

## EDITORIAL

### **Non-judgmental, present-moment, sex ... as if your life depended on it**

A Google search of the term “Mindfulness” in April, 2011, yields over 4.5 million hits. A PubMed search of “mindfulness-based treatment” yields over 300 studies. Why has this ancient practice, rooted in the Buddhist meditative tradition, only recently exploded into the mainstream Western front? How can paying attention to one’s breath lead to improvements in sexual well-being and a potential reduction in provoked genital pain?

Mindfulness is the practice of intentionally being fully aware of one’s thoughts, emotions and physical sensations, without judgment. Although mindfulness has a 3000 year history in Eastern spiritual traditions, it is rapidly being embraced in Western approaches to both physical and mental health care. The Western mindfulness movement began in the late-1970s at the University of Massachusetts Medical Center under the guidance of Dr Jon Kabat-Zinn for patients with chronic debilitating pain who did not benefit from a range of medical interventions for their pain. Since then, mindfulness-based treatments have been adapted, tested and found to be helpful for a wide range of conditions. Specifically, mindfulness-based cognitive behavioral therapy (MBCT) has been found to be effective for decreasing symptoms in major depressive disorder, anxiety disorders, eating disorders, substance abuse, attention deficit-hyperactivity disorder, psychosis and borderline personality disorder, among others. In the medical realm, mindfulness-based approaches have been tested and found effective in the treatment of chronic pain, fatigue, brain injury, for altering the cortisol awakening response in cancer and for improving immune function.

Mindfulness has been referred to as the third wave in the evolution of behavior-based therapies, with the first phase (behavior therapy) characterized by an exclusive focus on correcting problematic behaviors and the second (cognitive behavior therapy [CBT]) defined by the inclusion of irrational thoughts and faulty cognitive processing as additional treatment targets. Mindfulness complements CBT by providing additional tools with which to understand the phenomenological experience of a person’s thoughts and feelings. By teaching awareness of thoughts in a nonjudgmental way, the experience of mindfulness leads individuals to understand that thoughts are just thoughts and are not necessarily accurate representations of reality. The ability to watch oneself think, or “metacognition”, is a fundamental aspect of mindfulness that is directly associated with symptom reduction. In the mindfulness tradition, it is this loosening of “attachment” to mental events that is responsible for decreased suffering.

Imagine spending 15 minutes eating one raisin. Take several minutes to observe the raisin: its shape, color, contours, how the light reflects off its ridges. As you are doing so, you may be aware of thoughts such as: “I don’t like raisins”, “I’m really hungry and would like to just eat this raisin!” or “What a silly exercise!” When such thoughts arise, notice your tendency to have them, and redirect your attention back

onto this tiny morsel of shriveled fruit. Next bring the raisin to your nostril, one at a time, and notice any aromas, as well as any changes within your mouth, or body, as you smell. When you slowly bring the raisin to your lips, be aware of your anticipation to ingest this raisin as indicated by your mouth's increase in salivation. This illustrates the powerful link between your mind and your body's physiology as your body prepares for digestion at the mere anticipation of taking in this raisin. As you take the raisin in, take just one chew and notice the explosion of taste, the sound, and how your body reacts to this. If you dislike the taste, be aware of those negative judgments. Take another chew, and notice your temptation to chew more, quickly, and desire to swallow. Notice that temptation and redirect your mind to the here and now. And eventually as the bits of raisin slide down your throat, become aware of its journey, the remnants of its having been in your mouth, and your ongoing thoughts about the experience.

Now how does participating fully in the present moment, non-judgmentally, and, as mindfulness guru Kabat-Zinn would describe, "as if your life depended on it", impact our work with clients with sexual difficulties? There is a small smattering of uncontrolled empirical trials but a much larger collection of clinical experience integrating mindfulness in the treatment of a variety of sexual ailments, including, low-sexual desire and arousal, sexual distress, dyspareunia and marital distress. By first teaching patients to practice mindfulness in discrete areas of their life, they may eventually generalize these skills to being sexual (alone at first and then with a partner). Because mindfulness exerts its effects by deliberately bringing one's full awareness to the here and now, otherwise intrusive and distracting thoughts are left to the periphery of one's awareness, and there may be more attunement to subtle signs of pleasure or arousal. Judgments about one's (in)ability to become sexually excited and the fear of a partner's rejection or disapproval float through one's conscious thoughts like clouds bouncing across the larger landscape. Importantly, if one can describe such distractions as "just thoughts", their emotional valence is lessened. The sensation of pain may be experienced purely as a physical sensation, without the multitude of layers of affective and cognitive suffering. By learning to "ride out" the sensation of pain, the woman with dyspareunia may develop a new relationship with her pain – one that is removed of its emotional skin.

As clinicians who practice mindfulness (both personally and with their clients), as with long-time meditators, the proof is in the pudding, so to speak. The benefits of mindfulness are evident and compelling. However, by Western standards of academia in the era of evidence-based care, we are in dire need of research that tests the efficacy of mindfulness-based approaches for sexual difficulties. In particular, how does mindfulness evoke benefits above and beyond non-specific therapeutic factors such as normalization and support? How does mindfulness bring about benefit differently than is produced by CBT or traditional sex therapy practices such as sensate focus? Is ongoing mindfulness practice necessary for maintaining our clients' gains?

My hope in this brief Editorial is to invite each of you to explore the simplicity and power of mindfulness with yourself and your clients and to gather data on outcomes that can be shared with the larger community of academics and clinicians providing sexual health services.

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