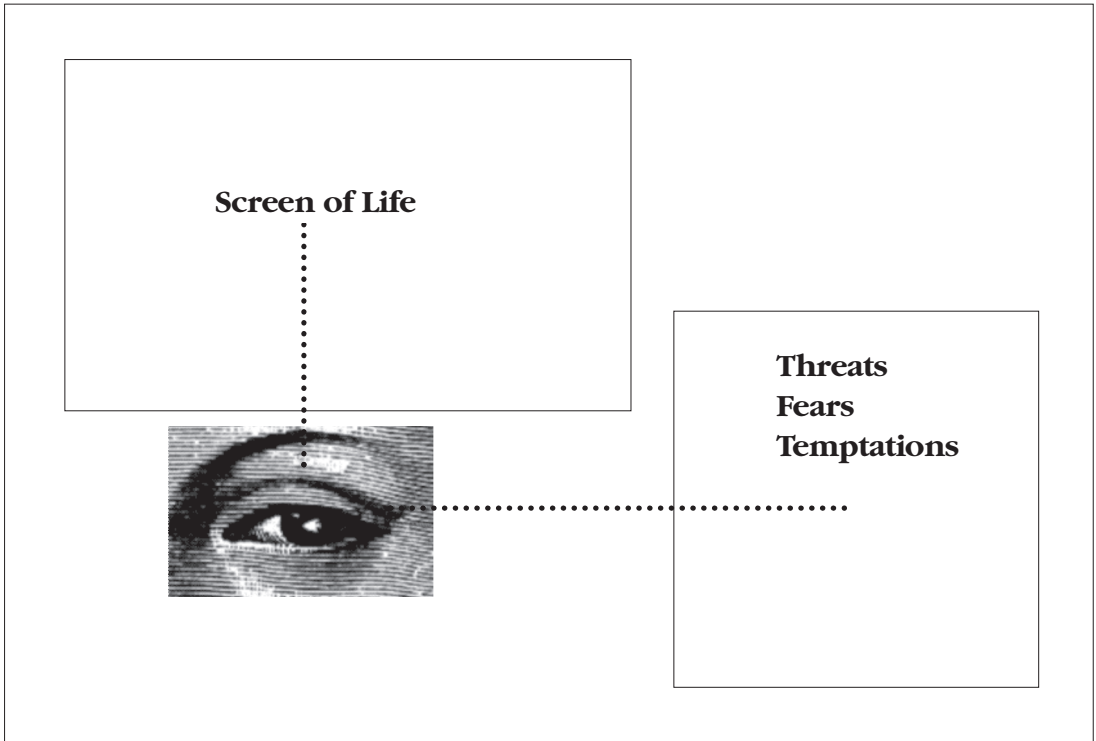


Figure 1. The Two-Screen Method

Developing Mindfulness and the Two-Screen Method

Developing Mindfulness. The proposed model requires the development of mindfulness skills. We developed an eight-week mindfulness program, which will be briefly described. The mindfulness exercises fall into three main categories: breath meditation, daily activities with mindfulness, and observing internal sensations. In terms of a breath meditation, which is foundational to mindfulness development, we use a variation of Focused Breathing Awareness (FBA). The practitioner places his or her attention on the breath following the inhale and exhale for a concentrated period of time. As the mind wanders the individual redirects focus back to the breath. The participant is practicing present-moment awareness and is learning how to observe an internal sensation. In addition, there is an appreciation for the breath of life (Gen 2:7) and an openness to experiencing God's loving presence.

Clients are also assigned specific daily activities, such as driving or washing dishes, where they apply mindfulness skills. For the prescribed time, the practitioner uses all four senses to stay in the moment and attune to the sensory experience of what is normally a routine activity. For example,

the dishwasher notices the reflection of light off the plates, hears the running water, notices the pressure on the hands with each movement, and takes in the smell of the soap.

The third area involves watching internal sensations. As noted earlier, this practice begins with clients learning how to observe the internal sensation of breathing (FBA). Once proficiency is established with FBA, clients are given assignments where they monitor, rate, and observe particular feelings with acceptance and neutrality.

The Two-Screen Method. We developed the Two-Screen Method (TSM), which uses a simple image to help clients apply the mindfulness model to their life experiences.

Each person has a pair of physical eyes and a pair of internal eyes. Imagine the internal eyes being housed in a home theatre system with two screens (see Figure 1). On the forward looking wall is the front screen. Projected on this screen are life-giving thoughts and feelings. The front screen holds the present moment, as well as images of what offers meaning and purpose in life. To live a life of joy, peace, and freedom the individual wants to stay focused on the front screen. However, each person has to contend with a side screen. This is the place where threats,

fears, and potentially destructive thoughts and feelings are displayed. When the side screen is activated the person is tempted to watch it, taking his or her eyes off the front screen. If the person watches the side screen too long he or she will become ensnared (fusion) and will have difficulty rotating back to the front screen.

The proposed mindfulness model helps clients establish the ideal relationship with the side screen and provides tools to stay more connected to the front screen. Clients are encouraged to accept (or not fight) the side screen projections, such as anxious thoughts and feelings, while not watching them, which would be akin to negative rumination. Practitioners learn to keep their mind in the present moment and stay engaged with the meaningful images on the front screen. Forward focus is maintained despite the aversive thoughts and feelings appearing in one's peripheral vision (side screen).

The two-screen image offers clients a simple way to understand and apply the mindfulness skills they are learning. In the moment, thoughts and feelings can be understood and organized in terms of a front screen and side screen. Equipped with an image to structure their experience, clients are able to relate to internal sensations in a way that promotes psychological freedom and value-based action. The two screen image allows clients to find the internal space between negative rumination (watching the side screen) and suppression, where there is an unhealthy attempt to block out threatening thoughts and feelings.

Uniqueness of Model and Integrative Qualities

It is important to highlight the four ways the proposed mindfulness model is unique and integrative in terms of the Christian faith. First, as Tan (2011) pointed out, the principle of acceptance should be applied in a Christian context. The application of internal acceptance carries a layer of spiritual surrender, where thoughts and feelings on the side screen are released into God's care. Secondly, in the proposed model clients are utilizing values on two levels. Similar to ACT clients identify inherent values that are intrinsically motivating. On a second level, the current model also encourages clients to move towards Biblical values rather than relying on relativistic or humanistic ones. Thirdly, we have created a method (TSM) that helps people structure their internal worlds and apply mindfulness through the use of a simple image: the two screens. Lastly, the mindfulness exercises used in the model are explicitly

consistent with Christianity and rooted in the Christian contemplative tradition, such as attuning to God's presence and appreciating the sacredness of the present moment.

Overall, the model is designed to support and enrich the Christian spiritual journey. With presence of mind skills Christians have an increased capacity to be aware of God's presence and leading (Ps. 46:10). Mindfulness skills can also help Christians become more aware of the miraculous in the ordinary. This comes from an increased ability to make novel distinctions in their environment, much like the child with awestruck sensibilities (Mt. 18). Internally, there is greater awareness and contact with one's whole person which fosters a sense of aliveness: "The glory of God is the human person fully alive" (Irenaeus of Lyons). Lastly, mindfulness skills can help Christians remain centered and focused on Christ and biblical values in the midst of threats, fears, intense emotions, and adversities.

The Scriptural account of Peter attempting to walk on water (Mt. 14) illustrates the need for mindfulness and the importance of focusing on the front screen. Focused on Jesus (front screen) and moved by deep faith, Peter stepped out of the boat. In the midst of the storm, however, Peter's side screen filled with anxious images. His eyes rotated off Jesus and he started watching the threatening images on the side screen. He "saw the wind", was consumed by fear and sank. The presence of fear alone did not disrupt Peter's walk to Jesus. Feelings of fear were unavoidable. The problem occurred when Peter focused on the fear. He removed his attention from the front screen and gave it to the fear. As he fixed his eyes on the side screen, the fears intensified, and his center in Christ was temporarily lost.

Concluding Remarks

Like Peter, there is a natural tendency to look at the waves when Christ is saying, "Do not worry...keep your eyes on me." By practicing presence of mind, acceptance, and internal observation (three pillars of the mindfulness model), individuals become less controlled by the side screen and more empowered to pursue meaning, purpose, and values on the front screen. Precious life energy is not expended on the endless internal threats that vie for their attention. With the application of mindfulness skills, individuals take their attention off the side screen and become more available and present with self, others, and God. As demonstrated by the proposed model,

mindfulness principles can support psychological well-being and value-based behavior, as well as deepen the Christian spiritual journey.

References

- Althof, S. E. (2010). What's new in sex therapy? *Journal of Sexual Medicine*, 7, 5-13.
- Biegel, G., & Brown, K. W. (2011). Assessing the efficacy of an adapted in-class mindfulness-based training program for school-age children: A pilot study. Retrieved from <http://www.mindfulschools.org/pdf/>
- Farb, N. A. S., Segal, Z. S., Mayberg, H., Bean, J., McKeon, D., Fatima, Z., & Anderson, A. K. (2007). Attending to the present: mindfulness meditation reveals distinct neural modes of self-reference. *Scan*, 2, 313-322.
- Foley, E., Baillie, A., Huxter, M., Price, M., & Sinclair, E. (2010). Mindfulness-based cognitive-therapy for individuals whose lives have been affected by cancer: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 78, 72-79.
- Forsyth, J., & Eifert, G. (2007). *The mindfulness & acceptance workbook for anxiety*. Oakland, CA: New Harbinger Publications.
- Hayes, S. C., Luoman, J. B., Bond, F. W., Masuda, A. L., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes, and outcomes. *Behavior Research and Therapy*, 44, 1-25.
- Hoffman, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78, 169-183.
- Juarascio, A. S., Forman, E. M., & Herbert, J. D. (2010). Acceptance and Commitment therapy vs. cognitive therapy for the treatment of comorbid eating pathology. *Behavior Modification*, 34, 175-190.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Bantam Dell.
- Kabat-Zinn, J., Massion, A. O., Kristeller J., et al. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 149, 936-943.
- Kleinn, D., Kroger, C., Kosfelder, J., (2010). Dialectical behavior therapy for borderline personality disorder: A meta-analysis using mixed-effects modeling. *Journal of Consulting and Clinical Psychology*, 78, 936-951.
- Kristeller, J. L., & Hallett, C. B. (1999). An exploratory study of a meditation-based intervention for binge eating disorders. *Journal of Health Psychology*, 4, 357-363.
- Langer, E. J., & Moldoveanu, M. (2000). The construct of mindfulness. *Journal of Social Issues*, 56, 1-9.
- Linehan, M. M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: The Guilford Press.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance & commitment therapy skills-training manual for therapists*. Oakland, California: New Harbinger Publications.
- Lynch, T. R., Trost, W. T., Salsman, N., & Linehan, M. M., (2007). Dialectical behavior therapy for borderline personality disorder. *Annual Review of Clinical Psychology*, 3, 181-205.
- Ost, L. G. (2008). Efficacy of the third wave of behavioral therapies: A systematic review and meta-analysis. *Behavior Research and Therapy*, 46, 296-321.
- Rahula, W. (1959). *What the Buddha taught*. New York: Grove Press.
- Segal, Z. V., Bieling, P., Young, T., MacQueen, G., Cooke, R., Martin, L., et al. (2010). Antidepressant monotherapy vs. sequential pharmacotherapy and mindfulness-based cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression. *Archives of General Psychiatry*, 67, 1256-1264.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression*. New York: Guilford Press.
- Specia, M., Carlson, L. E., Goodey, E., & Angen, M. (2000). A randomized, wait-list controlled clinical trial: The effect of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients. *Psychosomatic Medicine*, 62, 613-622.
- Tan, S.-Y. (2011). Mindfulness and acceptance-based cognitive behavioral therapies: Empirical evidence and clinical applications from a Christian perspective. *Journal of Psychology and Christianity*, 30, 243-249.
- Twohig, M. P., Hayes, S. C., Plumb, J. C., Pruiitt, L. D., Collins, A. B., Hazlett-Stevens, H., et al. (2010). A randomized clinical trial of acceptance and commitment therapy vs. progressive relaxation training for obsessive compulsive disorder. *Journal of Consulting and Clinical Psychology*, 78, 705-716.
- Williams, J. M. G., Russell, I., & Russell, D. (2008). Mindfulness-based cognitive therapy: Further issues in current evidence and future research. *Journal of Consulting and Clinical Psychology*, 76, 524-529.

Authors

Scott H. Symington, Ph.D. and Melissa F. Symington, Ph.D. are in private practice in Pasadena, CA. They earned their doctorates in Clinical Psychology at Fuller Theological Seminary School of Psychology where they also completed their M.A. in Theology.

Copyright of Journal of Psychology & Christianity is the property of Christian Association for Psychological Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.