Towards case-specific applications of mindfulness-based cognitive-behavioural therapies: A Mindfulness-Based Rational Emotive Behaviour Therapy:

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"Everything that you see will soon alter and cease to exist. Think of how many changes you have already seen."
Marcus Aurelius

Abstract

Teasdale, Segal & Williams (2003) present the combination of mindfulness and cognitive-behavioural therapy as "one of the most exciting and potentially productive avenues for future exploration." (p.160). In the same article they also recommend moving beyond the current general-purpose, non-case-specific applications of mindfulness (p. 157). By integrating mindfulness interventions more closely with cognitive behavioural theories, clinicians should be in a better position to administer tailor-made mindfulness-based interventions in response to specific case formulations. This article examines important similarities and differences between mindfulness and Rational-Emotive Behaviour Therapy (REBT), in view of integrating the two practices closely. The latter half of the article then presents recommendations of how such integration might be achieved in practice. This is illustrated with examples of three new interventions that combine mindfulness with three specific types of cognitive dysfunction as per REBT.

Mindfulness in context

Mindfulness and western psychotherapy

Mindfulness first appeared in western psychotherapy in the late 1970s. Since then, over 240 mindfulness-based programmes have been implemented in North America and Europe (Cayoun 2005). In recent years, a number of researchers have proposed the formal integration of mindfulness-based approaches with existing cognitive behavioural interventions. These researchers include Cayoun (2003), Hayes & Wilson (2003) and

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mindfulness in western psychotherapy, see Cayoun (2005). Baer (2003) also gives a detailed overview of current mindfulness-based cognitive therapies.[1]

What is Mindfulness?

Mindfulness is a multifaceted concept (Baer, 2003; Roemer & Orsillo, 2003). We shall therefore examine it from a number of angles. From the viewpoint of exposure therapies, one could perceive mindfulness as a form of desensitisation to internal events (although mindfulness is more than this). Examples of 'internal events' include: thoughts, feelings, emotions, bodily sensations and pains. Further to the concept of desensitisation, another important element is that of internal objectivity and perspective. To experience a cognitive event mindfully it is necessary to make a distinction between that which experiences, and that which is experienced, the subject and the object, the seer and the seen. Buddhists have referred to this in terms of not identifying with the thought i.e. 'I am not the thought, the thought is separate from me and therefore can be observed from a detached viewpoint' (see Cornfield, 1993, p.53). Yet another aspect of the concept of mindfulness is that it is experience-based, not knowledge-based. To understand *how* we disturb ourselves is often not enough to overcome our reactive habits (Cayoun 2005, Neenan & Dryden 2004). This concept of the importance of experience over knowledge, closely correlates with the distinction between 'emotional rational insight'[2] and

[1] These are: Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT; Teasdale, Segal & Williams, 1995), Dialectal behavioural therapy (DBT; Linehan, 1993), Acceptance Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), and Relapse Prevention (RP; Martlatt & Gordon, 1985).
[2] Defined as 'Strong and frequent conviction that an irrational belief is false and a rational belief is true' (Neenan and Dryden (2004). At this level of belief a client not only understands the value of rational beliefs intellectually. The client may report he feels the truth of rational and irrational thinking in his 'heart' as well as his head.

‘intellectual rational insight’ (See Neenan & Dryden 2004 p. 102). That is, REBT therapists are already familiar with the fact that clients, who understand that it is self defeating to make rigid demands, are likely to need emotive exercises before they can believe rational beliefs with conviction. There is a clear difference between a client who parrots rational beliefs and a client who is starting to experience rational thinking and its accompanying healthy emotions.

Mindful, inward observation is also usually done with a focus on the present moment. That is, one encourages mindfulness trainees to describe what they perceive in the here and now. They are not to describe what they did see, think they will see or feel they ought to see, but what they actually see in that specific present moment. Yet another facet of mindfulness is that it is done non-judgementally and therefore without any particular goal in mind. As soon as one has a specific goal, the client is positioned to judge whether he is reaching the goal or not. Client estimations that a goal may not be reached can be a barrier in some cases.

To summarize, here is a definition of mindfulness from Kabat-Zinn (2003, p. 145):

> “the awareness that emerges through paying attention on purpose in the present moment, and non-judgementally to the unfolding of experience moment by moment”.

Metacognitive Awareness and Interoception

Cayoun (2005), in his extensive training manual of a four stage model of mindfulness-based cognitive behavioural therapy, breaks down practised mindfulness into two main forms: 1) Metacognitive awareness and 2) Interoception.

"Metacognitive awareness" (Teasdale, 1999) refers to the ability to perceive thought. For example, one can think the thought "I must be perfect". Using one's metacognitive abilities, which are not abilities of evaluation or judgement, one can come to see this thought as merely a thought and nothing more. The more one identifies with this thought**,** the more it seems to be simply the reality, and the less it seems to be just a thought. The development of awareness of one's thoughts is central to mindfulness training (Cayoun, 2005).

In contrast, interoception refers to being mindful of bodily sensations. An interesting aspect to the practice of this is that unpleasant physical sensations and pains can change their form significantly. Physical pains can lose their 'bite' or even disappear, just as an impulsive irrational belief (consisting of a rigid 'must') can lose its impulsiveness or need to be acted upon – when viewed mindfully.

Regular practice of these two forms of mindfulness can lead to an increase in acuity of these two 'senses'. Bodily sensations too fine to be previously perceived now enter

awareness. Mental phenomena that were below the level of awareness now similarly become observable.

Do Rational-Emotive Behaviour Therapists need Mindfulness-based interventions?

Considering that leading REBT therapists Neenan & Dryden (2004, p. 142) state that "Promoting emotional rational insight is difficult", one can argue that more tools that facilitate the transition from intellectual rational insight to emotional rational insight will be of interest to REBT therapists. Recalling that mindfulness has a strong experiential emphasis, one can postulate it could be applied to achieving emotional rational insight. Similarly, Teasdale, Segal & Williams (2003, p. 158) state:

> "Indeed within our analyses of the effects of Mindfulness-Based Cognitive Therapy (Teasdale, Segal & Williams, 1995) and of the cognitive behavioural treatments more generally (Teasdale, 1993, 1997) we see the lasting effects of psychological interventions as critically dependent on the creation of such alternative views [changes in viewpoint often reinforced with mindfulness], rather than on the repeated use of coping behaviours alone."

It can therefore be argued that clients are less likely to suffer relapse when they achieve emotional rational insight.

Within REBT, Mindfulness could be applied to enable clients to understand a range of REBT philosophies (or 'alternative views') experientially. Teasdale, Segal & Williams (2003) also recommend that "contemporary clinical applications of mindfulness training…would benefit from theory driven integrations within a wider intervention." This article will later demonstrate how mindfulness can be integrated with REBT theory, in order to teach: emotional responsibility, high frustration tolerance, the differences between rigid demands and flexible preferences. If mindfulness can provide another route to experiencing these REBT concepts in action, perhaps some clients that only achieved inferential or behavioural change with standard REBT, may achieve philosophical change with a mindfulness-based REBT.

Another indication that mindfulness-based REBT may be effective with more client populations is this: Mindfulness, by its very nature makes great use of the client's own perceptions. It is therefore very congruent with the clients own experience, even when emotions and cognitions may be active on multiple levels of representation (c.f. Interacting cognitive subsystems of Teasdale & Barnard, 1993). In certain cases, clients may only detect bodily sensations, and need to work interoceptively before any cognitive awareness is possible. Mindfulness, it can be argued, is able to respond to any accessible form of private event whether cognitive, emotive, physiological or other. Approaches that move beyond the limits of conscious cognition may therefore be practical.

Applying Mindfulness to REBT Theory

How mindfulness complements REBT theory

Mindfulness complements the ABC's of REBT in that it has a similar focus on the B (the client's mental reactions or beliefs in relation to an event). Mindfulness, as described above is a concept that can be applied to enhance the client's perceptions and understanding of the realm of the B, a world the client can increase his control of. Through increased exposure to and experience of this world, the client can overcome the internal forces that drive the client to make unreasonable demands on themselves and others, and to experience unhealthy emotions. Furthermore, the examination of irrational beliefs, and their related inner world phenomena, can aid the process of changing one's beliefs.

How mindfulness can complement REBT practice

The ability to perceive phenomena, whether internal or external, is fundamental to all human beings. The exercising of our powers of perception is therefore teachable through Socratic means. The question "Look and tell me what you see?" sums up the process of both mindfulness and Socratic questioning. Mindfulness is therefore well placed to become an 'elegant' intervention in REBT practice. Mindfulness could also be taught didactically, as could Cayoun's (2005) disequilibrium of the information processing system (see below).

Mindfulness is also closely in line with REBT philosophies of acceptance. It could be called an experience-based exercise in acceptance. The client is trained to accept (not resist), whatever cognitions, emotions, feelings, sensations arise in mind or body, for he

cannot perceive them in their entirety if he is turning away from them. In perceiving his mental and bodily events more closely, the client often overcomes the reactive tendencies. This is possible because it is often the aversion that led to the lack of awareness in the first place. A corollary to this hypothesis is that increasing the awareness (through increased perception) undoes the aversion, and therefore the reactive tendencies to make irrational beliefs.

Practising mindfulness-based approaches will often lead the client to the realisation and experience that it is his own 'flinch' or reaction that was causing the discomfort in the first place. The more the client accepts the presence of something he was uncomfortable with, the less uncomfortable he is likely to feel. For example, a client has an aversion to being told what to do. As a simple exposure therapy one could try giving the client orders over and over again until his aversion diminished. A more mindfulness-focussed version of this therapy would be to ask the client to describe in detail the bodily sensations, the thoughts and the emotions that arose each time you told him to do something. After a short time the client might become quite curious about the changing and varying reactions that came up. It would be likely the reactions would diminish the more he observed them. The more willing he became to observe the internal reactions, the more accepting in attitude he would be to your telling him what to do - at least during the exercise. Having experienced what it was like (to be told what to do without having an aversion to it), it would be likely to affect his response to his internal events in similar future situations.

Experiencing this apparent desensitisation to internal events is also in line with two other REBT philosophies. The first of these is emotional responsibility. The experience described in the previous paragraph regarding acceptance is equally valid for teaching that our mental and bodily events arise from ourselves, and can diminish irrespective of what is going on in the outside world. Secondly, high frustration tolerance can be developed experientially and systematically to different frustrations using mindfulness-based exercises (see example below).

How mindfulness contradicts standard REBT practice

Balancing sensory perception with evaluation

Cayoun's (2005) model of mindfulness-based CBT argues that mental illness is maintained through disequilibrium between sensory perception and evaluation (p. 15). This disequilibrium occurs as mental resources are shifted from sensory perception (the faculty that obtains evidence) to evaluation (the faculty that judges the evidence). As this happens increasingly, fewer resources remain available to receive new evidence (c.f. Broadbent's limited mental capacity, 1954). Over-evaluated perceptions of the past are held chronically in the present, it could be said. In mindfulness-based approaches, clients practise experiential exercises of focussing their resources on the sensory perception of their internal environment, and therefore fewer resources on evaluation. This aspect of mindfulness practice could be contradictory to standard REBT, in that REBT consists of evaluating the nature of one's beliefs. Thus, REBT allows more of the client's mental resources to be absorbed in evaluation. The benefits of mindfulness-type exercises are

best achieved in non-evaluative settings, in which there is no bias for discerning good from bad (or whether one is reaching one's goals or not).

Thought suppression and evaluation

Thought suppression can lead to the reinforcement of what is being suppressed. A well known example used to demonstrate this phenomenon consists of trying *not* to think of a pink elephant. It is not possible to *not* think of a pink elephant while thinking the thought 'not a pink elephant'. This is because the latter thought contains 'pink elephant'. It can be argued this could be a problem with some clients undergoing REBT. For example, as a client tells herself, "It is not essential that I avoid all kinds of germs and bacteria", she *could* be increasing the frequency with which she thinks the thought "avoid all kinds of germs and bacteria". While direct thought suppression is not a focus of current REBT practice, it is still useful to mention this point. This is because *any* kind of suppression in the context of mindfulness could become a barrier. The labelling of anything as bad can lead to an aversion to it. Things labelled as 'bad' in REBT would include: irrational beliefs, unhealthy/unhelpful emotions, self-downing and low frustration tolerance. These negative evaluations of the client's inner-world are all examples of thoughts that could lead to suppression, due to their undesirability. Such evaluation and suppression is precisely what can lead to Cayoun's disequilibrium between perception and evaluation.

As we have already mentioned, a focus on specific goals can also upset the balance of non-evaluative mindful observation. The thought 'Is this technique not working?' can lead to an increase in the presence of the thought 'this technique not working,' (based on

goal (or demand) of finding an effective therapy). This is comparable to how the presence of the thought 'not a pink elephant' is also a presence of the thought 'pink elephant'. The argument here is not that clients should not have goals for therapy, but that they ought not to have their attention fixed on specific goals during the mindfulness-based therapy. This can be facilitated by doing mindfulness based therapies in a different setting to the initial cognitive behavioural treatment. Mindfulness-based exercises can also be presented as: "…merely an exercise to try out – we can just do it and see what happens – whatever does happen is fine."

Specific Applications of Mindfulness-based REBT

Teasdale, Segal & Williams (2003) highlight that while mindfulness is of general benefit to many clients and many psychological problems, to consistently apply it as a general-purpose treatment for any client with any disorder would be unlikely to yield the results suggested by Baer's (2003) meta-analysis. Teasdale, Segal & Williams go on to suggest that mindfulness should be applied within the context of specific case formulations, even though there are cases where generic mindfulness trainings yielded clinically useful effects without such case formulations. To not do so may lead to "enfeebled and misplaced applications of mindfulness training" (Teasdale, Segal & Williams 2003, p. 157). Teasdale, Segal & Williams therefore suggest integrating mindfulness more closely with cognitive behavioural methods.

In response to this shortcoming of general-purpose applications of mindfulness, below are three examples of mindfulness-based techniques that can be applied specifically to:

1) teaching the B-C connection (the relationship between beliefs and their emotional and behavioural consequences), in relation to a client's specific disturbances,
2) reducing low frustration tolerance (when a specific client is manifesting this), and
3) training the client experientially in the differences between rational and irrational thinking (focussing on a specific 'must' of a particular client). With such tools, the context of mindfulness may be applied standardly to typical REBT-type case formulations.

A session environment conducive to mindfulness-based interventions

Before embarking on a mindfulness-based REBT technique, it is necessary to explain to the client how things will be different to standard REBT sessions. The main difference during a mindfulness-based session is the greater focus on non-evaluative perception. A non-evaluative environment is highly conducive to increasing clients' powers of perception, in that value judgements as to what should or shouldn't be there are minimized. If such biases are too active in the session, they will block the client's perceptions. One is likely to hear reports of what clients think (intellectually) they should see, rather than what they actually perceive when they focus in that moment. It is easy to distinguish whether the client is actually perceiving his inner world 'online'. In the case of the client describing his actual inner experience, his reports will vary with each inspection, at least for a time. When the client is not engaged in observing such internal phenomena, either through distraction, intellectualisation, lack of interest or other reason, the client's perceptions are likely to remain static. For a fuller treatment on how to create

a session environment conducive to the mindfulness-based techniques described below, see Gerbode[3] (1995; p. 387). A full treatment of this is beyond the scope of this article.

In brief, the above mentioned differences regarding the session environment could be presented as follows:

> "We are going to do a certain kind of exercise that is different from how we usually work. We are going to do a repetitive exercise that will consist of examining your thoughts, feelings, emotions and bodily sensations. This will consist of asking a small number of questions or instructions repetitively. During the exercise I will not judge or comment on anything that you say. I will be equally interested to hear about whatever you perceive in your mind or body. Whether you come up with something that sounds sensible or not will be of no consequence. In fact, there is nothing you can do wrong in this exercise. It is simply an exercise to try out. The questions will be very open questions that could have an almost unlimited number of answers. We will also continue looking at possible answers to these questions until you feel you are done with them or until you feel you have got something positive out of the process."

The author suggests that standard REBT and mindfulness-based REBT could be used in conjunction with one another as two parts of a multi-modal therapy. However, doing this needs to be managed carefully.

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[3] Gerbode is the founder of a mindfulness-based therapeutic approach known as applied metapsychology. Among other things this approach has quite a tradition of concept-focused, non-general-purpose metacognitive techniques that are tailored to both client issues and client type.

Experience has shown that the concepts of repetition and mindfulness complement each other well in practice. The repetition gives the client much opportunity to exercise his perceptions. The constant movement brought about by the repetition can also promote a 'letting go' attitude and foster detachment from the thoughts and sensations. Similarly, the repetition also increases opportunities for a client to experience both emotional and cognitive flexibility. For more on the value of repetition see: Dryden (1995), Raimy (1975) and Gerbode & French (1992).

An experiential teaching of the B-C connection: exercising metacognitive awareness and interoception.

Once the client has understood how the session will be run, the following four questions can be asked repetitively in a loop (1,2,3,4,1,2,3, etc). Each time the client answers a question or follows an instruction, acknowledge him and move to the next question. With the therapist sticking to the same order of questions, the same wording of the questions and remaining predictable, it is likely the client will be able to focus more and more of her mental resources on perception, and so perceive more acutely.

This technique is focussed on a particular area of the client's life. Common examples are 'your work', 'your marriage', 'your self esteem'. It is worthwhile taking the time to find a wording that the client particularly engages with, as client engagement with the area focussed on is proportional to the possible yields of the session.

1) **'Think a thought about <u>'[insert assessed area of concern]'</u>**

(Ask the client to voice this thought if he does not do so of his own accord)

2) 'How does that thought seem/appear to you?' (An exercise of metacognitive perception). Clients who find this difficult can be asked to describe any specific characteristic of the thought, or any dividable parts it has. Simply acknowledge the client's answer neutrally, making no comments, avoiding both approval and disapproval of the client's response. Be careful not to do anything nonverbally, or with tone of voice, that could be interpreted by the client as an evaluation of what he said.

3) 'How might[4] you feel about that thought?'

(Acknowledge as described above)

4) 'How would that feel in your body? (exercise of interoception)

Simply acknowledge and continue to question 1.

Repeat questions in a loop until the client has insights or feels he is done with the exercise.

An experiential technique for facing low frustration tolerance (LFT)

A six part loop (1,2,3,4,5,6,1,2,3, etc).

1) **Tell me a frustration [5] you could bear[6]** (this question alone should expose the client to mental and somatic events associated with the LFT, particularly when asked repetitively)

[4] 'Might' is used because it makes the exercise easier to do. It removes the pressure to have a sure answer to this question. Mere possibilities of feeling are acceptable as answers. These 'mere possibities' can often relate to the finer sensations that are barely perceivable to the client.

2) **How does that frustration seem to you now?**

3) **'Tell me a frustration you would rather not bear?'**

4) **How would that frustration feel in your body?** (interoceptive awareness)

5) **What part of that frustration might you be able to bear?** This question gently eases the client into imagining himself tolerating part of a frustration he feels he doesn't want to tolerate. There is usually *some* part of the frustration that is tolerable. If there is not, that is fine too.

6) **How does that frustration seem to you now?** Continue to question one.

As with the first technique presented above, it is important to acknowledge, to act predictably, and to avoid doing anything that could be perceived as a judgment. During this technique, it is possible the client may voice many of his most LFT driven beliefs and express some of his most unhealthy emotions. If he does so, it is probably a good sign. He is likely to be accessing the parts of his mind and body that he needs to be mindful about. The more aware he is of them, the more detached he can be from them. It is important he feels it is acceptable to express anything during the session.

This technique is best ended when the client has reached new insights regarding his ability to tolerate frustration, or when the client feels he has gained some other benefit. It is important not to push the client beyond a success in a session when the client feels he is done with it. Doing so can damage the safety and neutrality of the session environment.

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[5] Frustrations the client chooses can be actual frustrations the client has experienced or hypothetical experiences the client has never experienced in reality. It may be necessary to explain that hypothetical frustrations are ok to some clients, particularly if they struggle to come up with many frustrations. This point is as relevant to parts 2 and 4 of this technique too.

[6] Alternative wordings for the word 'bear' are 'tolerate', 'face', 'comfortably face' and 'put up with'. Different clients may engage better with different wordings (c.f. dimensional congruence with the client's experience (Cayoun, 2003; p. 45)

The benefits of these exercises are sometimes not apparent until some time after the exercise.

An experiential exercise in the differences between rigid demands and flexible preferences

This technique focuses on Ellis' 'A' or 'activating event' (this can be either a thought or an objective event that the client has a problem with), rational beliefs (consisting of flexible preferences) and irrational beliefs (consisting of rigid demands). It gives the client an opportunity to experience different beliefs in relation to a specific critical 'A'.

In this technique, the word 'intention' has been used as a route to accessing the client's irrational beliefs. This has been done for three reasons:

1) During mindfulness-based practice, it can be counterproductive to think in terms of rational and irrational for the reasons covered above. The words rational and irrational may switch on the client's evaluative faculties;
2) It can be argued that 'beliefs' as defined by Ellis are thoughts that contain intention (Gerbode & Moore, 1994). An example of an irrational belief, as defined by Ellis (Dryden 2002) would be 'The wall must be blue'. This thought is imperative in nature in that it expresses a demand, not just a statement of an assumed fact. An imperative thought can be contrasted with an indicative thought such as 'The wall is blue' (contains no preference or demand). Thus, a mustabatory statement such as "No one must ever cheat on me" is a way of expressing strong intention against anyone's cheating on me.

3) The concept of intention is arguably more universal to human experience than ‘beliefs’, as defined by Ellis. This is important because these exercises are unlikely to work if the client finds them difficult to do. The average client may struggle to come up with a score of his irrational beliefs off the top of his head.

The concepts of fixed and flexible intentions are thus employed to refer to rigid demands and flexible preferences respectively.

A non-evaluative experiential approach for changing rigid demands to flexible preferences, consisting of an assessment followed by a two part loop.

1. Choose a past incident or current situation that the client is interested in addressing.
2. Assess the critical ‘A’ asking **‘What is the thing that bothers you the most about this situation?’** (or other Socratic REBT critical ‘A’ assessment questions)
3. **‘What intentions did you or do you have in relation to [‘A’ given by the client]?’**[7]

   Take note of the intentions the client comes up with.

As the usefulness of this procedure is relative to the nature of the intention chosen, it can be useful to explore more than the first intention(s) the client comes up with. According to Gerbode & Moore (1996), intentions exist within hierarchies. The higher up the hierarchy an intention sits, the more general it is likely to be and the

[7] **How did you want things to be in this situation?** Might be an easier wording for some clients.

greater an effect it is likely to have on the client, if rigid. Inference chaining can be employed to find higher level intentions. For example, in response to a client saying she wants her husband to tell her he loves her, one could ask "What if your husband never tells you he loves you?" Answer: "It would mean he might be thinking of divorcing me." In this case it might be more productive to do this exercise on the intention to have a lasting marriage (if this is what the client thought the underlying intention was), rather than the intention to receive expressions of love. Another point to note with intention related techniques is that some intentions maybe too fundamental to change. An example of such an intention is 'the intention to survive'. Once a strong frustrated intention has been found that the client engages well with, ask the following two questions in a repetitive two part loop (1,2,1,2,1 etc).:

1) **How could the intention of [intention found] be more fixed?**

Here the client envisages, and therefore exposes himself to even more rigid-demand-cognitions than he currently has, e.g. "I could have got even angrier and hit the guy!" This helps the client become mindful of the unhelpfulness of rigid demands.

2) **How could the intention of [intention found] be more flexible?**

Here the client envisages, and therefore exposes himself, to more flexible-preference-cognitions, e.g. "I could have just ignored the guy and found someone else to help me." This helps the client to experience the healthier emotions that accompany rational thinking.

If a client struggles to do this exercise, ask her to think up hypothetical scenarios in which they are living out either more, or less fixed intentions (this is necessary with some clients).

4. Continue asking these questions in a two part loop until the client brightens up, has insights or runs out of answers.

5. If there are no insights or other evidence of cognitive change, inference chain to another related intention and repeat from step 3.

Other recommendations for this type of intervention

In some cases, clients may need to do these exercises for longer periods than 50 minutes before they reach new insights. If longer session lengths can be booked (90-120 minutes) clients may get more out of these exercises. Another argument for longer session lengths is that the absence of time pressure can aid client focus on their perceptions.

Conclusion

As Baer notes, cognitive-behavioural theory and mindfulness are conceptually consistent. However, the differences between the two do require some management before they can be integrated. The three techniques introduced above are brief sketches of how mindfulness can be applied to specific types of cognitive dysfunction, as per REBT. However, it should be noted that this article is no substitute for a full training manual and supervised practice of these techniques. Other elements of REBT case formulations are

also applicable mindfully using this type of intervention. These would include self downing, awfulising, unhealthy negative emotions and more.

General-purpose mindfulness-based trainings such as Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy are achieving empirical validation as effective treatments for certain disorders. The author recommends that research also be focussed on the above type of case-formulated applications of metacognitive and interoceptive based interventions.

Teasdale, Segal & Williams (2003) postulate that case-formulation-specific applications of mindfulness may be more effective than general-purpose applications. The techniques above are examples of how such a theory could be tested. A comparative study could be done between the general-purpose methods and the above techniques.

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