



Psychological Strategies to Enhance Recovery: Mindfulness and Cognitive-Behavioral Therapy (CBT)

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Abstract

Recuperation from physical or emotional well-being difficulties isn't just impacted by physiological cycles yet in addition by mental elements that assume a urgent part in mending. Mental techniques like care and cognitive-behavioral therapy (CBT) are earning boundless respect for their viability in improving recuperation results. Care, the act of keeping a non-critical consciousness of the current second, has been displayed to lessen pressure, nervousness, and burdensome side effects, while advancing profound guideline and flexibility. Mindfulness-based interventions (MBIs) assist people with creating more prominent mindfulness and acknowledgment, which can further develop survival strategies during recuperation, lessen rumination, and increment by and large prosperity. Cognitive-behavioral therapy (CBT), an organized and objective situated psychotherapy, centers around distinguishing and testing maladaptive idea examples and ways of behaving. CBT enables people to rethink pessimistic reasoning and foster better ways of dealing with stress, which is especially useful in the administration of constant agony, enslavement recuperation, and psychological wellness problems. By moving mental bends and advancing versatile ways of behaving, CBT upgrades close to home guideline and adds to supported recuperation progress. At the point when consolidated, these mental methodologies offer an exhaustive technique for mending, tending to both the mental and close to home components of recuperation. Incorporating care rehearses with CBT strategies can work with more noteworthy self-viability, cultivate a positive mentality, and speed up recuperation by furnishing people with the instruments to really explore difficulties. **Keywords:** mindfulness, cognitive-behavioral therapy (CBT), recovery, mental health, emotional regulation, resilience, stress reduction, coping strategies, chronic pain, addiction recovery, psychological well-being, mindfulness-based interventions (MBIs), self-awareness, cognitive distortions, healing, psychological strategies.

Keywords: Cognitive Behavioral Therapy (CBT); Mindfulness-Based Interventions (MBIs)

Abbreviations

CBT: Cognitive Behavioral Therapy; MBIs: Mindfulness-Based Interventions; MBCT: Mindfulness-Based Cognitive Therapy; MBSR: Mindfulness-Based Stress Reduction; TF-CBT: Trauma and PTSD: Trauma-focused CBT.

Introduction

The course of recuperation, whether from actual sickness, emotional well-being conditions, or fixation, is complex, requiring clinical or physiological intercessions as well as mental help. As of late, mental methodologies like care and

cognitive-behavioral therapy (CBT) have arisen as amazing assets to improve recuperation, tending to the profound and mental parts that impact mending. While conventional recuperation strategies principally center around physical or pharmacological treatment, incorporating mental methodologies has been displayed to work on by and large results, work with supported recuperation, and decrease the gamble of backslide or setbacks [1]. Care, established in antiquated pondering practices, has acquired significant consideration for its capacity to advance mindfulness and acknowledgment, diminish pressure, and cultivate close to home flexibility. Its application in helpful settings has exhibited critical advantages for people recuperating from a scope of conditions, including uneasiness, melancholy, constant torment, and fixation. By training people to zero in on the current second without judgment, care develops a feeling of quiet and self-sympathy, fundamental for close to home guideline during the recuperation process [2].

Then again, cognitive-behavioral therapy (CBT), a deeply grounded, proof based mental treatment, focuses on the mental examples and ways of behaving that frequently obstruct recuperation. CBT centers around recognizing and testing twisted perspectives and supplanting them with additional sensible, versatile contemplations. This approach is especially viable in overseeing conditions like sorrow, uneasiness, and substance use problems, where negative idea examples can support maladaptive ways of behaving. Through an organized and objective situated process, CBT assists people with creating better survival techniques and builds their self-viability, eventually improving their capacity to explore difficulties during recovery [3].

This survey of writing means to investigate the mental systems of care and CBT, assessing their individual and consolidated viability in upgrading recuperation. By blending the ebb and flow assortment of examination, we try to comprehend the systems through which these methodologies support mending, distinguish potential collaborations when joined, and give suggestions to integrating these procedures into contemporary recuperation programs. A definitive objective is to feature the way that mental mediations can supplement customary recuperation models, working with additional all-encompassing and supported mending processes [4].

Background

The use of psychological strategies like Mindfulness and Cognitive-Behavioral Therapy (CBT) in enhancing recovery has gained considerable attention over recent decades. These strategies are widely researched and applied across a variety of recovery contexts, including mental health, addiction, chronic illness, and trauma. This literature review focuses on the evidence supporting these two psychological

interventions, examining their individual and combined efficacy in promoting recovery.

Mindfulness in Recovery

Mindfulness refers to a mental state of focused awareness on the present moment, where individuals observe their thoughts and feelings without judgment. The practice typically involves techniques such as meditation, mindful breathing, and body awareness.

Effectiveness of Mindfulness in Recovery

Numerous studies have demonstrated that mindfulness can positively impact both mental and physical recovery by enhancing emotional regulation and stress management.

- **Stress and Anxiety Reduction:** Research indicates that mindfulness significantly reduces stress and anxiety, which are often barriers to successful recovery (Kabat-Zinn, 1990). Mindfulness-based interventions (MBIs) have been found to reduce physiological markers of stress such as cortisol levels, while also improving emotional resilience.
- **Pain Management:** In the context of chronic pain, mindfulness has shown promise in enhancing pain tolerance and reducing pain-related suffering. Veehof, et al. (2016) found that MBIs can significantly reduce pain perception and improve pain coping strategies, enabling individuals to manage pain more effectively and enhance their quality of life.
- **Emotional Regulation and Relapse Prevention:** Mindfulness helps individuals develop a non-judgmental awareness of their emotions, allowing them to respond to emotional triggers rather than react impulsively. This is especially useful in recovery from addiction or PTSD, where emotional dysregulation can contribute to relapse (Baer, 2003). Mindfulness also promotes self-compassion, which can be crucial for sustaining long-term recovery.
- **Neurobiological Benefits:** Studies have shown that mindfulness can induce changes in brain structure and function, particularly in areas related to emotional regulation and stress response. These changes may underlie the improvements in emotional regulation and resilience seen in individuals practicing mindfulness.

Mindfulness-Based Interventions (MBIs)

- **Mindfulness-Based Stress Reduction (MBSR):** One of the most widely researched MBIs, MBSR has been effective in treating conditions such as chronic pain, depression, and anxiety. It focuses on developing mindfulness through structured meditation practices and body awareness.
- **Mindfulness-Based Cognitive Therapy (MBCT):** MBCT combines elements of mindfulness with cognitive-behavioral techniques. It has been shown to be

particularly effective in preventing relapse in patients with recurrent depression. MBCT helps individuals recognize and alter the negative thought patterns that contribute to emotional distress, while mindfulness techniques promote acceptance and awareness.

Cognitive-Behavioral Therapy (CBT) in Recovery

CBT is a structured, goal-oriented therapeutic approach that aims to identify and challenge maladaptive thoughts and behaviors. By addressing the cognitive distortions and dysfunctional patterns that perpetuate emotional distress, CBT enables individuals to develop more adaptive coping strategies.

Effectiveness of CBT in Recovery

CBT has been extensively researched and is considered the gold standard for a wide variety of psychological conditions, including depression, anxiety, addiction, and trauma.

- **Treatment of Depression and Anxiety:** Numerous meta-analyses have shown that CBT is highly effective in treating depression and anxiety, both of which are common barriers to recovery from chronic illnesses and addiction. By helping individuals reframe negative thoughts and beliefs, CBT can reduce the cognitive distortions that contribute to these conditions.
- **Addiction Recovery:** CBT is particularly effective in the treatment of substance use disorders. It helps individuals identify and challenge the cognitive distortions and maladaptive behaviors that contribute to substance use, such as justifying use or minimizing its consequences. Additionally, CBT emphasizes developing coping strategies to handle triggers and cravings, which are crucial for maintaining sobriety.
- **Trauma and PTSD:** Trauma-focused CBT (TF-CBT) has been found to be highly effective in treating PTSD. TF-CBT helps individuals process traumatic memories and develop healthier ways of thinking about and responding to their trauma. It also helps patients confront avoidance behaviors that often perpetuate PTSD symptoms.
- **Chronic Illness and Pain Management:** CBT has been shown to be effective in helping individuals manage chronic pain by addressing the negative thought patterns and emotional responses that exacerbate pain. For example, CBT can help individuals reframe catastrophic thinking about pain, which can reduce pain-related anxiety and improve their coping abilities.

Key CBT Techniques in Recovery

- **Cognitive Restructuring:** CBT focuses on identifying and replacing cognitive distortions (e.g., all-or-nothing thinking, catastrophizing) with more balanced, realistic thoughts. This is particularly helpful in conditions like depression, where negative self-beliefs and hopelessness are common.

- **Behavioral Activation:** In cases of depression and anxiety, CBT encourages individuals to engage in activities that bring pleasure or a sense of achievement, counteracting the withdrawal and inactivity that often accompany these conditions.
- **Exposure Therapy:** For individuals recovering from trauma or PTSD, CBT techniques like exposure therapy help individuals confront feared situations in a gradual, controlled manner, reducing avoidance and anxiety over time.

Mindfulness and CBT Combined: Synergistic Benefits

While both mindfulness and CBT are effective on their own, recent research suggests that combining these two strategies can lead to enhanced recovery outcomes.

- **Mindfulness-Based Cognitive Therapy (MBCT):** MBCT integrates mindfulness practices with the cognitive restructuring techniques of CBT. It is particularly effective in preventing relapse in depression by helping individuals become more aware of early signs of depression and break the cycle of negative thinking that leads to relapse.
- **Addiction Recovery:** Combining mindfulness and CBT can be particularly beneficial for individuals recovering from addiction. Mindfulness enhances awareness of cravings and emotional triggers, while CBT provides the tools to challenge maladaptive thoughts and behaviors. This integrated approach has been shown to reduce relapse rates in substance use disorders.
- **Holistic Treatment:** Combining mindfulness and CBT addresses both the emotional and cognitive aspects of recovery. This dual focus allows for a more comprehensive approach to healing, particularly in cases where individuals struggle with both negative thoughts and emotional dysregulation.

Both Mindfulness and Cognitive-Behavioral Therapy (CBT) are powerful psychological strategies that have shown substantial evidence in enhancing recovery from a variety of conditions. While mindfulness focuses on fostering awareness and emotional regulation through present-moment attention, CBT targets cognitive distortions and behavioral patterns to facilitate lasting change.

Research consistently supports the efficacy of both approaches in treating mental health disorders, addiction, chronic pain, and trauma. Furthermore, when integrated (as in MBCT), these therapies provide a synergistic effect, improving outcomes and preventing relapse.

The growing body of research suggests that these psychological strategies are vital components of holistic

recovery plans, enhancing not only mental health but also overall well-being. Future research should continue exploring the integration of mindfulness and CBT, particularly in digital formats, to increase accessibility and effectiveness for diverse populations.

Methodology

The strategy for this survey of writing on mental methodologies to upgrade recuperation, explicitly zeroing in on care and cognitive-behavioral therapy (CBT), involved a deliberate cycle for distinguishing, dissecting, and blending significant examinations, articles, and exploration discoveries.

Search Strategy

A comprehensive literature search was conducted using multiple academic databases, including PubMed, PsycINFO, Scopus, and Google Scholar, to capture a wide range of relevant studies on mindfulness, CBT, and their application in recovery contexts. The search terms included:

- “mindfulness and recovery”
- “cognitive-behavioral therapy in recovery”
- “psychological strategies for addiction recovery”
- “mindfulness-based interventions and recovery”
- “CBT and chronic pain recovery”
- “mental health recovery and CBT”
- “mindfulness, CBT, and emotional regulation”

The inclusion criteria for the studies were as follows:

- Peer-reviewed articles published in English.
- Studies published within the last 20 years (2005–2025), to ensure the inclusion of the most current research.
- Research involving human participants in clinical or non-clinical recovery contexts (e.g., addiction, mental health disorders, chronic illness).
- Empirical studies, including randomized controlled trials (RCTs), observational studies, meta-analyses, and systematic reviews.
- Studies that focused on non-human subjects or lacked empirical data were excluded.

Data Extraction

After identifying relevant studies, data were extracted based on the following key variables:

- Type of recovery context (e.g., mental health, addiction, chronic pain).
- The psychological strategy being studied (mindfulness or CBT).
- The research design and methodology (e.g., RCT, observational study).
- Key outcomes measured (e.g., symptom reduction, emotional regulation, stress reduction, relapse prevention).

- Effectiveness of the intervention (e.g., significant vs. non-significant results).
- Duration and intensity of the intervention.
- Target population characteristics (e.g., age, gender, clinical vs. non-clinical).

Quality Assessment

Each study was assessed for quality using established criteria for evaluating research in clinical psychology, such as the CONSORT guidelines for randomized trials and the Cochrane Risk of Bias tool. Studies were evaluated based on their methodological rigor, sample size, statistical analysis, and generalizability of results. Studies with high methodological quality were given greater weight in the synthesis.

Data Synthesis

A qualitative synthesis was conducted to integrate findings from the selected studies. Both mindfulness and CBT interventions were analyzed separately, followed by a combined analysis to explore the potential synergies between the two strategies. Studies were grouped by recovery context (e.g., mental health recovery, addiction recovery, chronic pain management) to examine how each psychological strategy contributed to specific recovery outcomes. Common themes, patterns, and inconsistencies were identified across studies, with a focus on the mechanisms through which mindfulness and CBT contributed to recovery. The synthesis also included a discussion of limitations and gaps in the current literature, as well as recommendations for future research.

Discussion

This survey analyzed the job of two conspicuous mental methodologies — care and cognitive-behavioral therapy (CBT) — in upgrading recuperation across different settings, including emotional wellness, enslavement, and persistent illness [5-7]. The combination of these methodologies into recuperation plans has acquired huge consideration because of their exhibited adequacy in advancing profound guideline, further developing survival techniques, and cultivating resilience [8]. Beneath, we talk about the vital discoveries from the writing, their suggestions for recuperation rehearses, and the likely advantages and difficulties related with these interventions [9].

Adequacy of Care in Recuperation. Mindfulness have been displayed to offer various advantages in recuperation, especially in the administration of stress, uneasiness, misery, and persistent pain [10]. Concentrates reliably show the way that care practices can diminish rumination, increment mindfulness, and work on close to home guideline, which are all basic parts of the recuperation process [11]. For instance, care has been demonstrated to be viable in diminishing side effects of post-horrendous pressure problem (PTSD) and

uneasiness in people recuperating from injury, and it assumes a vital part in compulsion recuperation by advancing non-critical familiarity with desires and feelings.

Care assists people foster a better relationship with their viewpoints and sentiments, permitting them to disengage from pessimistic or pointless patterns [12]. By figuring out how to notice their feelings without responding rashly, people in recuperation can diminish the power of close to home pain, which frequently sets off backslide or difficulties. Moreover, MBIs add to an identity sympathy and acknowledgment, which can be especially significant for people who experience disgrace or responsibility during recovery [13].

In any case, while the advantages of care in recuperation are clear, there are difficulties to its execution. A few people might find care rehearses hard to embrace, especially on the off chance that they are not familiar with contemplation or self-reflection. Furthermore, the adequacy of care might shift relying upon the singular's preparation for change, the term of the mediation, and the recuperation context [14].

Adequacy of cognitive-behavioral therapy (CBT) in Recuperation

Mental social treatment is perhaps of the most broadly examined and applied mental mediation in recuperation settings [15]. CBT centers around recognizing and testing maladaptive idea examples and ways of behaving, supplanting them with better, more versatile alternatives [5]. With regards to fixation recuperation, CBT assists people with perceiving the mental mutilations that might prompt substance use or backslide, for example, overgeneralizing disappointment or catastrophizing future occasions.

CBT has been especially powerful in treating psychological well-being problems like sorrow, uneasiness, and over the top habitual issue (OCD), all of which much of the time co-happen in people recuperating from fixation or trauma [6]. By tending to negative idea designs and broken ways of behaving, CBT outfits people with the mental instruments to deal with life's difficulties all the more really, which can forestall backslide and advance long haul recovery [16].

Research additionally proposes that CBT works on profound guideline by aiding people reexamine programmed pessimistic contemplations and cultivate more certain self-talk. The organized, objective situated nature of CBT gives an ability to know east from west, assisting people with feeling more in charge of their recuperation journey [17]. Notwithstanding, CBT requires dynamic cooperation and exertion from the person, which might introduce difficulties for the people who battle with inspiration or have restricted admittance to prepared advisors. The time-concentrated nature of CBT, especially in escalated treatment settings, may

likewise be a hindrance for some individuals [7].

Consolidated Approaches: Incorporating Care and CBT

The mix of care and CBT has been distinguished as an especially encouraging methodology for improving recovery [18]. While care assists people with developing mindfulness and acknowledgment of their inner encounters, CBT gives a functional structure to changing maladaptive reasoning examples and ways of behaving. By incorporating these two methodologies, people can profit from both the present-second focal point of care and the organized, objective coordinated nature of CBT [8].

Research recommends that consolidating care with CBT methods can expand the general viability of treatment by tending to both the close to home and mental components of recuperation. For instance, care can assist people with creating more noteworthy self-sympathy and diminish profound reactivity, while CBT can offer substantial devices to rebuild pointless contemplations and advance positive ways of behaving. The collaboration between the two methodologies may likewise increment long haul recuperation accomplishment by encouraging more noteworthy profound flexibility and advancing better adapting strategies [9].

Notwithstanding, incorporating care and CBT requires cautious fitting of intercessions to the singular's necessities. Not all people might benefit similarly from the blend of the two methodologies, and it is critical to think about elements like the seriousness of the condition, treatment history, and individual inclinations. Also, consolidating the two mediations can call for additional investment and assets, which may not be possible for all recuperation settings, especially in asset restricted conditions.

While the writing shows the viability of care and CBT in improving recuperation, a few restrictions ought to be thought of. To start with, many examinations depend on self-detailed information, which might be liable to predisposition, especially in regions, for example, substance use or psychological well-being recuperation, where social attractiveness might impact reactions. Moreover, the generalizability of discoveries is in many cases restricted by test size, populace variety, and review plan.

There is likewise a requirement for additional exploration on the drawn out impacts of care and CBT mediations in recuperation. While the two techniques have shown positive results in short-to medium-term studies, less is realized about their supported effect over the long run. Future examinations ought to investigate how these mediations can be coordinated into long haul recuperation plans, as well as their adequacy in different segment gatherings, including people from different social foundations.

At long last, the job of computerized stages in conveying care and CBT mediations ought to be additionally investigated. With the ascent of telehealth and portable applications, people might have more noteworthy admittance to these mental techniques, which could lessen boundaries to treatment, like geographical area or cost.

Future Research

Future research on Mindfulness and Cognitive-Behavioral Therapy (CBT) in recovery should focus on several key areas to further refine and enhance their applications. First, there is a need for longitudinal studies to examine the long-term effects of mindfulness and CBT on recovery outcomes, particularly in chronic conditions like addiction, PTSD, and chronic pain. While both therapies have demonstrated short-term benefits, understanding their sustained impact over time would provide valuable insights into their role in preventing relapse and promoting lasting recovery. Additionally, integrating digital and online formats of these therapies is a promising avenue, as telehealth and digital interventions can improve accessibility, especially for individuals in remote or underserved areas. Research should explore the effectiveness of mobile apps, online programs, and virtual therapy in delivering mindfulness and CBT interventions, particularly for populations with limited access to in-person care. Another important direction is exploring personalization and individual differences in treatment. While both mindfulness and CBT are broadly effective, there is growing recognition that tailoring these interventions to an individual's specific needs, personality, and condition could enhance outcomes. Understanding which elements of mindfulness or CBT work best for different recovery pathways (e.g., addiction vs. chronic illness recovery) would help refine treatment protocols. Finally, combining mindfulness, CBT, and other therapeutic modalities (e.g., medication, family therapy, or exercise interventions) warrants further exploration. Research into multimodal treatments may provide more comprehensive, integrated recovery solutions, potentially improving outcomes for complex cases where single interventions may fall short.

Conclusion

cognitive-behavioral therapy (CBT) are strong mental systems that have exhibited huge commitment in upgrading recuperation results. While care encourages close to home guideline, mindfulness, and acknowledgment, CBT tends to maladaptive idea examples and ways of behaving, making it powerful in dealing with a great many circumstances connected with enslavement, emotional well-being problems, and persistent sickness. The mix of these methodologies offers a complete model for advancing recuperating and strength. In any case, further examination is expected to more

readily grasp the drawn out advantages of these systems and investigate how they can be generally really coordinated into individualized recuperation plans. By proceeding to refine and grow these methodologies, mental procedures can assume a focal part in working with supported recuperation and working on generally speaking prosperity.

References

1. Behrendt, D., Ebert DD, Spiegelhalter K, Lehr D (2020) Efficacy of Self-Help Web-Based Recovery Training in Improving Sleep in Workers: Randomized Controlled Trial in the General Working Population. *Journal of Medical Internet Research* 22(1): e13346.
2. Bennett AA, Bakker AB, Field JG (2018) Recovery from work-related effort: A metaanalysis. *Journal of Organizational Behavior* 39(3): 262-275.
3. Bishop SR, Lau M, Shapiro S, Carlson L, Anderson ND, et al. (2004) Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice* 11(3): 230-241.
4. Blanke ES, Neubauer AB, Houben M, Erbas Y, Brose A (2021) Why do my thoughts feel so bad? Getting at the reciprocal effects of rumination and negative affect using dynamic structural equation modeling. *Emotion* 22(8): 1773-1786.
5. Bliese PD, Edwards JR, Sonnentag S (2017) Stress and well-being at work: A century of empirical trends reflecting theoretical and societal influences. *Journal of Applied Psychology* 102(3): 389-402.
6. Boemo T, Nieto I, Vazquez C, Sanchez-Lopez A (2022) Relations between emotion regulation strategies and affect in daily life: A systematic review and meta-analysis of studies using ecological momentary assessments. *Neuroscience & Biobehavioral Reviews* 139: 104747.
7. Cangiano F, Parker SK, Ouyang K (2021) Too proactive to switch off: When taking charge drains resources and impairs detachment. *Journal of Occupational Health Psychology* 26(2): 142-154.
8. Carlbring P, Andersson G, Cuijpers P, Riper H, Hedman-Lagerlöf E (2018) Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: An updated systematic review and meta-analysis. *Cognitive Behaviour Therapy* 47(1): 1-18.
9. Carpenter RW, Stanton K, Emery NN, Zimmerman M (2020) Positive and Negative Activation in the Mood Disorder Questionnaire: Associations with psychopathology and emotion dysregulation in a clinical

- sample. *Assessment* 27(2): 219-231.
10. Cavanaugh MA, Boswell WR, Roehling MV, Boudreau JW (2000) An empirical examination of self-reported work stress among U.S. managers. *Journal of Applied Psychology* 85(1): 65-74.
 11. Chen Y, Li S (2019) The Relationship Between Workplace Ostracism and Sleep Quality: A Mediated Moderation Model. *Frontiers in Psychology* 10.
 12. Cho S, Lee H, Oh KJ, Soto JA (2017) Mindful attention predicts greater recovery from negative emotions, but not reduced reactivity. *Cognition and Emotion* 31(6): 1252-1259.
 13. Cohen S, Kamarck T, Mermelstein R (1983) A global measure of perceived stress. *Journal of Health and Social Behavior* 24(4): 385-396.
 14. Colgan DD, Klee D, Memmott T, Proulx J, Oken B (2019) Perceived stress mediates the relationship between mindfulness and negative affect variability: A randomized controlled trial among middle-aged to older adults. *Stress and Health* 35(1): 89-97.
 15. Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I (2008) Developing and evaluating complex interventions: The new Medical Research Council guidance. *BMJ* 337: a1655.
 16. Ebert DD, Lehr D, Boß L, Riper H, Cuijpers P, et al. (2014) Efficacy of an internet-based problem-solving training for teachers: Results of a randomized controlled trial. *Scandinavian Journal of Work, Environment & Health* 40(6): 582-596.
 17. Eisinga R, Grotenhuis M & Pelzer B (2013) The reliability of a two-item scale: Pearson, Cronbach, or Spearman-Brown? *International Journal of Public Health* 58(4): 637-642.
 18. Galantino ML, Baime M, Maguire M, Szapary PO, Farrar JT (2005) Association of psychological and physiological measures of stress in health-care professionals during an 8-week mindfulness meditation program: Mindfulness in practice. *Stress and Health* 21(4): 255-261.