CLINICAL APPLICATIONS OF MEDITATION AND BEHAVIORAL SELF-CONTROL STRATEGIES

and INSTRUCTIONS IN MEDITATION AND BEHAVIORAL SELF MANAGEMENT

by Deane H. Shapiro, Jr., Ph.D., Stanford Univ Medical School

Tape one presents clinical application of meditation as a self-regulation strategy and an altered state of consciousness for stress and tension management and treating generalized anxiety, phobias, insomnia, hypertension, asthma and addictions. Compares meditation and behavioral self-management techniques, and indicates when they might best be used singly or in combination.

Tape two provides exercises in two essential meditative techniques, integrated with instructions for self-observation, covert self-modeling, thought-stopping, and self-managed systematic desensitization. Particularly useful for learning to deal with excessive stress or tension.
Each BMA Instruction Program Offers:

- **A Complete Learning Package** -- each unit contains all necessary instructions, exercises, and self-evaluation tools.

- **Expert Preparation** -- leading authorities in each field present programs they have developed, tested, and refined.

- **Effectiveness** -- the clinically tested exercise elements have proven utility as part of a therapy program. They can be used as an adjunct in the office, or as self-administered homework.

- **Convenience** -- professionals find that the self-instructional cassettes, which are easily integrated with their current therapy and counseling practice, save them time and allow them to concentrate on the special individual needs of their clients.

- **Broad Selection** -- choose from a range of programs aimed at specific disorders and general skills deficit needs. These cassettes are designed to complement the major therapeutic strategies in each problem area. Complete listing inside.
• OBESITY (Cat. #T25B) — Michael J. Mahoney, Ph.D. Penn State Univ. Based on extensive research on behavioral treatment for over-eaters, this tape uses simple, step by step instructions to give your clients the skills for not only losing weight but for maintaining their preferred weight permanently.

• DEPRESSION (Cat. #T26B) — Peter M. Lewinsohn, Ph.D. Univ. of Oregon. The effects of depression are sensed by many clients...the causes of it by relatively few. This tape makes clear both the origins and the signs of depression, as well as methods the client may use to counteract its debilitating symptoms. Includes self-instruction manual.

• INSOMNIA (Cat. #T43B) — Richard R. Bootzin, Ph.D. Northwestern Univ. Most clients have little difficulty in understanding insomnia once they have heard this cassette. More importantly, they also learn several easily mastered ways to minimize the difficulty in falling asleep...and remaining asleep. Includes self-instruction manual.

• ANXIETY (Cat. #T44B) — Marvin R. Goldfried, Ph.D. SUNY, Stony Brook. The causes of anxiety—explained in language your client can readily understand—and clear, lucid instructions in relaxation, as well as restructuring cognitive skills and applying this knowledge to anxiety related situations. Includes self-instruction manual.

• SHYNESS (Cat. #T207) — Philip G. Zimbardo, Ph.D. Stanford Univ. Shyness can be a crippling problem, whether it affects a client in a range of situations or in a single context. This tape shows clients how to socialize freely in a number of everyday situations and gives clear examples of how to pinpoint and treat specific problem areas.

• RELAXATION FOR SMOKING CONTROL (Cat. #T139) — Brian G. Danaher, Ph.D. UCLA School of Public Health. This effective approach teaches the client how to achieve a state of deep muscular relaxation quickly and to use this skill to aid in the control and eventual elimination of smoking habits. Diary techniques, facilitated by accompanying forms, help the client integrate self-management skills in everyday life.

ACQUIRING GENERAL SKILLS
The BMA self-instructional programs listed below can be used to promote behavioral skills which are essential in a wide range of therapies. Moreover, improvements in relaxation, sensory awareness, and cognitive restructuring which stem from the learning exercises often have an inherent value in addition to facilitating therapy.

• RELAXATION PROCEDURES (Cat. #T3) — Alan F. Rappaport, Ph.D. This widely used instructional program links progressive relaxation with other tension reducing exercises to form one of the most easily learned methods for physical and mental relaxation. It may also be used to complement biofeedback or other relaxation therapies.

• COMPOSITE RELAXATION TRAINING PROGRAM (Cat. #T34) — C.H. Hartman, Ph.D. Chief, Psychology Service, VA Hospital, Salt Lake City. This exceptional exercise sequence has proven its value in several major hospitals and clinics. The cassette offers a unique combination of progressive relaxation, autogenic and auto-induction techniques in a compact, two step procedure (side one) as well as specific instructions for incorporating relaxation skills into daily life (side two). Appropriate for use with therapeutic procedures which rely upon an effective relaxation component.

• AUTO-INDUCTION PROCEDURES FOR RELAXATION (Cat. #T6) — Andrew J. Cannistraci, D.D.S. This cassette is especially helpful for reducing a client’s anxiety quickly. Designed primarily to relieve situational phobias, the program provides a series of short mental exercises which assist the client in achieving functional calm in the face of specific anxiety-provoking situations. Includes self-evaluation forms.

• MEDITATION AND BEHAVIORAL SELF-MANAGEMENT (Cat. #128B) — Deane H. Shapiro, Ph.D. Stanford Univ. Medical School. Meditating can help clients reduce excessive stress and enhance self-awareness. This tape combines lessons on two ways of meditating with instructions on self-observation and other self-management skills. Includes self-evaluation forms.

• BREATHING AND MEDITATIVE TECHNIQUES (Cat. #T12) — Judith Procter relaxation therapist and biofeedback technician. Easily followed instructions in three basic breathing techniques promote physical relaxation and mental calm and provide an ideal introduction to the straightforward, non-mystical meditation procedures presented on side two. May also be used to assist biofeedback or other relaxation therapies. Includes self-evaluation forms.

• RELAXATION PROCEDURES FOR WARMTH (Cat. #T115) — Judith Procter Autogenic phrases and breathing techniques, presented in a simple, direct manner, help patients learn to raise their body temperature and thereby adjust their autonomic response system. These techniques have been found helpful in treating a variety of disorders stemming from excessive tension.

• RATIONAL EMOTIVE SELF-HELP TECHNIQUES (Cat. #T36B) — Albert Ellis, Ph.D. Exec. Dir., Inst. for Advanced Study in Rational Psychotherapy, NY. This “primer” teaches clients key techniques of rational emotive therapy in clear, easily understandable language. Clients learn basic methods of self-control for combating common types of personality problems.
PERSONAL JOURNAL: EXPERIENCES OF MEDITATION AND BEHAVIORAL SELF-CONTROL

by Dean H. Shapiro, Jr., PhD

As part of the BMA Self-Help Program #T 128B,

INSTRUCTIONS IN MEDITATION & BEHAVIORAL SELF-MANAGEMENT

1. FIRST MEDITATIVE EXPERIENCE (focusing on breath and counting one to ten): describe any feelings, thoughts, reactions to this experience.

2. SECOND MEDITATIVE EXPERIENCE (focusing on breathing and counting one): describe your reactions to this experience, noting how you felt, what you thought, and how it was different from the first experience.

3. Note where you are going to practice formal meditation, and which times of day would be best for you.

4. List concerns that cause tension or anxiety in your life:
   A. ______________________________
   B. ______________________________
   C. ______________________________

5. Note reactions to the experience of focusing on anxiety, then imagining yourself focusing on breathing, instructing yourself to relax, let go; and encouraging yourself that you are capable of effectively dealing with stress.

It is suggested that this sheet be a starter, and that it may be worthwhile to purchase a diary or log to keep additional comments on your progress. Things you might want to note would include: the information you gain from using the accompanying self-observation chart; reactions to the continued practice of meditation; and a list of goals that you may choose to work on as part of a self-change project.

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SELF-OBSERVATION OF ANXIETY
by Deane H. Shapiro, Jr., PhD

As part of the BMA Self-Help Program #T 128B,
INSTRUCTIONS IN MEDITATION & BEHAVIORAL SELF-MANAGEMENT

This chart will help you to see which kinds of situations or events in your life cause you anxiety, and when practicing meditative techniques might be most helpful. According to the instructions on your cassette, record your behavior for a period of one week on the chart below, noting the time of day the behavior occurred, and describing the preceding situation as well as the consequences.

NAME ______________________ DATE: from _______ to _______

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>ANTECEDENTS</th>
<th>BEHAVIOR</th>
<th>CONSEQUENCES</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Note place, people present, activities</td>
<td>Describe how you felt</td>
<td>Note what you did, how situation changed as a result of behavior</td>
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In Volume 3 of the audio journal BEHAVIOR THERAPY: TECHNIQUES, PRINCIPLES & PATIENT AIDS, edited by Cyril M. Franks, PhD, and published by BioMonitoring Applications, Inc.

These entries have been selected by the author to complement the taped presentation. Listeners wishing further information are invited to contact BMA or the author.

MEDITATION/ALTERED STATES


- Goleman, D., "Meditation as Metatherapy," JOURNAL OF TRANSPERSONAL PSYCHOLOGY 3 (1971)

- Goleman, D., VARIETIES OF THE MEDITATIVE EXPERIENCE (Dutton, 1977)


- Leung, P., "Comparative Effects of Training in External and Internal Concentration on Two Counseling Behaviors," COUNSELING PSYCHOLOGY 20 (1973)


- Shapiro, D., "The Effects of Zen Meditation and a Zen Experience Workshop on Attitude and Behavior Change," JOURNAL OF HUMANISTIC PSYCHOLOGY (in press)

- Tart, C., ALTERED STATES OF CONSCIOUSNESS (John Wiley, 1969)

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BEHAVIORAL SELF-MANAGEMENT


- Kanfer, F. & Goldstein, A.P. (Eds.), HELPING PEOPLE CHANGE (Pergamon, 1975)

- Mahoney, M. & Thoresen, C., SELF-CONTROL: POWER TO THE PERSON (Brooks Cole, 1974) Chs. 9 & 11

- Mischel, W., PERSONALITY & ASSESSMENT (John Wiley, 1968)


- Wolpe, J., PSYCHOTHERAPY BY RECIPROCAL INHIBITION (Stanford University Press, 1958)

COMBINATION TECHNIQUES: MEDITATION & BEHAVIORAL SELF-CONTROL

- Boudreau, L., "Transcendental Meditation and Yoga as Reciprocal Inhibitors," JOURNAL OF BEHAVIOR THERAPY AND EXPERIMENTAL PSYCHIATRY 3 (1972)


MEDITATION & SELF-MANAGEMENT INSTRUCTIONS

by Deane H. Shapiro, Jr., PhD

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ON MEDITATION

- Goleman, D., VARIETIES OF THE MEDITATIVE EXPERIENCE (Dutton, 1977)


ON BEHAVIORAL SELF-CONTROL

- Foster, C., DEVELOPING SELF-CONTROL (Behaviordellia, 1974)


For a list of behavioral self-control books dealing with specific problem areas (e.g., fears and phobias; assertiveness training; weight; incontinia) as well as a list of works dealing with the integration of meditation and behavioral techniques, see the extensive list in the back of Shapiro, D., PRECISION NIRVANA.

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<table>
<thead>
<tr>
<th>TOPICS</th>
<th>FORMAL MEDITATION</th>
<th>BEHAVIORAL SELF-MANAGEMENT</th>
<th>INFORMAL MEDITATION</th>
<th>CONTINGENT INFORMAL MEDITATION</th>
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<tbody>
<tr>
<td>1. ENVIRONMENTAL PLANNING:</td>
<td>Specified setting (e.g., room, or in nature). Reduced external stimuli to initially help individual focus on object of meditation</td>
<td>In natural environment where problem behavior occurs; or symbolically in neutral environment.</td>
<td>Occurs in natural environment</td>
<td>Same as behavioral self-management</td>
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<td>a. where intervention occurs:</td>
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<td>b. if stimulus cues are used;</td>
<td>Stimulus cues (control): e.g., incense; or, in case of concentrative meditation, the object of meditation as stimulus cue.</td>
<td>Specified cues in natural environment (programming antecedent or initiating stimuli). Self-regulated stimulus exposure</td>
<td>everything is a stimulus cue for &quot;awareness&quot;;</td>
<td>Same as behavioral self-management.</td>
</tr>
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<td>c. nature of physical posture:</td>
<td>Specified body posture: lotus or half-lotus, to reduce bodily distractions</td>
<td>Symbolic desensitization occurs in relaxed posture: e.g., reclining in thick armchair</td>
<td>No specified posture;</td>
<td>No specified posture.</td>
</tr>
<tr>
<td>d. if preprogrammed punishments or reinforcers:</td>
<td>&quot;KWAT&quot; as preprogrammed punishment for non-alert behavior.</td>
<td>Preprogramming of certain punishments or reinforcements</td>
<td>no preprogrammed punishments or reinforcers</td>
<td>Sometimes preprogrammed punishment or reinforcer.</td>
</tr>
<tr>
<td>2. COGNITIVE VARIABLES:</td>
<td>In formal Zen meditation, focusing on behavior of breathing alters the behavior: a stumbling reactive effect (Step One) soon mind wanders, i.e., habituation to task of observing. (Step Two)</td>
<td>Behavioral self-observation alters behavior observed (generalization one); then there is habituation to task; subject forgets to monitor; when subject stops monitoring, behavior returns to pre-self-observation phase (generalization two).</td>
<td>The goal is that observation have no interference or interruption of daily activities.</td>
<td>Observation is used as a discriminative stimulus to interrupt a maladaptive behavioral sequence. (See also behavioral self-observation).</td>
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<td>a. Effects of observation</td>
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<td>II. COGNITIVE VARIABLES (cont.): b. what is observed</td>
<td>Initially just breathing is focused on (Steps one, two, three); eventually openness and receptivity to all stimuli, internal and external (Steps 4, 5) occurs.</td>
<td>Functional analysis; observation of problem behavior, antecedents, and consequences;</td>
<td>All behaviors, actions, and thoughts are observed: Global awareness.</td>
<td>Only specified cues (e.g., anxiety, stress) in internal and external environment are observed.</td>
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<tr>
<td>c. how behavior is observed -self-evaluation -goal setting</td>
<td>Thoughts, behavior, breathing, are observed without analysis; no charting, no evaluation, no goal-setting: i.e., &quot;detached&quot; self-observation</td>
<td>Parameters of behavior observed: frequency, latency, duration, intensity; behavior is counted, charted; systematic evaluation is made; and goals are set.</td>
<td>Observation without comment and without evaluation.</td>
<td>Same as behavioral self-management; however, also try to maintain detached self-observation at the same time.</td>
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<tr>
<td>d. desensitization paradigm - when occurs</td>
<td>Relaxation (Step three) precedes feared images (Step four); in formal meditation, a &quot;global&quot; desensitization with no specific cues. Formal meditation occurs at specified times throughout the day, regardless of antecedent stimuli.</td>
<td>Relaxation precedes phobic scene (cf. Wolpe, 1958, 1969): involves subjective hierarchy of disturbing scenes. Or, relaxation follows phobic scene real or symbolic) and is contingent on discriminating certain cues (cf. Goldfried, 1973).</td>
<td>Continuous discrimination of cues in daily environment.</td>
<td>Relaxation follows phobic scene or certain stress cues.</td>
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<tr>
<td>e. cognitive statements and images</td>
<td>Observation without comment (no self-statements); and without evaluation (no thinking) Covert images are allowed to &quot;flow down the river of consciousness&quot; and are not dwelled on;</td>
<td>Covert images and self-instruction used extensively; e.g., covert sensitization (images as punishment); covert rehearsal (images and self-instructions as successive approximation): self-modeling; covert self-reinforcement; covert behavior modification: either alter self-statements, or emit relaxing instructional self-statements. To stop thoughts, covert yelling of word &quot;STOP&quot;</td>
<td>No cognitive statements or images involved in the performance of actions.</td>
<td>Use of covert images, self-modeling; and self-instruction: e.g., &quot;I am breath,&quot; &quot;I am relaxed, in control, I can handle this.&quot;</td>
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<td>- thought stopping</td>
<td>Focus on competing response of breathing helps remove thoughts (Step 4).</td>
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<td>II. COGNITIVE VARIABLES (cont.): f. focused attention</td>
<td>In formal Zen meditation, attention focused on breathing (Steps 1-4); the KWAT (in Step 2) helps return the wandering mind to the object of focus. In Raj Yoga (cf. Anandi, Chhina, &amp; Singh, 1961)</td>
<td>Kanfer and Goldfoot (1966) discuss the use of external focusing as a technique for self-management of pain.</td>
<td>Attention focused on the here and now action only.</td>
<td>In contingent informal breath meditation, attention focused on breathing; in Transcendental Meditation, attention focused on covert sacred syllable.</td>
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<td>III. BREATHING: -effects of type used</td>
<td>Breathing from the abdomen; goal is effortless, autonomic breathing plus awareness of that breathing; Used as a type of relaxation (Step 3); an aid in unstressing (Step 4) and in thought stopping (Step 4).</td>
<td>&quot;Controlled&quot; breathing; voluntary breathing from chest/thoracic area. Used in deep muscle relaxation.</td>
<td>Relaxed, aware autonomic breathing from abdomen.</td>
<td>Controlled breathing in contingent informal breath meditation (cf. Shapiro, 1974a); non-focus on breathing (but rather on sacred sound) in &quot;contingent&quot; Transcendental Meditation (cf. Boudreau, 1972)</td>
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<tr>
<td>IV. CONTRIBUTIONS OF THE STRATEGIES TO EACH OTHER:</td>
<td>The acquisition and proper performance of formal meditation is facilitated by a wrist counter, a device used in behavioral self-observation. The naturalistic observation methodology of social learning theory is useful in understanding meditation as a series of behaviors under explicit contingency arrangements.</td>
<td>Clear mind gained during Step 5 of formal meditation helps facilitate a behavioral functional analysis of internal and external events throughout the rest of the day. The practice of discriminating a stimulus (e.g., wandering mind) gained during formal meditation, should help an individual interrupt a maladaptive behavioral chain earlier and more quickly. Meditation involves a &quot;detached observation&quot; of concerns, thereby reducing the threat of the concerns and producing optimal conditions for behavior change.</td>
<td>In terms of a clinical intervention strategy, informal meditation is made more powerful by making its performance contingent upon certain internal and external cues, and by coupling it with covert imagery, self-instructions, and focused breathing.</td>
<td>This technique is a combination of informal meditation and behavioral self-management strategies. Covert imagery, self-instructions, focused breathing, functional analysis all come from the behavioral self-management strategy; however, at the same time the technique involves the use of &quot;detached self-observation&quot; derived from informal meditation.</td>
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TABLE II. PROCESS OF ZEN MEDITATION (A BEHAVIORAL ANALYSIS)

Step 1: Focus on breathing.
   Reactive effect: alteration in occurrence and response of breathing.

Step 2: Attention wanders.
   Habituation to the task of breathing.

Step 3: Focus returns to breathing.
   Eventually "effortless breathing": relaxed, attentive awareness, without reactive effect, without habituation.

Step 4: New thoughts occur and are watched with relaxed awareness and continued focus on breathing.
   Global desensitization.
   Thought stopping.

Step 5: Absence of internal chatter; categories suspended; receptivity to internal/external stimuli.
   "Mind as mirror."