

## Mindfulness meditation as a catalyst for behavioural change

Luke Sniewski



A former professional football player and Certified Public Accountant, Luke Sniewski found his passion for life diving into the diverse realms of healthy living. With credentials in personal training, soft tissue therapy, nutrition, and cooking, his client-centred approach empowers people to make productive changes in their life via movement, lifestyle and mindfulness strategies. He has over a decade of experience in the health and wellness industry working with a variety of clients and travelled around the world making a documentary series on healthy living in different cultures. Luke currently lives in Auckland, where he recently completed his Post Graduate Diploma in Health Science, with an emphasis in Drug and Alcohol Studies. He keeps himself busy balancing being a father and a PhD student at AUT, where he is examining the

experiences and effectiveness of mindfulness meditation as an intervention for adult heterosexual men with self-perceived problematic pornography use.

The traditional practice of mindfulness meditation has existed for thousands of years, but the teachings of mindfulness meditation have recently surged in popularity within personal, corporate, and academic landscapes (Shonin, Van Gordon, & Griffiths, 2015). Today's trendy soup-du-jour, seems to involve more and more people taking a few moments out of their busy days to sit cross-legged and focus on their breath. The reasons for doing this, however, are myriad. Stress reduction, better sleep, and improved focus are just a few of the benefits that meditation practitioners hope to gain from their consistent investment in the practice. But mindfulness, and specifically meditation, can actually be much more than just a few health benefits; though most would agree that those benefits are reason enough to at least try meditating. In the world of psychology, meditation represents a powerful tool that can complement the work of therapists or clinicians.

Mindfulness has been defined as consciously and nonjudgmentally paying attention to the present moment (Marcus & Zgierska, 2009). Mindfulness encourages awareness and acceptance of thoughts, feelings and bodily sensations as they arise, and recognition of their constantly changing and impermanent nature. Meditation practitioners are taught to *acknowledge, observe and accept* their internal experience rather than to change, suppress, or react to it. That sounds easy and simple enough, but in the world of behavioural change that can be anything but comfortable. Sometimes the present moment – and all the unwanted thoughts, negative emotions, and unpleasant body sensations that come with it – is simply too

uncomfortable to bear. So many of us (present company included) tend to do what we have always done to cope and that is avoid.

Avoidance is not always a bad thing as sometimes it is the choice that makes the most practical sense in the moment. But if avoidance is someone's only strategy for managing the many stressful moments of life, then it could spell problems in the long-term. It should not come as a surprise that roughly 70% of substance abuse relapses result from unpleasant emotions and physical discomfort (Shafiei et al., 2014). And it is certainly not only in the field of substance abuse where this is relevant. Research also shows that when individuals self-identify with problematic pornography use, their consumption may be a maladaptive coping strategy and form of experiential avoidance, which is an effort to cope with and manage unwanted thoughts or negative feelings (Wetterneck et al., 2012). When the realities of abstinence or reduction reveal an internal state that can be fraught with pain, discomfort, or immense craving, sometimes avoidance via substance use or via engagement with self-soothing behaviour may seem like the only way to find relief, even if only for a short time. Clinical or not, behavioural change is hard. Avoidance can seem like the easier choice, even though the coping strategy itself leads to additional harm. Here is where the practice of meditation can have tremendous benefits.

Meditation does not create change by itself. In fact, meditation is actually the opposite of change, tasking the individual to focus their attention on calmly and non-judgmentally accepting whatever the present moment

may look or feel like, without trying to change, control, or adjust that experience in any way. With meditation, you stop avoiding and face what you have been running from so that when you face discomfort in everyday life, you will have already practiced sitting with and observing those uncomfortable internal states. When it comes to behavioural change, the desired outcome from meditation is the improved capacity for more conscious and productive decisions.

---

*Mindfulness encourages awareness and acceptance of thoughts, feelings and bodily sensations as they arise, and recognition of their constantly changing and impermanent nature.*

---

Meditation is a natural complement to many psychotherapeutic methodologies and interventions. As opposed to being cognitive and intellectual, meditation is more experiential, which means it can be used alongside other cognitive-based therapies, like acceptance and commitment therapy or cognitive behavioural therapy as a complementary tool. In a sense, mindfulness meditation serves as a practical training ground – we can call it working in the trenches – where individuals can practice and rehearse non-reactively observing and being with cravings, urges, and unwanted thoughts (Marlatt & Chawla, 2007; Bowen et al., 2006). Since more than 50% of lapses and relapses can be credited to high-risk situations – namely negative emotional states and cravings or urges to use (Larimer, Palmer, & Marlatt, 1999) – developing and strengthening emotional regulation skills and body sensation awareness are important goals in the treatment of substance dependence and compulsive behaviours (Berking et al., 2011). The enhanced ability to objectively observe one's own

internal experience sets the conditions necessary for the individual to learn productive ways of responding to their internal experience so that emotional instability and impulse control difficulties stop perpetuating the cycle of reactive consumption (Kuvaas et al., 2014; Dvorak et al., 2014).

Mike Tyson, one of the most famous professional boxers of all-time, said that everyone has a plan, 'until they get punched in the mouth'. When it comes to behavioural change, you can prepare the best possible plan alongside the world's most prominent experts, but once you leave the safe space of our home or therapist's office, it's the stresses of everyday life that provide the proverbial punches to the mouth. Taking the time to create detailed and personalised plans are certainly worthwhile, but without the practical application that meditation can provide, it can be an endless cycle of self-sabotage if the underlying behavioural triggers are not addressed. What the individual really needs in their everyday life – outside of their safe space – is improved self-regulation and self-management skills, and those are exactly the qualities that meditation can nurture. The silence and stillness of meditation provide the perfect backdrop for cultivating improved self-regulation and self-management skills.

Meditation develops and trains various mental and attentional skills that can help the individual productively manage their moment-to-moment experience. Meditation allows individuals to be more sensitive to their surroundings and promotes productive thought processes and behaviours (Langer, 2004). Specifically, mindfulness theory addresses the two basic ingredients that form the foundation of all mindfulness-based approaches – awareness and acceptance – in relation to the context

of the present moment and how these qualities improve sensitivity to internal and external environments (Demick, 2000; Langer & Moldoveanu, 2000). Attention and awareness seem to work synergistically to enhance capacities for information gathering, developing insight, and facilitating adaptation to the ever-changing variables of life (Brown et al., 2007).

Meditation also cultivates the skill of focus and concentration, which has been shown to improve cognitive functioning and memory (Mrazek et al., 2013), makes it easier to sustain voluntary attention (MacLean et al., 2010), and draw attention away from the past and future during current decisions (Hafenbrack, Kinias, & Barsade, 2014); all of which are important to self-management and self-regulation. Lastly, meditation has been associated with reduction in stress and mood disturbances (Birnie, Speca, & Carlson, 2010) and increased self-compassion (Baer, Lykins, & Peters, 2012). All of these mental and attentional skills contribute to an individual's ability to make constructive decisions from moment-to-moment.

---

*Meditation may not be the holy grail of interventions, but it provides a relatively safe environment in which individuals can turn their attention inward towards the thoughts, emotions, and body sensations that drive unconscious, reactive, and problematic behaviours.*

---

It is worth noting that a meditation practice can be a lot harder and more challenging than an individual bargained for. That is because being more present can be particularly uncomfortable, especially for someone new to meditation. When unpleasant internal experiences have been the driving force of reactive behaviours for a long time, settling into a sense of

stillness to face those experiences should be done patiently, carefully, and safely. It is helpful to liken meditating to settling into a hot bath. If you just jump into the hot water, you will scream in pain, and possibly burn yourself. Better to enter the bath slowly, one body part at a time, giving each part time to acclimate to the temperature of the water before submerging completely. If you approach your bath slowly and mindfully, it can be a soothing and relaxing experience, as opposed to potentially damaging or traumatising.

Meditation may not be the holy grail of interventions, but it provides a relatively safe environment in which individuals can turn their attention inward towards the thoughts, emotions, and body sensations that drive unconscious, reactive, and problematic behaviours. Meditation represents the brave and courageous journey inward, where we come face-to-face with the thoughts and sensations that trigger bad habits and prevent us from making the meaningful changes that we want for ourselves.

With meditation we become more aware of, and comfortable with, our internal states. We learn to trust that the present moment is safe and that whatever we are feeling or experiencing will eventually pass, no matter the experience. Ultimately, this journey is about taking back responsibility for our lives and creating a more conscious way forward. And is that not what all of us really want? Is it not the goal of every psychological intervention to improve the client's capacity for self-awareness, self-management, and self-regulation? Given how important the awareness of our internal experience is to behavioural change, it's well worth the initial discomfort diving into the deep end of meditation.

## References

- Baer, R. A., Lykins, E. L., & Peters, J. R. (2012). Mindfulness and self-compassion as predictors of psychological wellbeing in long-term meditators and matched nonmeditators. *Journal of Positive Psychology, 7*(3), 230-238.
- Berking, M., Margraf, M., Ebert, D., Wupperman, P., Hofmann, S., & Junghanns, K. (2011). Deficits in emotion-regulation skills predict alcohol use during and after cognitive behavioral therapy for alcohol dependence. *Journal of Consulting and Clinical Psychology, 79*(3), 307-318.
- Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress & Health: Journal of the International Society for the Investigation of Stress, 26*(5), 359-371.
- Bowen, S., Witkiewitz, K., Dillworth, T., Chawla, N., Simpson, T., Ostafin, B., Larimer, M., Blume, A., Parks, G., Marlatt, G. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 20*(3), 343-347.
- Bowen, S., Witkiewitz, K., Dillworth, T., & Marlatt, G. (2007). The role of thought suppression in the relationship between mindfulness meditation and alcohol use. *Addictive Behaviors, 32*, 2324-2328.
- Brown, Kirk Warren, Ryan, Richard M. and Creswell, J. David (2007) 'Mindfulness: Theoretical Foundations and Evidence for its Salutary Effects'. *Psychological Inquiry, 18*:4, 211 – 237.
- Demick, J. (2000). Toward a mindful psychological science: Theory and application. *Journal of Social Issues, 56*(1), 141.
- Dvorak, R. D., Sargent, E. M., Kilwein, T. M., Stevenson, B. L., Kuvaas, N. J., & Williams, T. J. (2014). Alcohol use and alcohol-related consequences: associations with emotion regulation difficulties. *American Journal of Drug & Alcohol Abuse, 40*(2), 125-130.
- Hafenbrack, A. C., Kinias, Z., & Barsade, S. G. (2014). Debiasing the mind through meditation: mindfulness and the sunk-cost bias. *Psychological Science, 25*(2), 369-376.
- Kuvaas, N., Dvorak, R., Pearson, M., Lamis, D., & Sargent, E. (2014). Self-regulation and alcohol use involvement: A latent class analysis. *Addictive Behaviors, 39*(1), 146-152.
- Langer, E. (2004). *Langer mindfulness scale user guide and technical manual*. Worthington, OH: IDS Publishing Corporation.
- Langer, E., & Moldoveanu, M. (2000). Mindfulness research and the future. *Journal of Social Issues, 56*(1), 129.
- Larimer, M. E., Palmer, R. S., & Marlatt, G. A. (1999). Relapse prevention. An overview of Marlatt's cognitive-behavioral model. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism, 23*(2), 151-160.
- Marcus, M., & Zgierska, A. (2009). Mindfulness-Based Therapies for Substance Use Disorders: Part 1 (Editorial). *Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse, 30*(4), 263.
- MacLean, K. A., Ferrer, E., Aichele, S. R., Bridwell, D. A., Zanesco, A. P., Jacobs, T. L., & ... Saron, C. D. (2010). Intensive Meditation Training Improves Perceptual Discrimination and Sustained Attention. *Psychological Science, 21*(6), 829-839.
- Marlatt, G. & Chawla, N. (2007). Meditation and alcohol use. *Southern Medical Journal, 100*(4), 451-453.
- Mrazek, M. D., Franklin, M. S., Phillips, D. T., Baird, B., & Schooler, J. W. (2013). Mindfulness Training Improves Working Memory Capacity and GRE Performance While Reducing Mind Wandering. *Psychological Science, 24*(5), 776-781.
- Shafiei, E., Hoseini, A. F., Bibak, A., & Azmal, M. (2014). High risk situations predicting relapse in self-referred addicts to Bushehr province substance abuse treatment centers. *International Journal of High Risk Behaviors & Addiction, 3*(2), e16381.
- Shonin, E., Van Gordon, W., & Griffiths, M. D. (2015). *Does mindfulness work?* BMJ (Clinical Research Ed.), 351h6919.
- Wetterneck, C., Burgess, A., Short, M., Smith, A., & Cervantes, M. (2012). The role of sexual compulsivity, impulsivity, and experiential avoidance in internet pornography use. *Psychological Record, 62*(1), 3-17.