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**Editor**
David S. Black, PhD, MPH

Highlights by
Seth Segal, PhD

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**Interventions**

Articles testing the applied science and implementation of mindfulness-based interventions


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**Associations**

Articles examining the correlation and mechanism between mindfulness and other variables


- **Berkovich-Ohana, A., Dor-Ziderman, Y., Glicksohn, J., & Goldstein, A.** (2013). Alterations in the sense of time, space and body in the mindfulness-trained brain: A
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neurophenomenologically-guided MEG study. *Frontiers in Psychology*, 4, 912. [link]


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Reviews
Articles reviewing content areas of mindfulness or conducting meta-analyses of published research


Trials
Research trials on mindfulness newly registered (NOV 2013) at Clinicaltrials.gov

University of California, San Francisco (M. Cohn, PI). Optimizing resilience and coping in HIV via Internet delivery. Trial# NCT01997008. [link]

University of North Carolina, Chapel Hill (S. Girdler, PI). Wellness intervention for menstrual mood disorders. Trial# NCT01995916. [link]

University of Utah (Y. Nakamura, PI). Two anger management programs for teens. Trial# NCT02001246. [link]
Highlights
A summary of select studies from the issue, providing a snapshot of some of the latest research findings

Grant [Ann NY Acad Sci.] reviewed recent experimental studies of the effects of focused attention (FA) and open monitoring (OM) meditation on pain perception. FA meditations require sustained attention on a focal stimulus (e.g., the breath or a mantra), whereas OM meditations involve sustained attention on the monitoring process itself (e.g., dzogchen or choiceless awareness). Experimental support for FA's analgesic effect is somewhat weak and inconsistent. However, there is mounting support for OM's ability to attenuate pain.

Studies from three independent laboratories demonstrated that OM meditators show increased neural activity in their pain processing centers (e.g., the somatosensory cortex, anterior cingulate cortex, and insula) and decreased activity in brain regions associated with elaborative mental processes (e.g., the various prefrontal cortical regions) when confronted with a painful stimulus. One study of Zen practitioners also showed that experienced meditators had decreased functional connectivity between these brain regions, and the less the functional connectivity, the lower their pain sensitivity.

An analysis of pain ratings and neural activity indicated that OM-mediated analgesia is due neither to distraction nor to opioid system activation, but to decreased elaborative cognitive activity. The author argued that sustained present-moment attention to sensory processes precludes the formation of mental narratives, cognitive appraisals, and self-related processes that exacerbate pain. He also noted that increases in parasympathetic activity and decreases in limbic-mediated fear conditioning may also underlie OM's analgesic effects.

Considering the findings from the above review, is mindfulness then more effective in reducing pain and stress than simple relaxation alone? Feuille and Pargament [J of Health Psychol.] conducted a randomized controlled trial comparing standardized mindfulness (STM), spiritualized mindfulness (SPM), and simple relaxation in a cohort of 74 migraine sufferers. Participants underwent a brief, single-session training in STM, SPM, or simple relaxation, in which they received only 5-7 minutes of guided practice and then practiced their assigned technique at home for 20 minutes a day over two weeks. The STM and SPM conditions were identical, except for the inclusion of a spiritually oriented rationale in the SPM condition, which was untied to theism or the beliefs of any specific religion. Both meditation groups employed focused attention to the breath without an open monitoring component.

At the study's conclusion, participants' pain tolerance was evaluated by a cold pressor task assessing their ability to maintain their hand in icy cold water for as long as they could tolerate, and their pain, stress, and mindfulness (as measured by the Toronto Mindfulness Scale) were rated during the procedure. Both meditation groups reported significantly lower stress than the simple relaxation group, but none of the groups differed in their pain perception or tolerance. SPM participants had a greater sense of connection to the sacred and experienced higher levels of mindfulness, but the STM and simple relaxation participants failed to differ from each other on those measures.

Very brief meditation training did not alter pain perception and tolerance in this study, which is consistent with findings that focused attention is not as effective as open monitoring in reducing pain, but it may also reflect the exceedingly brief nature of the training provided in this study. Despite these limitations, meditation was still more effective in reducing stress than relaxation alone.
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Categories: Events & Conferences, Research & Education, Books & Media, and Employment

Events & Conferences

Mindful Practice CME Events
Two separate 4-day workshops designed to improve quality of care while improving clinicians’ own resilience and well-being. For physicians, health professionals, and medical educators. Course Directors: Ron Epstein, MD & Mick Krasner, MD of University of Rochester Medical Center Location: Chapin Mill Retreat Center, Batavia, NY Session 1: October 9-12, 2013 - http://www.cvent.com/d/1cqbt1 Session 2: May 7-10, 2014 - http://www.cvent.com/d/tcbqgb
INFO: For assistance with online registration, call the URMC Center for Experiential Learning at 585-275-4392.

Introduction to MBCP Professional Retreat
This retreat is designed for health professionals interested in the Mindfulness-Based Childbirth and Parenting (MBCP) program and for those seeking an introduction to mindfulness meditation and understanding its complementary relationship to obstetrics, midwifery, nursing, pediatrics, family medicine and clinical psychology. Date: 19-25 January 2014.

Professional Training in Mindfulness-Based Relapse Prevention
MBRP is an 8-week program for individuals with addictive behaviors that integrates mindfulness meditation with cognitive-behavioral Relapse Prevention Therapy. This training is for individuals with an established mindfulness meditation practice. Dates: March 6-9, 2014 Non-residential workshop in Seattle, WA.
INFO: Contact nchawla@uw.edu or www.mindfulrp.com April 21-26, 2014 Residential workshop on Whidbey Island, WA. Contact: http://mbpti.org/mbrp_home.html

Research & Education

Research Project: Mindfulness Unexpected Effects
One of the criticisms about the practice of mindfulness is their possible unexpected effects. The International Group for the Investigation of Mindfulness is carrying out a study to analyze these possible effects. In order to make this study as broad and as explanatory as possible, we require cooperation from individuals who have experience in both the practice and teaching of mindfulness and meditation. This consists of answering a series of questions on a website in this link (15 minutes).

https://es.surveymonkey.com/s/effects (English)
https://es.surveymonkey.com/s/efectos (Español)
https://es.surveymonkey.com/s/efeitos (Português)

INTERNATIONAL GROUP FOR THE INVESTIGATION OF MINDFULNESS
INFO: E-mail: investigaprimaria@gmail.com Website: www.webmindfulness.com

New Year’s Teen Retreats
Inward Bound Mindfulness Education is excited to announce New Year’s Teen Retreats in Massachusetts and Virginia. Our retreats help teens cultivate awareness, compassion, and kindness. Please share this event with teens, ages 15-19, who would like to attend. Dates: December 28, 2013 – January 1, 2014
INFO: Contact: contact@ibme.info or www.ibme.info

Books & Media
None posted

Employment

Professional Mindfulness Opportunities for Psychiatrists
Part time paid positions for psychiatrists providing individual and group mindfulness based psychotherapy and medication management in Northern California.
INFO: Contact MDcv@cpsych.com Web: www.communitypsychiatry.com