

Mindfulness and the Elderly

An Overview for the Elderly and Their Caregivers

Programs for Mindful Living
3343 East Calhoun Parkway
Minneapolis, MN 55408

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Programs for Mindful Living

Programs for Mindful Living is a 501(c)(3) secular non-profit organization located in the Twin Cities area (3343 East Calhoun Parkway, Minneapolis 55408). Teaching mindfulness-based techniques to the elderly and their caregivers has proven to be exponentially more effective when it is based on long-term personal practice. Founding members of Programs for Mindful Living are priests and staff at the Minnesota Zen Meditation Center (MZMC) who have extensive experience in teaching mindfulness-based ways of being in the world to children, adolescents, and adults. During their training, each priest, whom we prefer to call meditation teachers, has undergone 5 – 7 years of education in mindfulness-based activities before they became eligible to be called an independent meditation teacher. This founding team provides training and guidance for all of the teachers who participate in Programs for Mindful Living activities.

Established in 1972, the Minnesota Zen Meditation Center is a 501(c)(3) non-profit religious organization. In order to expand its outreach activities, MZMC created the secular Programs for Mindful Living in 2015 in order to be able to apply for grants to support these outreach activities. At present, the activities of Programs for Mindful Living are concentrated in three areas: mindfulness in the classroom, mindfulness in elder care, and mindfulness in the corporate and business world. A background document similar to this one has been prepared for the mindfulness in the classroom and is available upon request.

Programs for Mindful Living encourages the elderly or caregivers at all levels, either professional or family-related, to contact us at (612) 822-5313 to arrange a meeting to discuss programs for mindful living suited to your situation.

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1. Mindfulness, Health, and Happiness

People everywhere are suffering from mental and emotional stress, physical pain, disease and dis-ease and the suffering seems to begin at younger and younger ages. Not long ago the onset of major clinical depression usually came about in a person in their fifty's or sixty's. Increasingly we are seeing it in teenagers and even pre-teens. Studies show that depression has been occurring at progressively younger ages since the early part of the twentieth century and today it is a problem of epidemic proportions. Nobody understands why and consequently we have no map to recovery.

What is needed is nothing less than a profound shift in consciousness. When one realizes that a thought is just a thought rather than a truth, a shift occurs. This is the onset of a new understanding and appreciation of one's own mind. A new perspective opens up and with it comes new possibilities and potentials. This in itself is healing.

To help us visualize the possible impact of perceiving reality in a new and open way Jon Kabat-Zinn uses this analogy: if you put two polarized filters together light is blocked. But if you rotate one of the filters by 90 degrees light streams in. Different perspectives, when held in a steady state of mindful awareness, can give rise to a rotation of consciousness. New degrees of freedom and possibilities open up.

What is Mindfulness?

Mindfulness is both a process and an outcome. We learn how to be mindful by doing it. The only proven process is a regular mindful meditation practice, a systematic practice of attending in an open, caring, non-judgmental, and discerning way which gives rise to a capacity to sustain a state of abiding presence. This deep knowing is mindfulness. It manifests as a freedom of mind, freedom from deeply ingrained, conditioned thought patterns and ways of perceiving and responding to the world.

Mindfulness is not an exotic or lofty state. It is a natural human capacity to inhabit one's body, mind, and experience with openness and receptivity. It allows one to see beyond his fear, anger, and desire for things to be different. Mindfulness practice is the practice of clear-seeing. It is about wiping the dust from one's lens of perception so he can see the world as it actually is.

Across cultures, our ancestors have used meditation practices that produce deep relaxation and mindful awareness for thousands of years—to heal, to foster positive feelings, and, to cultivate positive emotional states. Our thoughts and emotions influence every aspect of who we are. Learning to be mindful of one's thoughts is a key to mental and emotional health.

Today progressive scientists are trying to understand how mindfulness practices actually work. Magnetic resonance imaging technology (MRI), has given us empirical data showing that we do have the ability to choose the thoughts and emotional reactions that define us. But first, we have to become mindful of our thoughts *as they arise*. Being mindful of our thoughts “as they arise” is an important point to emphasize because that the possibility of a shift in consciousness abides. What comes later is regret and we all know that regret is not an affective way of changing behavior.

Below are two studies. The most astounding data that came from these studies is how quickly we can change our way of perceiving and responding to the world through mindfulness.

An Eight-Week Study:

This study involved sixteen participants. Before the study began, each participant had a brain MRI scan taken and responded to a questionnaire. Along with weekly meetings that included mindfulness meditation, participants practiced guided meditation at home using recordings for an average of thirty minutes each day.

After eight weeks, a second MRI and questionnaire confirmed positive changes. The MRI showed increased density in the hippocampus, which is important for learning and memory, and in parts of the brain associated with self-awareness, compassion, and introspection. The participants reported reductions in stress, which correlated with decreased density in the amygdala, an area associated with anxiety and stress. In other words, their quality of life soared after only eight weeks of mindfulness training.

A One-Day Study:

This study investigated the effects of just one day of intensive mindfulness practice in a group of experienced meditators, compared to a group of untrained control subjects who engaged in quiet, non-meditative activities.

As in the previous study, MRI's were taken before and after the eight-hour day. The meditators showed a range of genetic and molecular differences, including levels of gene-regulation and reduced levels of pro-inflammatory genes, which means faster physical recovery from stressful situations.

“To the best of our knowledge, this is the first paper that shows rapid alterations in gene expression within subjects associated with mindfulness meditation practice,” said study author Richard Davidson, who is a psychologist and neuroscientist and the founder of the Center for Investigating Healthy Minds.

Mindfulness and the Capacity for Happiness

There have also been studies to investigate how mindfulness cultivates the inner conditions for true happiness. In any discussion about happiness it is important to distinguish between hedonic happiness, which is about pleasure-seeking, and eudemonic happiness, which is an abiding happiness that arises from a healthy state of mind. These two types of happiness are not new. Philosophers and spiritual leaders have been pointing out the difference for centuries.

Recently, it was discovered how these two types of happiness actually affect our physical health. Barbara L. Fredrickson of the University of North Carolina and her team looked at the biological influence of hedonic and eudemonic happiness on a molecular level. They wanted to know if the two kinds of happiness had an effect at the level of our genes.

Dr. Fredrickson discovered that while both offer a feeling of satisfaction, hedonic and eudaimonic happiness are experienced very differently within our immune cells. Hedonic pleasures are associated with an increased expression of genes involved in inflammation. This increase is responsible for inflammatory diseases such as arthritis and heart disease. And eudemonic pleasures are associated with a decrease in the expression of these genes.

Summing up her discovery, Dr. Fredrickson said, “We can make ourselves happy through simple pleasures, but those ‘empty calories’ don't help us broaden our awareness or build our capacity in ways that benefit us physically. At the cellular level, our bodies appear to respond better to a different kind of well-being, one based on a sense of connectedness and purpose.”

Abiding happiness, which arises naturally from mindful awareness, is about finding one's purpose in life and cultivating the capacity to move toward it. It does not break down under the pressures of life, disharmonies, and sufferings of life. Eudemonic happiness is not possible without the capacity to sustain mindful awareness.

Mindfulness Training in a Palliative Care Setting

Between 2008 and 2009 an independent research psychologist interviewed sixty-six hospice patients with advanced cancer who underwent twelve weeks of mindfulness training. Initially, the participants were surprised by the emphasis on learning new ways of being in the world. At a point in their life where they felt helpless, useless, and beyond hope, they were being presented with a challenging invitation to engage actively and radically with their experience.

Fifty-two of the participants reported that where they had felt helpless and ashamed in the face of their fragility, they now used breathing exercises as a coping tool and were better able to manage their moods. After mindfulness training they reported that they were aware, present, and able to respond to their daily struggles, both physically and emotionally. Overall, within themes ranging from mood management to openness and acceptance most of the participants reported heightened feelings of well-being and a greater focus and appreciation of the present. Some gained a more holistic sense of themselves. A majority of the participants felt a turning toward their experience and more connected to their physical and emotional states.

Parallel Mindfulness Training for Parents and Children with Attention/Impulsivity Problems

Concomitant parent and child mindfulness training appears to be a promising approach for adolescents with a range of disorders including attention deficit-hyperactivity disorder, oppositional-defiant and/or conduct disorder, and autism spectrum disorder. The overlap between these three disorders may be partially explained by common underlying attention and behavior control deficits. In 2008, fourteen clinically referred adolescents suffering from externalizing disorders underwent eight weeks of mindfulness training. Concurrently, their parents underwent an eight-week program for mindful parenting.

The adolescents self-reported substantial improvement on personal goals, internalizing and externalizing complaints, attention problems, happiness, and mindful awareness, and performed better on a sustained attention test. Likewise, parents reported improvement on their child's goals, externalizing and attention problems, self-control, attunement to others and withdrawal. In addition, parents improved on their own goals.

Mindfulness Training for Elementary School Children

In another study reported in the *Journal of Applied School Psychology*, a formative evaluation of whether participation in mindfulness training could effect first, second, and third grade students' outcomes on measures of

attention. The training was designed increase the student's capacity to focus and sustain attention. The 24-week program used a series of exercises including awareness of the breath, body scanning, and meditative movement activities.

Results using three different measuring parameters revealed significant differences between those who did and did not participate in mindfulness practice training. This formative evaluation resulted in recommendations for future work in this developing field of interest.

2. Mindfulness and the Elderly

Although definitely not a focus of early mindfulness-based therapies, the elderly are a prime target for mindfulness-based interventions for many reasons (Li et al. 2007; Smith et al. 2002; Blackburn and Dulmus 2007). Nine are mentioned here:

- As people age **their system increasingly wears down**, even if they are in fairly good health. This “wearing down” almost inevitably leads to physical health problems and, in many cases, to psychological issues. Typical problems and issues are heart disease, asthma, depression, and anxiety (Smith 2004).
- For many older people **loneliness** becomes an increasing problem as loved ones pass on and children move away to live their own lives.
- Since family physicians typically rely on medication to treat physical and mental illness, the elderly often experience side-effects like drowsiness and subjective imbalance. For many, **dependence on drugs develops**. As a consequence, some older people may prefer non-pharmacological treatments.
- Unlike younger people of working age, older people tend to be retired and generally **have more time for a daily mindfulness practice** (Smith 2004).
- As people age they tend to **become more reflective and questioning** about their life. As they review their life and it's meaning, they may become depressed, suffer from anxiety, or adopt an “I don't care

anymore” attitude. The emphasis during mindfulness practice on paying attention, on purpose, in the present moment, non-judgmentally (Kabat-Zinn 1994, p. 4) may ease these conditions (Smith 2006).

- Many older adults find themselves in nursing homes or in stay-at-home situations where they **have little involvement in decision-making**. They are told what to do and when to do it. As a result, they become disengaged in what goes on around them. This is especially true if they were strongly involved in decision-making when they were a parent or working. Mindfulness training by contrast is empowering. It concentrates on abilities rather than worries.
- Increasing numbers of scientific studies suggest or prove that **mindfulness-based therapies can ease many of the physical and psychological issues the elderly experience**. These benefits should no longer be ignored.
- **Mindfulness practices can be taught in Senior Communities** where many elderly people are concentrated (Lindberg 2005).
- **There are more elderly people alive than ever before** and their numbers are increasing. For example, in the USA the proportion of people over 65 increased by 18% between 2000 and 2011, and grew from 5.8% to 17.2% between 1990 and 2011 in Switzerland (Administration on Aging 2012; Swiss Federal Statistical Office 2013).

The following are examples of ways that mindfulness-based interventions can benefit seniors:

- **Improved longevity.** A study published in the *Journal of Personality and Social Psychology* suggests that there is evidence that elderly practitioners of mindfulness meditation and its cousin, transcendental meditation, experienced improved longevity (Alexander et al. 1989). Meditation may improve longevity by preventing cellular aging, a possibility highlighted in a National Institute of Health study.
- **Decreased loneliness.** A UCLA study published in the journal *Brain, Behavior, and Immunity* (Cresswell et al. 2012) found that seniors who engaged in a simple eight-week meditation program significantly

decreased their rate of self-reported loneliness. Since isolation is a critical problem among seniors, this is a promising avenue of research. Also, since gene inflammation has been linked to feelings of loneliness, meditation may in fact inhibit its occurrence. In the UCLA-based study 40 adults were divided into two groups of 20 each. One group of 20 attended an 8-weekly 2-hour meeting to learn the techniques of mindfulness, including awareness and breathing techniques. They also practiced mindfulness meditation at home for 30 minutes a day and attended a one-day retreat.

- **Slowing of Alzheimer’s disease.** A double-blind study performed at Beth Israel Deaconess Medical Center indicates that meditation and breathing exercises may slow the progression of Alzheimer’s (Lawman 2013). Researchers believe that this may work by protecting the brain against anxiety and stress, which can worsen Alzheimer’s symptoms.
- **Reduced health costs.** A study in the *Journal of Social Behavior and Personality* reported that seniors who practiced meditation had significantly fewer hospitalizations. According to the study, the meditation group’s five-year cumulative reduction in payments to physicians was 70% less than the non-meditating control group.
- **Improved mood and sense of meaning in life.** A study in Thailand in which seniors engaged in walking meditation had significantly better outcomes than seniors who engaged in a walking-only program. Walking meditation was effective in reducing depression, and improving functional fitness and vascular reactivity (Prakhinkit et al. 2014; also see Krause 2009, Clark et al. 2012, and Toneatto et al. 2007). Lifestyle changes can also dramatically slow age-related declines (Hendricks and Hatch 2009).
- **Improved sleep.** A study in the February 16, 2015, issue of the journal *JAMA Internal Medicine* suggests that participation in a mindfulness program leads to improved sleep (Black et al. 2015). The elderly involved in the study concluded that this was a better alternative than sleep drugs, which can have side effects, including daytime sleepiness and the risk of developing drug dependency.

- **Lower treatment costs.** Mindfulness training involves much less cost than psychotherapy sessions and a bag full of drugs.
- **No harmful side effects.** Compared to most drug-reliant treatments, participation in mindfulness-based interventions result in no harmful effects, with the exception of a small number of individuals who find that examining their thoughts produces stress.
- **Improved health.** Participation in a regular meditation program can fix or improve many health problems, including chronic pain, psoriasis, cancer, inflammation, insomnia, infections, and depression (Kabat-Zinn 1982, 1998; Speca et al. 2000; Teasdale et al. 2000; Segal et al. 2002; Morone, Greco et al. 2008; Morone, Lynch et al. 2008; Morone et al 2009; Splevins et al. 2009; Sun et al. 2003; Smith et al. 2007; McBee 2003; Young and Baime 2010).

Perhaps as important as these results are is the positive impact that mindfulness practices have on the elderly's caregivers. Increasing attention is being paid to the stresses and strains that caregivers undergo while caring for the elderly, especially those elderly with physical and mental health problems (McBee 2003, 2008; Epstein-Lubow et al. 2011).

3. Five Mindfulness Programs for the Elderly

Present-day mindfulness programs for the elderly are based on the fairly recent realization that the cognitive and neural plasticity of our mind and brain makes it possible to greatly enhance the life of the elderly (Ball et al. 2002). In contrast to earlier assumption that neural pathways in the elderly are set, we now realize that the architecture of the brain can be changed at any age (Graham 2013).

These five examples of mindfulness programs for the elderly are based upon that principle.

Mindfulness-Based Cognitive Approach for Seniors (MBCAS)

The Mindfulness-Based Cognitive Approach for Seniors (MBCAS) is a relatively new cognitive intervention program designed for seniors (Keller et al. 2013). It is based on Mindfulness-Based Cognitive Therapy (MBCT; Segal et al. 2002) and

Mindfulness-Based Relapse Prevention (MBRP; Bowen et al. 2011) programs. Since the program is designed for seniors, who are defined as people 65 years or older), its main objectives are tailored to that age group. They are to teach seniors “to (a) observe current experiences with nonjudgmental awareness, (b) identify automatic behaviors or reactions to current experiences that are potentially nonadaptive, and (c) enhance and reinforce positive coping with typical difficulties that they face in the daily lives. An experienced mindfulness instructor teaches the MBCAS program.”

Unlike most mindfulness-based interventions, which typically last 8 weeks, the MBCAS program provides 8 monthly sessions with 7 intermediate practice sessions. The rationale for the longer time period is that the self-development of seniors takes much more time than does that for younger adults, among other reasons. The program is built around a monthly 2-hour session in a closed group, followed 2 weeks later by a 1-hour practice session in an open group that includes current participants, seniors who previously attended the program, students in training, and professional colleagues. Group training is considered a necessity in the program, for many seniors live alone at home and group training gives them an opportunity for social interaction.

The topics covered in the 8 monthly sessions are: “(1) Who controls my life: my habits or my consciousness? (2) How does the mind work? (3) Breathing as an anchor to the present moment. (4) Developing awareness of my moods. (5) Dealing with uncomfortable situations. (6) How about my future? (7) What can I do: adapt or resist? And (8) Taking care of myself, day after day.” Two kinds of exercises are used to develop the participant’s mindfulness: (a) “focusing on something specific during meditation,” and “(b) simply “being,” that is, without selecting or avoiding anything that could emerge during the meditation session.” Participants also learn 8 adapted movements, in both sitting and standing positions. “At the end of each session, the participants receive audio CDs, written material, and home practice exercises.”

The implementation of the program begins 6 months before the program itself starts. A free introductory session is announced in the local newspaper – and so on. For a fairly thorough description of the program, see Keller et al. 2013, which was published online on 28 November in 2013.

Learning to Take Care of Myself: A 7-Week Mindfulness-Based Elder Care Course for Caregivers (McBee)

This 7-week course was designed and implemented by Lucia McBee (Chapter 11 in her 2008 *Mindfulness-Based Elder Care*). It is a modified John Kabat-Zinn Mindfulness-Based Stress Reduction course (MBSR) that takes into account the special problems of the elderly and their caregivers. It is a 7-week course, rather than the standard 8-week MBSR) course, to accommodate the busy schedules of the caregivers who take the course (up to 100 at a time). The course is typically held in an off-site location so that members of more than one hospital or nursing home complex can attend. Although the course was open to all caregivers at participating centers, including doctors, nurses, re-hab workers, and so on, a typical class consisted of entry-level workers like nursing assistants and a few housekeeping staff. Most were minorities and new immigrants. The on-going course is supported by grants.

Recruitment strategies. McBee describes in her description of the program various strategies she and her co-workers used to recruit participants for a class. These included informational flyers and sign-up sheets, but the most effective strategy was one-to-one conversations and encouragement from senior staff. A short, introductory session was help to demonstrate what would be taught in the course. The course was open to all who wished to attend.

Course format. Sessions lasted no more than 1-hour. Journals and CDs were provided, as well as weekly handouts. Participants were asked to practice homework, but there were no exams. Sessions began with a period of quiet sitting that was at times structured with a guided meditation. Movement and stretching were part of each session. A yoga teacher was available to provide support and instruction. The 7-sessions were:

1. Introduction to mindfulness, eating awareness exercises, deep breathing, body scan;
2. Meditation and aromatherapy;
3. Gentle yoga;
4. Guided imaging;
5. Communication and ways of perceiving;
6. Hand massage;
7. Palliative care applications of CAM (Complementary and Alternative Medicine) to resident care.

The focus was on short (a few minutes), practical skills. A midway, one-page written questionnaire was used to assess the program – and make adjustments when necessary.

McBee describes in some detail aspects of the program in accessible, non-jargony language.

Centre for Mindfulness Studies MBCT Program for Seniors

The Centre for Mindfulness Studies partnered with other organizations to develop a free MBCT (Mindfulness-Based Cognitive Therapy) program for seniors. The objectives of the program were:

- To help seniors cope with anxiety, depression, and other chronic health conditions that are exacerbated by social isolation, poverty, fear for physical safety, and other stressors of aging.
- To encourage socially engaged seniors to reach out and help those who are more isolated.
- To educate seniors about mindfulness to enhance their coping skills and quality of life.
- To give seniors an opportunity to meet and engage with other seniors in their community.

The course ran for 8 weeks and consisted of stress-relieving exercises, gentle yoga, and breath-practices, as learned from course facilitators.

An important part of the program was to gather insights from within each community so that the program could be aligned with their unique needs. A Seniors Advisory Committee was also formed to help shape the mindfulness program's design and implementation. This committee also helped spread the word about the program throughout their representative communities.

Mindfulness-Based Elder Care: Mindfulness-Based Stress Reduction (MBSR) Models

Basic instruction: for an hour, sit, eyes closed, listen to the leader's suggestions to focus on your breathing and relax, noticing thoughts as they come to mind, but not judging them. Mindfulness-Based Stress Reduction programs (MBSR),

which were developed by John Kabat-Zinn (1990, 1994, 2003), remain the most widely used mindfulness programs at present.

Create Your Own Mindfulness-Based Approach for Elders

Debra Bardick in *Mindfulness Skills Workbook for Clinicians & Clients: 111 Tools, Techniques, Activities & Worksheets* (2013) provides tools and advice on how to create your own mindfulness-based programs for elders. This allows you the flexibility of adjusting your programs to better fit the situations you encounter. She provides sections on: explaining mindfulness; increasing clients' use of mindfulness at home, and teaching mindfulness basics, as well as tools for teaching specific mindfulness skills, such as mindfulness of the breath, present moment awareness, mindfulness of thoughts, emotions, the physical body, relationships, tasks, words, intentions, intuition, motion, and sound.

Although only caregivers with special training will use them, she provides as well tools for mindfulness skills for specific disorders, such as: mood disorders (depression, anxiety, panic attacks, obsessive compulsive disorder, etc.); ADHD; medical illness, pain, sleep disorders; stress and anger; and chronic mental illness. Added tools help caregivers' track progress.

An associated Web site (go.pesi.com/MindfulnessSkillsWorkbook) contains handouts, instructions on how to use a tool, and other useful information.

4. Potential Funding Sources

5. Supplemental Resources

Books: Mindfulness and the Elderly

Martins, Carla. 2014. *Mindfulness-Based Interventions for Older Adults: Evidence from Practice*. Philadelphia, PA: Jessica Kingsley.

McBee, Lucia. 2008. *Mindfulness-Based Elder Care: A CAM Model for Frail Elders and Their Caregivers*. New York: Springer.

Segal, Z. V., J. M. G. Williams, and J. D. Teasdale. 2002. *Mindfulness-based cognitive therapy for depression: a new approach to preventing relapse*. New York: The Guilford Press.

Sheets, Kelly. 2014. *How to Lead Meditation Groups for Seniors: A Resource for People Who Work with Seniors*. CreateSpace Independent Publishing Platform.

Articles: Mindfulness and the Elderly (Overviews)

- Allen, M., A. Bromley, W. Kuyken, and S. Sonnenberg. 2009. Participants' experiences of mindfulness-based cognitive therapy: "It changed me in just about every way possible." *Behavioural and Cognitive Psychotherapy* 37: 413-430.
- Ball, K., D. B. Berch, K. F. Helmers, J. B. Jobe, M. D. Leveck, M. Marsiske, et al. 2002. Effects of cognitive training interventions with older adults. *Journal of the American Medical Association* 288:2271-2281.
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Books: Meditation Practice

- Goldstein, J., & Kornfield, J. (2001). *Seeking the heart of wisdom: The path of insight meditation*. Boston: Shambala.
- Gunaratana, H. (2002). *Mindfulness in plain English* (2nd ed.). Boston: Wisdom.
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- Kornfield, J. (1994). *A path with heart: A guide through the perils and promises of spiritual life*. New York: Bantam Books.
- McCown, Donald, Disane K. Reibel, and Marc S. Micozzi. 2011. *Teaching Mindfulness: A Practical Guide for Clinicians and Educators*. New York: Springer Science-Business Media.
- Salzner, S., & Kabat-Zinn, J. (2008). *Lovingkindness: The revolutionary art of happiness*. Boston: Shambala.

Jon Kabat-Zinn Classics:

1990. *Full catastrophe living: using the wisdom of your body and mind to face stress, pain and illness*. New York: Dell Publishing.

1994. *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.

2003. Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice* 10:144-156.

Web Sites: Mindfulness

Calgary MBSR Interest group: <http://www.mindfulnessclgry.ca>.

Center for Contemplative Mind in Society:

<http://www.contemplativemind.org>

Mindfulness Research Centers

Many if not most major universities and medical schools have some form of mindfulness research and practice center. A few are listed here. Just type the names into your search engine.

American Mindfulness Research Association (AMRA) [goamra.org](http://www.goamra.org)

Atlanta Mindfulness Institute

Center for Mindfulness, University of Toronto

Center for Mindfulness in Medicine, Health Care, and Society:

<http://www.umassmed.edu/cfm>.

Centre for Mindfulness Research and Practice: <http://www.bangor.ac.uk/mindfulness>.

<http://www.bangor.ac.uk/mindfulness>.

Healing and the Mind. Bill Moyer's documentary of an MBSR program:

<http://www.ambrosevideo.com>.

Institute for Meditation and Psychotherapy:

<http://meditationandpsychotherapy.org>.

Institute for Mindfulness-Based Approaches (Germany)

Mind & Life Institute: <http://www.mindandlife.org>.

Mindful Awareness Research Center at the University of California, Los Angeles:

<http://www.marc.ucla.edu>.

Penn Program for Mindfulness

San Diego Center for Mindfulness

University of Miami's Mindfulness Research and Practice Initiative
University of Minnesota's Center for Spirituality and Heilig
University of Virginia Contemplative Sciences Center

Web Sites: Mindfulness for the Elderly

Mindfulness Meditation, Health and Wellbeing, Age UK www.ageuk.org.

Web Sites: Buddhist Meditation

Dharma Seed: <http://www.dharmaseed.org>

Insight Meditation Community of Washington:
<http://www.imcw.org>

Insight Meditation Society: <http://www.dharma.org/ims>

Spirit Rock Meditation Center: <http://www.spiritrock.org>

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- Graham, Linda. 2013. *Bouncing back: rewiring your brain for maximum resilience and well-being*. Novato, CA: New World Library.
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Prepared for the Programs for Mindful Living group, by
Wanda Isle and Guy Gibbon, Ph.D.

gibbo001@umn.edu

(Comments invited)

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