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A Thought Is Just A Thought: A Buddhist Guide to OCD

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Abstract

Evidence-based studies have shown that individuals can significantly recover from Obsessive-Compulsive Disorder through the Cognitive Behavioural Therapies of Exposure and Response Prevention (ERP) and Acceptance and Commitment Therapy (ACT). However once the affliction is no longer categorized as a disorder in accordance with the diagnostic criteria, the process of thought, and often intrusive thought, remains. The OCD cycle of "thought to anxiety to compulsion" stems from a desire to reduce the suffering that the initial thought causes. This suffering comes in the form of negative feelings which often lead to compulsive behavior. The Buddhist path lays out a method for the reduction of unnecessary suffering, where mindfulness practice is key. This creative project, "A Thought is Just a Thought: A Buddhist Guide to OCD," is both a handbook and a workbook for individuals that struggle with an OCD-inclined mind and are interested in developing a relationship with Buddhist psychology as a vehicle for deeper insight. Buddhist psychology can provide a new paradigm for individuals to understand their thoughts and how they, most often unknowingly, contribute to their own suffering. In both psychotherapy and Buddhist psychology, greater wisdom contributes to greater wellbeing. The goal of this handbook is to provide wisdom for the purpose of enhancing wellbeing for its readers.

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A Thought Is Just A Thought: A Buddhist Guide to OCD

Suffering is one of the universal experiences of human existence. The field of Western psychology was founded and developed on the premise that understanding the inner workings of the mind can aid in the lessening of human suffering. In the same way, Buddhist psychology, based on what the Buddha discovered on how humans contribute to their own suffering, has the same goal. Furthermore, Buddhist insights into what constitutes the “self” and what constitutes the “mind,” and that the mind is not the self, contributes significantly to modern psychology. The new wave psychotherapies that began in the West in the 1960s go beyond traditional psychoanalysis and posit that deeper insight into the creation of thought and the differentiation between the mind and the self help to decrease human suffering. These new wave psychotherapies constitute the three waves within the evolution of the Cognitive Behavioral Therapy movement (Carona, 2022, p.1). The three waves include behavioral therapy, cognitive therapy, and acceptance-based therapies (Carona, 2022, p.1). Included within these three categories are Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), and more contemporarily, Acceptance and Commitment Therapy (ACT). These are all common Western psychotherapy interventions for a variety of mental health conditions such as anxiety, depression, and obsessive-compulsive disorder (OCD). These new wave psychotherapies recognize the weight of thoughts and the subjective choice that follows a thought regarding whether to act upon it in response. Furthermore, according to this therapy model, the choice to respond and act upon a thought can lead to either the reduction or increase of suffering. This is what both new wave psychotherapies and Buddhist psychology have in common and know to be true. Like modern psychotherapy, the cause and end of suffering is a central theme in Buddhist psychology. For both new wave psy-

chotherapy and Buddhist psychology, seeing thoughts as phenomena, from both a psychological and epistemological standpoint, has therapeutic benefits.

Buddhist psychology, the theory of mind brought forth by the Buddha which led to his awakening 2,500 years ago, recognizes that there is a way out of suffering, and it begins with the mind. The Buddha discovered this through his own personal practice which resulted in insight and wisdom. As it is written in one of the seminal early Buddhist texts, the *Dhammapada*, “Mind precedes all mental states. Mind is their chief; they are all mind-wrought. If with an impure mind a person speaks or acts suffering follows him like the wheel that follows the foot of the ox. Mind precedes all mental states. Mind is their chief; they are all mind-wrought. If with a pure mind a person speaks or acts happiness follows him like his never-departing shadow” (Buddharakkhita, Trans., 1996). To know, shape, and free the mind is at the heart of the Buddha’s teachings, and understanding that this is possible is at the core of Buddhist psychology (Germer et al., 2005, p. 13).

There is clear overlap between psychotherapy for OCD treatments and Buddhist psychology’s understanding of thought formation and theory of mind. In the Buddhist concept of the mind, thoughts are not to be considered inherently valuable and are no more central to ones’ experience than other passing physical phenomena. The process of thought in the mind is one of the six internal sense doors of perception. The mind thinks just like the ears hear and the eyes see. According to Buddhist psychology there are, “The eye-medium, the ear-medium, the nose-medium, the tongue-medium, the body-medium, the intellect-medium” (Thanissaro Bhikku, Trans., 2003). Freedom from obsessive thinking, and therefore the compulsive reactions and responses one may participate in to alleviate the suffering from obsessive thoughts, is possible because it is

a practice that can be learned. Ruminating or obsessing over a thought fills the mind with aversion and an illusion of control, which is an unskillful pursuit, according to Buddhist psychology. Noticing thoughts as they arrive and pass away on their own, rather than focusing on the content of the thoughts, is a skillful way to cultivate a mind that is attuned toward wholesomeness and ultimately the end of suffering. This ancient wisdom can reduce distress for individuals pursuing new wave therapy treatments, such as CBT, ERP, or ACT, for OCD. This particular wisdom cultivation is not in place of therapy but rather as an addition, since understanding Buddhist psychological concepts can potentially help reframe ones' struggle with OCD and alleviate suffering on the journey to a values-based life despite intrusive thoughts. The Buddhist psychological concepts of the construction of experience, the Four Noble Truths, the subjective creation of the self, the inherent emptiness in the very concept of "self," and the Noble Eightfold Path, can provide support, combined with modern psychotherapy best practices, for individuals seeking to reduce their personal suffering from obsessive-compulsive disorder.

Literature Review

What is OCD?

Obsessive-compulsive disorder is the "doubting disorder" (Rowe, 2021, para. 1). More specifically, "Obsessive-compulsive disorder is characterized, first, by recurrent, unwanted, and seemingly bizarre thoughts, impulses, or doubts that evoke affective distress (obsessions, for example, that one has struck a pedestrian with an automobile); and, second, by repetitive behavioral or mental rituals performed to reduce this distress (compulsions, for example, constantly checking the rear-view mirror for injured individuals)" (Abramowitz, 2006, p. 407). The obses-

sive-compulsive cycle presupposes that all thoughts are true, or at the very least the fact that a thought is being thought means that it has significance. If a thought is determined “bad” or “dangerous” by the thinker, a compulsive action is thought to be the appropriate response to reduce the suffering caused by the “bad thought” or as a prevention mechanism for the event of the bad thought to occur. This is the OCD cycle. “OCD which is characterized by distressing intrusive thoughts and time-consuming compulsive rituals, is a common psychiatric disorder with a lifetime prevalence of 1 to 3%” (Hertenstein et al., 2012, p. 3). Most often, the content of the obsessive thoughts is very upsetting and distressing for the thinker, which leads to an immediate need to perform a compulsion. As psychologist Chad LeJeune (2023) writes, “efforts to escape from the anxiety of obsessive thoughts are called compulsions” (p. 7). More specifically, “Compulsions may include subtle avoidance of triggers, reassuring thought-based rituals, questioning of friends and family to gain reassurance, or even ‘confessing’ to the thoughts by talking about or around them with others” (LeJeune, 2023, p. 9). Compulsions can be as overt as hand washing and the avoidance of triggering situations, or as subtle as thought-based rituals like reviewing, seeking reassurance, or apologizing. This is primarily the case with “Pure O,” or a subtype of OCD colloquially known as “Pure Obsessions.” No matter what the OCD story of the moment is, any of these attempts to diffuse the anxiety through compulsive behavior is ultimately futile. This is “because the uncertainty they are intended to address can never be completely eliminated, cognitive rituals tend to be repeated over and over again, often in increasingly elaborate ways” (LeJeune, 2023, p. 9). Yet, there is a way out. With determination OCD can evolve to become a non-disorder. This is what psychologist Amy Mariaskin (2023) calls an “OC-normal” brain (p. 3). All humans struggle with unwanted thoughts. The healing comes with recognition,

acceptance, and plenty of practice living with uncertainty. As LeJeune (2023) writes, “If you learn to struggle less with your thoughts, you will obsess less. Less obsessing leads to fewer compulsions” (p. 10). Practicing living alongside the unknown hits OCD where it hurts the most, which leads to a freer and more values driven life as opposed to a fear-driven life.

Standard Treatments for OCD

Cognitive Behavioral Therapy, involving re-evaluating the validity of thoughts and our relationship to thoughts, alongside exposure and response prevention (ERP), which is intentionally engaging obsessions to ultimately lead to the diminishing of anxiety through extinction (LeJeune, 2023, p. 10), are research-proven OCD treatments. They are part of the new wave of psychotherapy treatment methods. Cognitive Behavioral Therapy and ERP are most often combined in the treatment of OCD as both thoughts (the work of CBT) and actions (the work of ERP) need to be reevaluated. “Cognitive behavioral therapy (CBT) with exposure and response prevention is the first-line treatment for patients with obsessive-compulsive disorder” (Hertenstein, 2012, p. 1). Abramowitz (2006) writes, “The psychological treatment of obsessive-compulsive disorder with exposure and response prevention (ERP) methods is one of the great success stories within the field of mental health” (p. 407). The disordered cycle of obsessions leading to compulsions and in turn strengthening the obsessive thought does not have to be a life sentence. Like learning to mindfully meditate, it is a process of practice.

One of the standard psychotherapy treatments for breaking the obsessive-compulsive cycle is Exposure and Response Prevention, a type of Cognitive Behavioral Therapy. Exposure and Response Prevention is a two-part process. “Contemporary ERP entails therapist-guided, systematic, repeated, and prolonged exposure to situations that provoke obsessional fear, along with

abstinence from compulsive behaviours” (Abramowitz, 2006, p. 408). After exposure to fearful stimuli, one must practice response prevention. This involves refraining from compulsive rituals (Abramowitz, 2006, p. 408). Thus, successful ERP requires the patient to remain in the exposure situation until the obsessional distress decreases spontaneously, without attempting to reduce the distress by withdrawing from the situation or by performing compulsive rituals or neutralizing strategies (Abramowitz, 2006, p. 408). Exposure and Response Prevention is a form of both cognitive therapy and behavioral therapy, and has proven to be effective with patients that are committed to the treatment protocol, because “it corrects dysfunctional beliefs (such as overestimates of threat) that underlie OCD symptoms by presenting patients with information that disconfirms these beliefs” (Abramowitz, 2006, p. 410). Eventually, the new evidence, that compulsions are not necessary and ultimately increase the strength of the initial obsessive thought, become fused with the individual’s belief system (Abramowitz, 2006, p. 410). “These treatments encourage you to confront difficult situations in a gradual manner that’s also informed by the values you want to embody” (Mariaskin, 2023, p. 24). The values piece specifically comes in with the integration of Acceptance and Commitment Therapy into ones’ therapy regimen.

In the last thirty years, Acceptance and Commitment Therapy has arrived on the therapeutic scene and is often practiced in tandem with both CBT and ERP for OCD by treatment providers. Acceptance and Commitment Therapy is a natural progression on the road to OCD recovery and ones’ active reintegration into a freer life that is less controlled by the mind. As one of the founders of ACT, psychologist Steven C. Hayes (2009) writes, “ACT is not about training the normal mode of the mind. It is about getting out of your mind and into your life” (vii). Moreover, “Changing the relationship between your self and your thoughts, and increasing an aware-

ness of and commitment to acting on your values are the key components of acceptance and commitment therapy” (LeJeune, 2023, p. 11). Acceptance and Commitment Therapy asks similar questions that are addressed by Buddhist psychology, and similar to the prescriptive nature of Buddhist psychology, the practice of ACT becomes a way of life. As Manjula and Sudhir (2019) write, “The two major goals of ACT are: (1) acceptance of unwanted thoughts and feelings whose occurrence or disappearance is not under one's control (to function with them) and (2) commitment and action toward living a valued life (increase the quality of life)” (p. 3). Both ACT and the Buddhist understanding of freedom from suffering presuppose that how we experience the world is essential to our wellbeing. In the words of LeJeune (2023), some of the questions that ACT addresses are: “How do thoughts relate to reality? What is the difference between you and your experience? How do we decide what to do at a given moment” (p. 11). These are questions that can be supported by the practice of mindfulness.

Mindfulness in OCD Treatment

Mindfulness-based cognitive therapy (MBCT) has also been used and studied in the treatment of OCD. Not dissimilar from an insight meditation practice, “Patients are taught to carefully observe every arising thought, label it as a thought, try not to judge it, accept it, and refrain from acting on it compulsively” (Manjula & Sudhir, 2019, p. 4). MBCT has been created to follow CBT treatment for residual OCD symptoms, and there is evidence that it is an augmentative strategy to optimize treatment following CBT (Manjula & Sudhir, 2019, p. 4). “In studies comparing meditation-based interventions with other non-medication interventions for OCD, post-treatment OCD severity was found to have significantly improved with the addition of meditation-based intervention” (Lee et al., 2022, p. 9). However, no significant difference was found

in the follow-up monitoring data across all examined cases” (Lee et al., 2022, p. 1). There is an immediate difference in symptoms of anxiety after a mindfulness meditation intervention, but it is unclear what happens in the future beyond several months after treatment. Further research is required, as Lee et al. (2022) suggest. Multiple longer term studies are necessary to fully understand the effects of mindfulness-based interventions in the lives of individuals who have undergone OCD treatment.

Similar to the Lee et al. study, Fairfax (2018) writes about the inclusion of mindfulness into contemporary OCD treatments such as CBT and ERP, and its positive effect on clients (p. 55). He notes quantitatively that in a 2016 survey, 25 out of 181 therapists surveyed reported incorporating mindfulness interventions into their OCD treatment practice (Fairfax, 2018, p. 55). As Holzel et al. (2011) write in their often cited study on how mindfulness works, “Cultivation of mindfulness, the nonjudgmental awareness of experiences in the present moment, produces well-being and ameliorates psychiatric and stress-related symptoms” (p. 537). Furthermore, as Fairfax (2018) writes, “It may be that Mindfulness practice such as observation, being in the moment and letting go creates an environment that promotes disengagement from OCD behavioral and cognitive patterns” (p. 61). Mindful awareness and the practice of wisdom-based mindful inquiry is a scientifically-studied antidote to rumination and obsessive worry. Yet, many clients fail to engage or complete treatment which is a result of the fear associated with CBT and ERP and the difficulties pursuing these types of treatments.

A 2012 pilot study on the effectiveness of mindfulness-based cognitive therapy for OCD resulted in promising results. Sixteen OCD clients participated in an adaptation of Segal, Williams and Teasdale’s Mindfulness-Based Cognitive Therapy (MBCT) for depression program

(Hertenstein et al., 2012, p. 4). Out of the 12 participants that completed the study, 9 participants stated that the MBCT program acquainted them with “a new way of dealing with their OCD” (Hertenstein et al., 2012, p. 4). This study was limited by its size and without a randomized control group to compare, yet it was to the researchers’ knowledge, the first study of its kind using MBCT for OCD (Hertenstein et al., 2012, pp. 12-13). The authors end their conclusion with the argument that future research should not limit their research questions to the amount of symptom reduction for OCD sufferers but rather, expand their findings to researching “the quality of life as well as possible mediating variables such as an accepting attitude, the self-regulation of attention, and meta-cognitive beliefs” (Hertenstein et al., 2012, pp. 12-13). This is where my creative project can hopefully help fill a gap for future research opportunities in this field, by providing an interactive handbook/workbook where individuals who struggle with OCD can learn Buddhist insight in an accessible manner. The effectiveness of the material on how this wisdom affects quality of life could later be studied both quantitatively and qualitatively.

It is no coincidence then that mindfulness practice has been shown to be therapeutic and supportive for many individuals in standard OCD psychotherapy treatment. The wisdom themes on which mindfulness is based are meaningful to one experiencing isolation, confusion, and over-responsibility as a result of their disorder. Some themes that mindfulness practice encourages include “observation and non-judgement,” “connectedness and present moment,” “non-reaction,” and “letting go” (Fairfax, 2018, pp. 57-58). As Fairfax (2018) writes, “There needs to be more detailed analysis of these terms to increase understanding of what they mean on both an individual and more meta level and how this may relate to other psychological theories of

change” (p. 58). My hope is that my creative project can help to fill that knowledge gap and enhance understanding by patients, clinicians, and researchers.

From the existing scientific research, there are many peer-reviewed studies conducted on anxiety and/or depression and the effectiveness of a successful completion of a Mindfulness-Based Stress Reduction (MBSR) eight-week program on health and wellbeing for patients with these clinical diagnoses. These studies have shown, as Keyworth et al. (2014) argue, that “Mindfulness interventions can reduce rumination but evidence is largely drawn from studies of non-clinical, self-selected samples” (p. 54). More research needs to be done in this field to have a deeper understanding of the correlation between mindfulness interventions and the decrease of rumination. As a result of the limited research to date, “It is therefore still relatively unknown whether meditation and mindfulness interventions can reduce worry and negative thinking and behavior, and confer physical and psychological benefits in people with LTCs (long-term conditions)” (p. 54). As Abramowitz (2006) writes, “Recent research has demonstrated that CBT using ERP is the most effective short- and long-term treatment for OCD. These encouraging findings notwithstanding, full remission is not the standard” (p. 415). Individuals that are no longer debilitated by OCD may find comfort in learning Buddhist psychological insights when dealing with obsessive thinking and compulsive urges.

There are very few studies on the psychological impact of a deeper understanding of Buddhist philosophical and psychological principles on an individual’s health and wellbeing. There is little research in Western contexts, but “a new interest in second generation mindfulness, i.e. interventions that draw upon a more holistic use of Buddhist practices” (Laurent et al., 2021, p. 471) is arising. Ultimately a 2021 qualitative study on Nichiren Buddhist practitioners con-

cluded that second-generation Buddhist practices would benefit a wider population in the West “as a self-help strategy in day-to-day life as well as their being offered in a range of formal settings where emotional regulation, psychological coping, and resilience-building are of particular importance” (Laurent et al., 2021, p. 482). This study is promising and encouraging for the teaching of Buddhist wisdom to improve day-to-day wellbeing, especially for those that struggle with obsessive thoughts and the ongoing practice of resisting compulsions.

Buddhist Psychology & OCD

Jeffrey M. Schwartz’s 1996 book, *Brain Lock: Free Yourself from Obsessive Compulsive Behavior*, would not exist without Buddhist wisdom and the path of freedom laid out by the Buddha. Not only are there quotes from the Buddha himself among its pages, but the book is also dedicated in part to the Burmese Buddhist monk, Venerable Mahasi Sayadaw. Schwartz explains that mindful awareness is paramount for any individual to free themselves from obsessive thoughts and compulsive action. The Buddha knew this to be true. Schwartz (1996) writes in his introduction to *Brain Lock*, “Focus your attention on the mental and physical actions that will improve your life” (p. xxxv). This is not dissimilar from the Buddha’s understanding of a wholesome mind, which we will explore later in this paper and in my creative project. Schwartz’s treatment protocol for OCD hinges on developing mindful awareness (Germer, et al., 2005, p. 169). He outlines his treatment for OCD within *Brain Lock*, and they evolve around the four R’s to rid an individual from repetitive thought pattern cycles (Germer, et al., 2005, p. 169). The four R’s are: Relabel (“It’s not about an unlocked door, it is my OCD”), Reattribute (“My brain is doing this, not me”), Refocus (“Why not do something useful, like reading a bedtime story to my child”), and Revalue (“These repetitive thoughts are disturbing and a waste of time”) (Ger-

mer, et al., 2005, p. 169). By turning toward the pattern of thoughts, rather than their content, the sufferer loosens their grip around the fearful initial thought and refrains from clinging to it. In other words, “Instead of going after the thoughts, it’s the response to these thoughts that we’re interested in changing, because the response perpetuates the obsessive-compulsive cycle” (Marisaskin, 2023, p. 5).

Buddhism’s Theory of Mind & Experience

From a Buddhist psychological point of view, “The world of human experience, in short, is constructed, and it is possible to understand—and to directly witness!—the manner in which this happens” (Olendzki, 2003, p. 11). In order to be free from unnecessary suffering, according to Buddhist psychology, one must understand the construction of ones’ experience and the way it individually plays a part in that very suffering. Like the CBT process of recognizing and labeling thoughts, “Buddhist theoretical psychology is a science of experience, in which the stream of consciousness itself, as it is presented to the attentive and carefully trained observer, is the field of investigation” (Olendzki, 2003, p. 12). Similarly, according to new wave psychotherapies, a huge element of our health and wellbeing hinges on how we view the world and relate to our subjective experience of the world. It is not so much what we experience, but what we make of that experience. The OCD cycle can be broken once the sufferer can distance themselves from the experience of having a thought and the impulse to act upon it in order to reduce the anxiety that the thought’s content creates. This OCD cycle of “thought to anxiety to compulsion” can be understood in one of the core concepts of ACT called *cognitive fusion* (LeJeune, 2023, p. 11). “*Cognitive fusion* refers to the failure of the anxious part of the brain to make a clear distinction between a thought and the reality that the thought refers to (its *referent*). In other words, the

thought becomes *stickier*, “fusing” with the corresponding reality in our experience of it” (LeJeune, 2023, p. 11). Thought fusion beliefs are metacognitive, meaning that they involve the “control, modification, and interpretation of thinking” (Tümekaya, et al., 2018, p. 358). The thoughts themselves are not the “problem,” but the problems arise with their interpretation. A metacognitive model of OCD “emphasizes beliefs about the importance and meaning of thoughts, the need to control thoughts, and the need to perform rituals to prevent dreaded consequences” (Tümekaya, et al., 2018, p. 358). As the Buddha himself discovered and then taught, everything follows the mind. Wholesome thoughts lead to wholesome actions and a wholesome life.

According to Buddhist wisdom, it is possible to train the mind toward more wholesome actions which ultimately reduces unwholesome thoughts. New wave therapies for OCD prescribe the same intervention. Cognitive Behavioral Therapy works because it trains the mind to notice obsessive thoughts and the development of tools to practice not responding to them with a compulsive action. Recognizing and labeling obsessive-compulsive thoughts as what they are, “OCD thoughts”, requires mindful awareness. It requires mindful pausing before resorting to default mode behavior. Like Schwartz decades prior, LeJeune cites the importance of mindful awareness of OCD thoughts without judgment and without responding in a way that signals the thought is any more crucial to ones’ experience than a physical stimuli. By relabeling OCD thoughts as being OCD thoughts, refraining from acting upon them, and choosing to spend time on cultivating something of deeper value, wholesomeness can ensue and new neurological pathways can form. OCD thoughts are inherently unwholesome because as the OCD cycle shows, they lead to greater and prolonged suffering.

The Buddhist Concept of The Self & Detaching from Cognitive Fusion

The Buddhist concept of the self interestingly contrasts with a person experiencing OCD's concept of the self. Research suggests that OCD sufferers experience "ego-dystonic thinking," and the "feeling of being compelled, against one's will, into an intimate alliance with thoughts and desires *not my own*." (Huntington, Jr., 2018, para. 8) As discussed previously, Jeffrey Schwartz, among many others, recognized mindfulness meditation as a helpful tool to work against ego-dystonic thinking (Huntington, Jr., 2018, para. 11). Mindfulness meditation helps to create space around ones' thoughts increasing the distance between what one experiences as "self" and what one experiences as "my thoughts." It is Jeffrey Schwartz who also created the phrase, "It's not me, it's my OCD" in his previously mentioned book, *Brain Lock* (LeJeune, 2023, p. 82). Similarly, Steven C. Hayes, one of the founders of ACT, writes about "you-as-perspective" (LeJeune, 2023, p. 81). "We contact this sense of self not as a being who can be observed but as 'a locus from which observations are made'" (LeJeune, 2023, p. 81). In other words, we are not our thoughts but rather the witness of them. We are the awareness, not the thoughts themselves. Unwanted and obsessive thoughts can strengthen ones' perception of the self to the point of distress. As a result of wanting them to leave, we cling to them being "mine." Reorienting one's concept of self and having a lighter relationship to what it is that constitutes "me," can be liberating and healing as an individual's thoughts become less sticky and attached to an individual's identity.

Ultimately, obsessive-compulsive disorder exaggerates "selfing" and strengthens the concept of the self, which leads to greater suffering. In their research on OCD, Freeston & Ladouceur (1997) discovered, "Recent scientific findings have suggested that rumination, char-

acterized by analyzing one's thoughts and behaviors, and seeking to find their causes and consequences, is a common strategy used by OCD sufferers to manage obsessive intrusive thoughts and attempt to neutralize them" (Rudoy, 2014, p. 42). Mindfulness by definition does not seek to neutralize anything but rather non-judgmentally experience everything. The self is merely an ever-evolving experiencer of phenomena, and is neither "good" nor "bad." The self is inherently empty, a container for phenomena, of which objects of awareness simply pass through. As it is written in the Buddha's Saṃyutta Nikāya (22.33):

Bhikkhus, whatever is not yours, abandon it. When you have abandoned it, that will lead to your welfare and happiness. And what is it, bhikkhus, that is not yours? Form is not yours: abandon it. When you have abandoned it, that will lead to your welfare and happiness. Feeling is not yours ... Perception is not yours ... Volitional formations are not yours ... Consciousness is not yours: abandon it. When you have abandoned it, that will lead to your welfare and happiness. (Bhikku Bodhi, Trans.)

Nothing belongs to us and recognizing this inherent emptiness is the gateway to greater freedom.

In a recent online article in *Lion's Roar*, multiple mindfulness practitioners and educators responded to a question by a reader on whether we should aspire to stop thinking as Buddhist practitioners, or rather aspire to think in more enlightened ways (Shutt et al., 2023, para. 1). In her response, Zen master Rev. Keiryu Liên Shutt responded, "What we endeavor to stop is not thinking itself but the obsessive energy that gets caught up in the content of the thoughts. We practice to recognize thoughts as just another phenomenon arising" (Shutt et al., 2023, para. 3). She continues to write, inspired by the words of Shunryu Suzuki Roshi, "giving your cow a large, spacious meadow," Shutt suggests, "we can give a thought 'a large, spacious meadow' to

be as it is” (Shutt et al., 2023, para. 6). In contrast, OCD is inherently constricting. To be tight and rigid around a thought is a form of compulsive behavior. Letting thoughts simply be as they are, as no more important or demanding of a response, than a knee twitch or a cool breeze across the forehead, is the path toward greater wisdom and more holistic wellbeing. A deeper understanding of what Buddhist psychology means regarding recognizing passing thoughts as objects of nature can be supportive in the OCD recovery journey.

Discussion

“Much has been written about OCD and uncertainty. In fact, some argue that at its core, OCD is based on intolerance of uncertainty” (Mariaskin, 2023, p. 15). According to Buddhist wisdom, nothing is certain to begin with because everything is always in constant flux and in a constant state of evolution. Recognizing, knowing and practicing living with this truth of experience has supportive qualities for individuals with OCD.

The new wave psychotherapies of CBT, ERP and ACT are the scientifically-proven standard treatments for OCD and they work partly because they address ones’ ability to tolerate uncertainty and doubt. The Buddhist tradition provides tools to deal with the discomfort of tolerating uncertainty and coming closer to the truth of experience — that a thought is just a thought. After successful treatment, individuals may not fall under the criteria for having the disorder of OCD any longer, but that does not mean that the impulse to obsess or engage in a compulsive ritual does not initially still arise. Being supported by centuries old wisdom can be useful for these individuals and can provide another gateway, in addition to traditional Western psychotherapy, that provides supportive tools for an obsessive mind.

It is scientifically supported that mindfulness meditation does help the majority of individuals to reduce rumination and settle the nervous system. Having deeper wisdom about why this happens can only help individuals embody the teachings of impermanence and the capacity for inner and outer peace. In the words of dharma teacher Joseph Goldstein (2023), “it is because things are changing that we are able to cultivate and develop our minds.” Since OCD impulses do not fully disappear for many individuals, even if only the tendency to ruminate or obsess internally remains, an upkeep and constant reminder to be vigilant with obsessive thoughts and compulsive actions is required. Over a lifetime, a perspective shift and a new way of understanding the mind may be welcome. As a result of multiple thematic overlaps with the previously mentioned mainstream OCD psychotherapies and many of the core Buddhist teachings, this creative project can bridge a gap that many OCD sufferers may be unaware of. They may be pleasantly surprised and supported by the fact that ancient wisdom has been speaking directly to their affliction for centuries. Furthermore, all human beings ruminate and get trapped in thought spirals to some degree and they may find this workbook supportive as well.

Conclusion

In conclusion, I am interested in the long-term wellbeing journey of individuals experiencing or who have experienced OCD, especially those with what is colloquially known as “Pure O.” As Buddhist psychology teaches us, overvaluing the concept of an unchanging self leads to greater suffering, as does equating the self with the content of thoughts. Accordingly, “selfing” can become a thought-based ritual. Cognitive fusion presupposes that thoughts are inherently more significant than any other passing phenomena and are to be followed by responsive action.

The Buddhist roots of mindfulness and Buddhist psychology can provide comfort and insight for those who struggle with their thoughts and over-value the connection between one's thoughts and one's values and identity. More specifically, OCD reinforces self-obsession and cognitively fuses the self with thoughts. Buddhism is apt to shed light on these thought-constructs and how they enhance suffering in order to alleviate some of the distress from these OCD-centric experiences. OCD does not have to be a life sentence. One can move from having a disorder to having the obsessions but not acting upon them. Deepening the wisdom of the construction of the mind and ones' experience through the lens of Buddhist psychology can provide another avenue for understanding mental-based suffering and ultimately its alleviation.

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a thought is just a thought

A Buddhist Guide to OCD

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Letter to the Reader

“In Buddhism, we learn to see that a thought is just a thought.” - Rev. Keiryu Liên Shutt

I have struggled with Obsessive-Compulsive Disorder for over half of my life. I am reluctant to say that I have OCD any longer, as the in the words of clinical psychologist Amy Mariaskin (2023), I am currently dealing with an OC-normal brain, as opposed to an OC-disorder brain, but boy is it easy to fall into OCD's trap of seeking reassurance and desiring certainty. I became interested in Buddhist wisdom six years ago, when I began to meditate at a local meditation and yoga studio called the Quiet Company in downtown Toronto. Yet I have been meaning to meditate, and been told to meditate, since I was fifteen years old. My CBT therapist gave me Jon Kabat-Zinn's famous multi-disc CD set when I was fifteen, but sitting with my own mind in order to find a semblance of calm felt like an insurmountable, impossible task at the time. Doing a guided visualization exercise in her office was all I could muster at that point. Then on my own accord, I was reintroduced to mindfulness and meditation while working a relatively steady job, living on my own, and far less preoccupied with compulsions after over a decade of Cognitive Behavioural Therapy, Exposure and Response Prevention, and Acceptance and Commitment Therapy (we will discuss these treatment modalities in further detail soon). I kept feeling a pull to the depths of my experience as I was experiencing a nudging to finally make peace with my mind after years of fighting it and feeling victim to it. My dreams of traveling the world, having my own family, and feeling at peace within myself would never happen if I was not invested in changing something up.

I attended my first vipassana, also known as insight meditation, retreat at Vallecitos Mountain Retreat Center in New Mexico in the fall of 2019. Those six days were one of the hardest experiences of my life but equally one of the most profound. I touched a stillness within, even if only for a few seconds a handful of times, that made my constantly thinking mind feel so inconsequential. When the pandemic hit, I needed a new project to make meaning of my days. I found Lesley University's Mindfulness Studies Program in September of 2020, one year after my first retreat, and in those intervening three years, I have touched that stillness a little bit more. With the right conditions and with my own soft determination, I can even conjure it once in a while.

In these pages I am aspiring to help those that feel at war with their obsessive thinking touch a calming within that they didn't know they were capable of. I want them to know that mindfulness and meditation can also be for them. Furthermore, I want them to know that Buddhist wisdom has tackled centuries prior some of the big questions that OCD sufferers may struggle with. Some of these questions include: How do we live amidst severe uncertainty and doubt? How do we not hold on to thoughts and react to them, even when they feel so real? How can we find joy in the midst of worry and suffering? Perhaps like you, my mind is not always the most wholesome, pure and easeful place to be. But Buddhist wisdom has much to say about what the mind is, what it is trying to do, and how we can help it find peace and stillness even when that feels impossible. I also hope to show you how mindfulness practice works to promote disengagement from the OCD cycle. Thank you for reading this and entrusting me along this journey.

Part One: Our Thoughts are Not Reality, Even If They Seem Like It

On the one hand, there is OCD. You most likely know what OCD is more than you would like to, but just in case: “Obsessive-compulsive disorder is characterized, first, by recurrent, unwanted, and seemingly bizarre thoughts, impulses, or doubts that evoke affective distress (obsessions, for example, that one has struck a pedestrian with an automobile); and, second, by repetitive behavioural or mental rituals performed to reduce this distress (compulsions, for example, constantly checking the rear-view mirror for injured individuals” (Abramowitz, 2006).

And on the other hand, the Buddha is said to have taught his followers 2,500 years ago:

**We are what we think.
All that we are arises with our thoughts.
With our thoughts we make the world.**

**Speak or act with an impure mind
And trouble will follow you
As the wheel follows the ox that draws the cart.**

**Speak or act with a pure mind
And happiness will follow you
As your shadow, unshakable.
(The Dhammapada, 1-2, G. Fronsdal (Trans.) in D. Rothberg’s *The Engaged Spiritual Life*)**

Using Gil Fronsdal’s translation from the original Pali, the language spoken in Southeast Asia during the Buddha’s lifetime, you may relate to the concept of OCD feeling like the creator of your world. When an obsessive and compulsive mind leads the way, suffering will indefinitely follow, like the wheels of an oxcart. A mind mired in painful and dysfunctional belief systems will lead to painful and dysfunctional results. That is the law of nature when our minds make our worlds.

Dr. Jonathan Abramowitz (2006)’s table to the right exhibits some examples of belief systems of an OCD inclined mind. These are dysfunctional OCD beliefs that are mired in delusion (which we will discuss in part two).

You know far too well that the mind can be a nasty, demanding, and compulsive taskmaster. Living with any of these belief systems above is painful and makes it difficult to be present for the natural ebbs and flows of life. It is impossible to be present for what is actually happening in the present. It can feel insurmountable to act with a “pure

Table 1 Domains of dysfunctional beliefs associated with OCD	
Belief domain	Description
Excessive responsibility	Belief that one has the special power to cause, and (or) the duty to prevent, negative outcomes
Overimportance of thoughts	Belief that the mere presence of a thought indicates that the thought is significant (for example, the belief that the thought has ethical or moral ramifications or that thinking the thought increases the probability of the corresponding behaviour or event)
Need to control thoughts	Belief that complete control over one’s thoughts is both necessary and possible
Overestimation of threat	Belief that negative events are especially likely and would be especially awful
Perfectionism	Belief that mistakes and imperfection are intolerable
Intolerance for uncertainty	Belief that it is necessary and possible to be completely certain that negative outcomes will not occur

mind” (“pure” meaning a mind not living in delusion) and therefore, for happiness to follow. The great Vietnamese Buddhist monk, Thich Nhat Hanh (2023) encouraged meditation practitioners “to not turn your mind into a battlefield.” Fighting with the mind goes against its nature. Mindfulness and Buddhist wisdom can help us to cultivate a more pure and easeful mind, so happiness follows like a never-departing shadow. Your recovery journey required you to be armed for battle as you recovered from the depths of obsessions and compulsions, but Buddhist psychology encourages us all to drop our weapons.

When I look back on my life with OCD, what one would now call “Pure O,” I believe that my mind developed unhelpful patterns (obsessions) and irrational coping mechanisms (compulsions) as a desire for control. A control that I, and no human being, could ever achieve. As you know, no matter what the OCD story of the moment is, any attempt to diffuse the anxiety through compulsive behavior is ultimately futile. This is “because the uncertainty they are intended to address can never be completely eliminated, cognitive rituals tend to be repeated over and over again, often in increasingly elaborate ways” (LeJeune, 2023) As you also know, it took surrendering to doubt and my ultimate powerlessness through Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP), to loosen the grip, and in Buddhist terms, to release the clinging around those OCD thoughts. The concept of clinging is a key Buddhist theme that is inextricably linked to suffering. In fact, clinging is the cause of suffering according to the Four Noble Truths. But I am getting ahead of myself! When the mind is not the enemy anymore, it can become the object of our inquiry, the object of our mindfulness meditation. The mind will always be throwing thoughts at us, like our ears are always hearing, but over identifying with these thoughts (which is lesson one in “How to have OCD 101”) is not the path to a wholesome and easeful life where happiness follows like an unshakeable shadow. The route of wisdom begins with recognize thoughts as simply passing phenomena, like a sound to the ear or a taste to the mouth.

Questions for Thought

1. How do you normally respond to an intrusive thought?
2. Do you ever feel a compulsion to control your thoughts? How does that inclination differ from controlling your ears from hearing or your eyes from seeing?

Part Two: The Creation of Thought: From a Buddhist Perspective

From a Buddhist psychology perspective, asking “why does the mind think?” is akin to asking “why do the eyes see?” or “why does the mouth taste?”

According to Buddhism, there are six internal sense doors or sense mediums. They are:

“The eye-medium, the ear-medium, the nose-medium, the tongue-medium, the body-medium, the intellect-medium” (Thanissaro Bhikku, Trans., 2003).

Even though thoughts may appear to arrive in our intellect fully formed, they do not belong to us any more than a sun beam to our eye door or a bird call to our ear door. The term “door” is as common a translation from the Pali language as the word “medium.” Thoughts are phenomena too, though Western society may have conditioned us to deem them more important or indicative of truth than other phenomena. Additionally, our thoughts are not “us.” They are not breadcrumbs on a path that lead to an ultimate understanding of our identity. When in the midst of an OCD thought spiral, it may feel like the hardest thing in the world to not follow those thought trains and hop on board, but recognizing the passing nature of thoughts as phenomena rather than something that reveals who we are internally, is something that we can practice. “Instead of going after the thoughts, it’s the response to these thoughts that we’re interested in changing, because the response perpetuates the obsessive-compulsive cycle (Mariaskin, 2023). In the words of the legendary Ram Dass, “Everything changes once we identify with being the witness to the story instead of the actor in it.” This may be new to you from a Buddhist psychology standpoint, but it is not too dissimilar from the key assumptions of which all of cognitive therapy, the umbrella of new wave psychotherapies that CBT, ERP, and Acceptance and Commitment Therapy (ACT) fall underneath, is based.

As illustrated by Aaron T. Beck’s *Cognitive Therapy of Depression* (1979) list seen to the right, cognitive therapy is based on a recognition of the cognitive distortions we carry in our minds. I believe the Buddha would call our creation of self and the inclination to cling to our thoughts, in the words of Beck, “cognitive distortions.” Cognitive distortions are delusions of the mind, based on our previous perceptions and life experience. They are not necessarily based in truth.

Before we practice working with awareness and recognizing our personal cognitive distortions, in the words of the great Vietnamese, Buddhist monk, Thich Nhat Hanh (2023):

COGNITIVE MODELS: HISTORICAL PERSPECTIVE

The general assumptions on which cognitive therapy is based include the following:

1. Perception and experiencing in general are *active* processes which involve both *inspective* and *introspective* data.
2. The patient’s cognitions represent a synthesis of internal and external stimuli.
3. How a person appraises a situation is generally evident in his cognitions (thoughts and visual images).
4. These cognitions constitute the person’s “stream of consciousness” or phenomenal field, which reflects the person’s configuration of himself, his world, his past and future.
5. Alterations in the content of the person’s underlying cognitive structures affect his or her affective state and behavioral pattern.
6. Through psychological therapy a patient can become aware of his cognitive distortions.
7. Correction of these faulty dysfunctional constructs can lead to clinical improvement.

"Throughout your meditation, keep the sun of your awareness shining. Like the physical sun, which lights every leaf and every blade of grass, our awareness lights our every thought and feeling, allowing us to recognize them, be aware of their birth, duration, and dissolution, without judging or evaluating, welcoming or banishing them."

Remember, the goal of meditation is not to clear your mind, but rather to become aware of the thoughts that are present within the mind and let them be. Focusing on the physical sensations of the body, the sound of the breath, or noises coming through our hearing ear door is how we practice doing this. As the meditation teacher Dawn Mauricio says, "It's about not getting caught up in the content of thoughts" (Volpe, 2023). And in the words of Joseph Goldstein (2023), "can we see our thoughts like clouds passing through the sky?" Let's try it.

Let's Practice

I invite you to find a comfortable position. I will provide a few guiding practice suggestions in words. I hope you allow them to enter your intellect sense door before you take a few minutes to sit, stand, walk, or lie down in meditation.

In this practice, I invite you to let these questions float through your mind/intellect door:

- What current thoughts are entering my intellect sense door? Can I notice them without reacting to them? Can I notice when the thought leaves my internal sense awareness?**
- Is my mind wanting to mull over an obsessive thought? What if I labeled that thought simply as "not mine"? This thought is no more important than a passing breeze on the cheek. How does letting that thought arrive and leave on its own feel in my mind door? How about in my body door? Do I feel a sense of release or surrender in any of my other sense doors when I label a thought as "not mine"?**

When we practice being aware of our thoughts, we can begin to see how we create our own reality. More specifically, "the world of human experience, in short, is constructed, and it is possible to understand—and to directly witness!—the manner in which this happens" (Olendzki, 2003). In Buddhist psychology, in order to be free from unnecessary suffering, one must understand the construction of ones' experience and the way we individually play a part in that very suffering. We choose, and most often rather unconsciously, what sense experiences we cling to and decide what is worthy of our attention, what needs a closer look, or what needs to be reviewed and evaluated. This process of reality construction literally flashes before our eyes. It happens in milliseconds and can only be understood experientially, through mindful awareness and the development of insight.

The OCD cycle is broken once one distances themselves from the experience of having a thought and the impulse to respond to it in order to reduce the anxiety that the thought creates. If the thought is "not mine," and rather a sensory experience of nature that is inherently "empty," then one does not need to perform a compulsive action. Therefore, one can allow it to go away naturally. This gripping cycle of "thought to anxiety to compulsion" can be understood in one of the core concepts of Acceptance and Commitment Therapy called **cognitive fusion** (LeJeune, 2023). Cognitive fusion is an integral part of Dr. Beck's understanding of cognitive distortions in CBT.

"Cognitive fusion refers to the failure of the anxious part of the brain to make a clear distinction between a thought and the reality that the thought refers to (its referent). In other words, the thought becomes more sticky, "fusing" with the corresponding reality in our experience of it" (LeJeune, 2023). Additionally, as the fear and anxiety increase, the thoughts become even more fused (LeJeune, 2023). Have you experienced this before? When your thoughts feel so real that it seems like they are a memory of the past or a premonition for the future? Me too. The Buddha knew this too. The second of his four noble truths is: "suffering arises as a result of clinging." Clinging to a thought makes it harder to let it go, and we cling so hard to a thought because we are afraid of its potential outcome or are living in fear of its potential reality. It is no easy feat to sit in the discomfort of not responding to a thought, even when you know it is inherently not dangerous. But it is imperative to release the clinging around the OCD cycle. In the words of the great Buddhist nun, Pema Chödrön, "Feel the feelings and drop the story." In my experience, this could be a tagline for all of the Cognitive Behavioral Therapy subtypes. We can practice feeling through the physical sense doors while the stories live in the mind sense door and exit through the mind sense door on their own.

Let's Practice

With an obsessive mind, meditation in nature can be very nourishing. I often practice "open awareness" meditation either seated with my eyes open or closed or walking. Give it a try!

To practice an open awareness meditation, allow your sense doors to feast at the natural sights, sounds and smells flowing in your direction on a leisurely walk or simply looking out the window.

When a thought enters your intellect, try not to dive into the story. The thought is simply a visitor from the sixth sense door of the mind. It can exit on its own.

Like our minds create our reality, our minds create our suffering as well. And as we have already touched on briefly, Buddhist psychology has a lot to say about suffering. It is known that the Buddha said in his lifetime. "I teach just one thing, there is suffering and there is the end of suffering." Interestingly, the Buddha's Four Noble Truths, thought to be the Buddha's very first teaching, follow the same prescription for the alleviation of suffering as does Western psychotherapy. "Based upon an ancient medical lore, the truths may be taken as analogous to a physician's diagnosis" (Olendzki, 2016).

Both the Four Noble Truths and Western medicine use the following diagnostic criteria:

1. Identify symptoms.
2. Describe their cause.
3. Suggest a prognosis.
4. Prescribe a treatment.

(Germer et al, 2005).

Similarly...

The Four Noble Truths (Olendzki, 2016):

1. Suffering. The term suffering is used in a broad sense to point out a fundamental unsatisfactoriness to the human condition. Much of our effort works to obscure this truth, but, as with all healing, an important first step is to face the nature of the affliction with honesty and courage.
2. The origination of suffering. All human suffering has a simple and consistent cause: desire. Whenever there is a disequilibrium between what is arising in experience and what one wants to have happen, suffering is inevitable.
3. The cessation of suffering. Understanding the causal interdependence of these first two truths, suffering can be brought to cessation simply by the elimination of desire. Unpleasant thoughts and sensations may still exist and are in fact invariably part of all experience, but by changing one's attitude of resistance to what is unpleasant, suffering can be reduced and even eliminated.
4. The path leading to the cessation of suffering. Many different strategies and programs for bringing suffering to an end have been developed over Buddhism's 2,500 years. Traditionally, the healing program is articulated as the "Noble Eight-fold Path."

When we understand the mechanism of suffering, then we can begin to pursue its end. Knowledge is power. Moreover, when we can recognize when a thought is coming from an OCD place, we can begin to let it go. A mindful response to an OCD thought can be something like, "Maybe it's OCD, and maybe it isn't. Oh well, I guess I'll have to live with the uncertainty" (McMeikan & Corboy, 2016). Furthermore, in the words of Dr. Chad LeJeune (2023), "An obsession is simply a thought that you're not willing to have. If you're not resisting the thought, if you choose not struggle with it, if you are *willing* to have it... it's just a thought." Like practicing meditation, it is simple, but that does not mean it is easy.

Let's Practice.

Lightly bring to mind an OCD thought...

1. What are the symptoms of distress when an obsessive thought enters the mind and there is a compulsive urge to do something about it?
2. In the spirit of the Four Noble Truths, what is the cause of this distress? (A hint: Is it the thought itself that causes the distress or the obsessive response to the thought/the not willing to have the thought?)
3. What actions can be taken to end the distress? (Not in the sense of responding to the obsession with a compulsion, but in response to the larger OCD cycle?)
4. What is the treatment for accomplishing the cessation of this suffering? What can be practiced when an OCD thought enters the mind next time?

Part Three: Why CBT, ERP and ACT Work From a Buddhist Psychology Lens

The Buddha laid out the Four Foundations of Mindfulness. They are different categories of objects in our experience that can be the object of our non-judgmental awareness, or our anchor of attention, at any given moment.

The Four Foundations of Mindfulness (Olendzki, 2016):

1. Mindfulness of body
2. Mindfulness of feelings
3. Mindfulness of mind
4. Mindfulness of mental objects

For our work here, we are going to focus on the third foundation of mindfulness, “mindfulness of mind.” We practice mindfulness of mind by:

Shifting attention from bodily sensations and feelings to the purely mental sphere, the meditator is directed to bring awareness to the quality of mind as it arises and passes away moment by moment. This is done by noticing whether any of the three unwholesome roots (greed, hatred, and delusion) are present, or whether they are absent (Olendzki, 2016).

As we have discussed, OCD hinges on cognitive distortions and cognitive fusion – and they are both **based in delusion**. Delusion is one of the three unwholesome roots of the mind (alongside greed and hatred). Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP) are practices to illuminate this delusion. You are probably all too familiar with these modalities from your OCD recovery journey, but I hope putting these therapies alongside Buddhist wisdom, will illuminate them in new ways and provide a fresh approach in the continual maintenance of the obsessions and compulsions you may continue to experience.

Let's Practice

Please bring to mind an OCD thought that is no longer bothersome. Perhaps it is an old story or a thought that was once sticky. This can be the same OCD thought from page 9.

Even for a single moment, can you:

1. **Recognize greed in the mind? For example, is there an obsessive desire to bring this thought once again to the forefront of the mind? Or are you experiencing a mind without greed, for example, non-attachment to the thought?**
2. **Recognize hatred in the mind? For example, wanting the thought to go away or for the thought to be different? Or are you experiencing a mind without hatred, for example, seeing the thought as simply being a thought.**
3. **Recognize delusion in the mind? For example, that this thought has inherent value and is evidence of a personal failing? Or are you experience a mind free of delusion, for example, recognizing that a thought is just an object of the mind and nothing more?**

Now allow the thought to lightly exit the intellect door.

A Brief Review of OCD Psychotherapy Treatments

Cognitive Behavioral Therapy (CBT) involves an individual's intention to reevaluate the validity of thoughts and how our relationship to our thoughts impacts our actions. CBT combined with ERP is the first-line treatment for patients with OCD (Hertenstein, 2012). Exposure and Response Prevention entails therapist-guided, systematic, repeated, and prolonged exposure to situations that provoke the obsessional fear, alongside abstaining from compulsive behaviours (Abramowitz, 2006). Noticing obsessive thoughts, labeling them as OCD thoughts, and refraining from participating in a compulsive action, whether it is an internal compulsion, like reviewing a past event or an external compulsion, like taking a second shower when one does not need to, are what begins to free the OCD sufferer from delusion.

In the last thirty years, Acceptance and Commitment Therapy has arrived on the therapeutic scene and is often practiced in tandem with CBT and ERP for OCD by treatment providers. My CBT therapist was very well versed in ACT and ACT was equally as beneficial to me and my OCD recovery (and continues to be) alongside CBT and ERP. As one of the founders of ACT, Steven C. Hayes (2009) writes, "ACT is not about training the normal mode of the mind. It is about getting out of your mind and into your life." Acceptance and Commitment Therapy asks similar questions that are addressed by Buddhist psychology. As researchers Manjula and Sudhir (2019) write, "The two major goals of ACT are: (1) acceptance of unwanted thoughts and feelings whose occurrence or disappearance is not under one's control (to function with them) and (2) commitment and action toward living a valued life (increase the quality of life)." Both ACT and the Buddhist understanding of freedom from suffering presuppose that how we experience the world is essential to our wellbeing. The Buddha prescribed a path toward freedom from suffering in his construction of the Noble Eightfold Path, the fourth of the Four Noble Truths. CBT, ERP and ACT encourage OCD sufferers to confront difficult situations in a gradual manner that's also informed by the values they want to embody (Mariaskin, 2023). I believe that the Noble Eightfold Path encourages the same.

In the words of Buddhist monk, Bhikku Bodhi (1999):

“The eight factors of the Noble Eightfold Path are not steps to be followed in sequence, one after another. They can be more aptly described as components rather than as steps, comparable to the intertwining strands of a single cable that requires the contributions of all the strands for maximum strength. With a certain degree of progress all eight factors can be present simultaneously, each supporting the others.”

The Eight Path Factors of the Noble Eightfold Path are:

1. **Right View**
2. **Right Intentions**
3. **Right Speech**
4. **Right Action**
5. **Right Livelihood**
6. **Right Effort**
7. **Right Mindfulness**
8. **Right Concentration.**

The Noble Eightfold Path is often depicted as 8 spokes of a single wheel, the “wheel of dharma.” Each one of us can steer the wheel toward our own end of suffering.

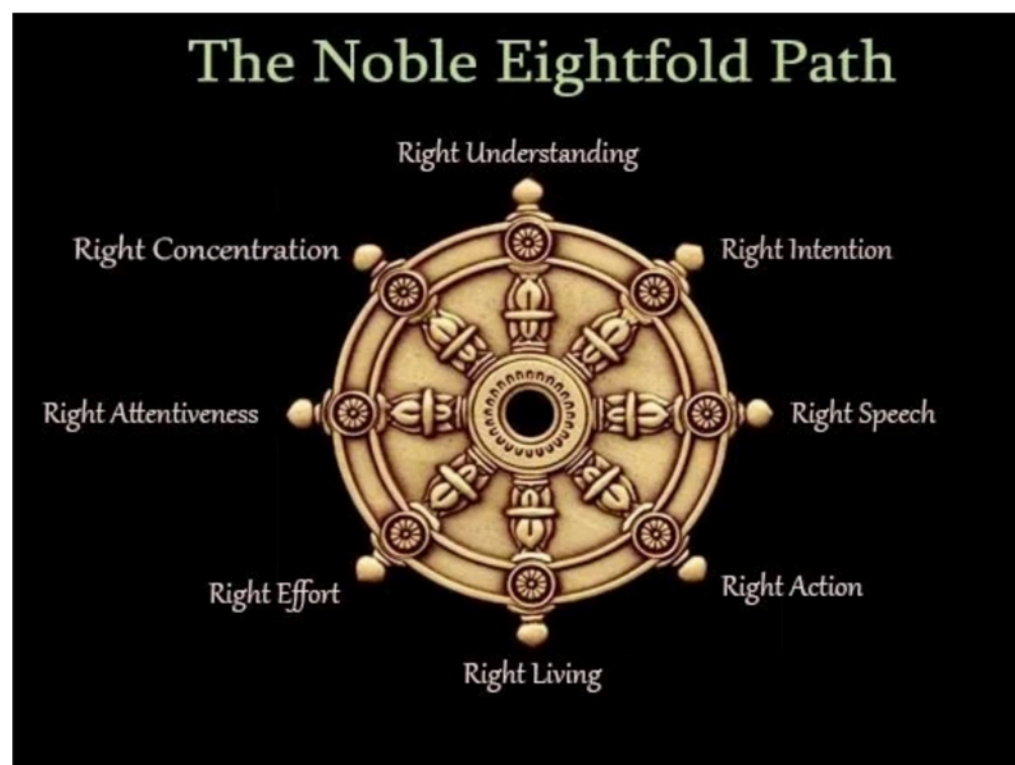


Photo credit: buddhaweekly.com

In the context of the OCD recovery journey, we are going to focus on the path factors of “Right View,” and “Right Mindfulness.”

Right View

“This is the first element in the series but also culminates the list. At the near end of the progression, one needs a certain amount of confidence in the teachings to put them into practice, and one needs to be pointing in the right direction for any journey to be effective. At the far end of the path, right view refers to awakening fully to ‘seeing things as they really are.’” (Olendzki, 2016)

OCD obscures ones’ ability to truly see things as they are. As you are probably all too familiar with, relabeling OCD thoughts as being OCD thoughts, refraining from acting upon them, and choosing to spend time on cultivating something of deeper value, is what is necessary to live a life that is not controlled by the disorder. Having “right view” when it comes to OCD treatment is to practice the four step model of psychiatrist Jeffrey M. Schwartz (1996): Relabel. Reattribute. Refocus. Revalue. Here is a prominent example of the “Four R” process: Relabel (“It’s not about an unlocked door, it is my OCD”), Reattribute (“My brain is doing this, not me”), Refocus (“Why not do something useful, like reading a bedtime story to my child”), and Revalue (“These repetitive thoughts are disturbing and a waste of time”) (Germer, et al., 2005). By turning toward the pattern of thoughts, rather than their content, you loosen your grip around the fearful initial thought and refrain from clinging to it. That is seeing things as they are.

Sentence Stems

Please fill in the sentence based on your experience.

- 1. OCD prevents me from seeing things as they are because...**
- 2. When I am truly seeing things clearly I...**
- 3. I know I am living in accordance with Right View when I...**

Right Mindfulness

“When mindfulness is well developed, following the guidelines of the foundations of mindfulness, it is said to be right mindfulness, which means applying attention carefully and evenly to phenomena as they appear.” (Olendzki, 2016)

Mindful awareness and the practice of wisdom-based mindful inquiry is a scientifically-studied antidote to rumination and obsessive worry. This is because mindfulness practices, such as observation, being in the present moment and letting go, creates an environment that promotes disengagement from OCD behaviors and cognitive

patterns (Fairfax, 2018). Mindfulness-based cognitive therapy (MBCT) has also been used and studied in the treatment of OCD. Not dissimilar from a mindfulness meditation practice, in an MBCT program, "Patients are taught to carefully observe every arising thought, label it as a thought, try not to judge it, accept it, and refrain from acting on it compulsively" (Manjula & Sudhir, 2019). This path factor of "Right Mindfulness" includes the third of the Four Foundations of Mindfulness, mindfulness of mind. (The Buddha loved lists didn't he?) Within the category of mindfulness of mind, we practice noticing wholesome and unwholesome thoughts. OCD thoughts are inherently unwholesome because they lead to further suffering. With mindfulness, the OCD interface point of "thought to action" is brought to the forefront. With mindfulness, we have a choice to participate in a compulsive behavior or let the thought exit out the door when its ready to on its own. According to the Thai Buddhist monk, Ajahn Chah (2007), our minds are naturally luminous and peaceful but get carried away by thoughts and moods. In his words (2007), the mind "is still and calm like a leaf that is not being blown about by the wind. But if the wind blows then it flutters. It does that because of the wind. And so with the mind it's because of these moods - getting caught up with thoughts." We practice mindfulness to remember that we are the leaf and not the wind. By practicing Right Mindfulness, we practice cultivating a mind that is consistently planting seeds of wholesomeness and freedom from delusion. We practicing returning to the natural state of the mind, which is peaceful.

In addition to practicing "open awareness meditation" as discussed earlier, with an OCD-inclined mind I personally do a lot of guided meditation practices via online apps or YouTube videos as my formal meditation practice. Having a teacher guide the practice provides a structure that is comforting in my personal meditation practice and keeps me accountable. My personal favorite meditation app is Ten Percent Happier. I have also heard great things about Waking Up, Calm, Headspace and Insight Timer.

Sentence Stems

Please fill in the sentences based on your experience.

- 1. OCD makes it challenging to be mindful sometimes because...**
- 2. When I am paying attention carefully to phenomena as they appear I feel...**
- 3. I know I am living in accordance with Right Mindfulness when I...**

Part Four: OCD & Non-Self

“As we let go of contraction and grasping, the heart opens, widens, and disentangles. The openness of nonself is natural, nothing special. It’s a relief, like coming out of a dark tunnel into bright daylight.”

- Rebecca Bradshaw (2023)

It is written in the Buddha’s Saṃyutta Nikāya (22.33):

“Bhikkhus, whatever is not yours, abandon it. When you have abandoned it, that will lead to your welfare and happiness. And what is it, bhikkhus, that is not yours? Form is not yours: abandon it. When you have abandoned it, that will lead to your welfare and happiness. Feeling is not yours ... Perception is not yours ... Volitional formations are not yours ... Consciousness is not yours: abandon it. When you have abandoned it, that will lead to your welfare and happiness.” (Bhikku Bodhi, Trans.)

If your material form is not yours, your feeling-tones are not yours, your perceptions are not yours, your formations are not yours, your consciousness is not yours, what *is* yours? Nothing. And that is exactly the point. I believe that OCD exaggerates “selfing” or a leaning toward what is “mine,” and this impulse leads to greater suffering. Each of these five aggregates of experience are merely aspects of nature (Armstrong, 2017). We cling to these natural phenomenas and then confuse them as belonging to us, as an aspect of “self.” As a result, intrusive thoughts do not belong to the thinker or provide wisdom about the thinker’s values. Furthermore, in their research on OCD, Freeston & Ladouceur (1997) discovered that rumination and seeking to find the causes and consequences of one’s thoughts and behaviors, is a common strategy used by OCD sufferers to manage obsessive intrusive thoughts and attempt to neutralize them (Rudoy, 2014). Mindfulness by definition does not seek to neutralize anything but rather non-judgmentally experience everything. The self is merely an ever-evolving experiencer of phenomena, and is neither “good” nor “bad.” The self is inherently empty, it is a container for phenomena to simply pass through. This is potentially scary, but also liberating. In the famous words of Japanese Buddhist Zen master, Dōgen Zenji, “To study the Way is to study the self. To study the self is to forget the self. To forget the self is to be enlightened by all things.”

Zen master Rev. Keiryu Lien Shutt says that what we must endeavor to do on the mindfulness path is not to stop thinking but to stop the obsessive energy that gets caught up in the content of thoughts. We practice mindfulness meditation in order to recognize that thoughts are just another phenomena arising (Shutt et al., 2023). Inspired by the words of Shunryu Suzuki Roshi, “giving your cow a large, spacious meadow,” Shutt suggests that, “we can give a thought ‘a large, spacious meadow’ to be as it is” (Shutt et al., 2023). In my experience, OCD is inherently constricting and to be tight and rigid around a thought is a form of compulsive behavior. It has been said that the experience of *anatta*, or

nonself, in Buddhism is akin to taking off a tight shoe (Bradshaw, 2023). Perhaps resisting long enough for the compulsive impulse to subside is something similar. Letting thoughts simply be as they are, as no more important or demanding of a response, than a knee twitch or a cool breeze across the forehead, is the path toward greater wisdom and more holistic wellbeing. When the tight shoe is released, the truth can expand and ease can roam free.

Let's Practice

Create a comfortable space for yourself. This could be lying down on the floor with all of your limbs splayed out or going for a walk in nature. Breathe consciously, noticing your deep inhales and purifying exhales. Relax your joints. Release any tension in your forehead. In your heart space. In your stomach. In your knees. In your toes.

Are you making yourself breathe, or is the breath rising and falling on its own? Can you allow the element of air to flow through you without an effort? Inspired by the words of Shunryu Suzuki Roshi, can you give every breath and every thought a large, spacious meadow to roam and then to ultimately leave on their own without any effort?

Part Five: You Got This!

"A Zen master was once asked, 'What is the secret of your happiness?' He answered, 'complete unrestricted co-operation with the unavoidable.' The unavoidable is our life."

- Christina Feldman (2017)

It may be cliché at this point, but you truly are not alone. If you struggle with OCD, it is easy for the mind to get cloudy and to forget to remember how we often contribute to our own suffering. The very word for mindfulness in Pali, "sati," is also translated as "remember." The Buddha himself defined "sati" as "the ability to remember" (Thanissaro Bhikku, 2008). Not only do we remember to practice non-judgemental awareness from moment to moment as mindfulness practitioners, we also remember that mindfulness is also only one part of the Noble Eightfold Path (Thanissaro Bhikku, 2008). We must remember the larger enterprise and why it is that we are being mindful. We aspire to be mindful so we can see things as they are. And when we see things as they are we are living within the truth of experience. With full transparency, I forget to remember to practice seeing things as they are every day, sometimes from one moment to the next. Writing this manuscript has helped me to remember not to forget.

I believe that these two understandings of what mindfulness means, both "to be non-judgementally aware" and "to remember," are also values ingrained in the theory of ACT. In order to, in the words of Steven Hayes, "get out of our head and into our life," we must remember what we live for. We live for our values. We live for what sets our hearts on fire. Whether that be family, friends, a hobby, a sport, nature, service, the list goes on. There is so much out there that is worth the hard work of recognizing an OCD moment when it occurs. I know this is easier said than done and we will not always succeed in every moment. We will inevitably get carried away by obsessions and compulsions and fall into delusion from time to time. (Delusion is one of the Buddha's three poisons after all!) But then we will try again in the next moment, like every insight meditation teacher will tell you. Part of the beauty of the moment is that we have a fresh opportunity to try again in the next one with more compassion. As the Buddha said, "Hold yourself as a mother holds her beloved child." OCD may be one of your burdens to bear in this lifetime, but that does not negate from your worthiness to have a full and meaningful life. The Buddha taught about the eight worldly winds, how life ebbs and flows between "moments of praise and blame, success and failure, pleasure and pain, gain and loss" (Feldman, 2017). In order to not be carried around and at the mercy of those inevitable fluctuating winds, we practice attending to how we are present in this exact moment (Feldman, 2017). And then the next one. And then the next one.

I wish you much strength and ease from moment to moment as you continue on your path.

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